



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]

Date Mailed: April 29, 2019  
MOAHR Docket No.: 19-002936  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

### **HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned administrative law judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on April 25, 2019, from Detroit, Michigan. Petitioner appeared and was unrepresented. [REDACTED], Petitioner's friend, testified on behalf of Petitioner. The Michigan Department of Health and Human Services (MDHHS) was represented by Amber Gibson, hearing facilitator.

### **ISSUE**

The issue is whether MDHHS properly determined Petitioner's eligibility for Medicaid.

### **FINDINGS OF FACT**

The administrative law judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. At all relevant times, Petitioner was disabled, not pregnant, unmarried, a recipient of Medicare, and not a caretaker to minor children.
2. As of February 2019, Petitioner received monthly Retirement, Survivors and Disability Insurance (RSDI) of \$ [REDACTED] month and monthly disability payments of \$ [REDACTED] from a former employer.
3. On February 26, 2019, MDHHS determined Petitioner to be eligible for Medicaid subject to a \$ [REDACTED] month deductible beginning April 2019.
4. On March 6, 2019, Petitioner requested a hearing to dispute the determination of Medicaid eligibility. Exhibit A, pp. 2-3.

5. On March 28, 2019, MDHHS corrected Petitioner's Medicaid eligibility beginning April 2019 to Medicaid subject to a \$[REDACTED] month deductible.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. MDHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute a determination that she was eligible for Medicaid subject to a monthly deductible. MDHHS presented a Health Care Coverage Determination Notice (Exhibit A, pp. 3-6) dated February 26, 2019, stating that Petitioner was eligible for Medicaid subject to a \$[REDACTED] deductible beginning April 2019.<sup>1</sup> MDHHS testimony indicated the determination dated February 26, 2019, was incorrect and updated Petitioner's April 2019 eligibility to Medicaid subject to a \$[REDACTED] month deductible. The updated determination will be the subject of the analysis.

Medicaid is also known as Medical Assistance (MA). BEM 105 (April 2017), p. 1. The Medicaid program includes several sub-programs or categories. *Id.* To receive MA under a Supplemental Security Income (SSI)-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Medicaid eligibility for children under 19, parents or caretakers of children, pregnant or recently pregnant women, former foster children, MOMS, MICHild and Healthy Michigan Plan is based on Modified Adjusted Gross Income (MAGI) methodology. *Id.*

Persons may qualify under more than one MA category. *Id.*, p. 2. Federal law gives them the right to the most beneficial category. *Id.* The most beneficial category is the one that results in eligibility, the least amount of excess income or the lowest cost share. *Id.*

As of the hearing date, Petitioner was disabled, not pregnant, a Medicare recipient, and not a caretaker to minor children. Petitioner's circumstances render her ineligible for all MAGI-related categories. As a disabled and/or aged individual, Petitioner is potentially eligible for Medicaid through the SSI-related category of AD-Care.

MA categories are also split into categories of Group 1 and Group 2. *Id.*, p. 1. For Group 1 categories, a group's net income must be at or below a certain income level for

---

<sup>1</sup> MDHHS also determined Petitioner to be eligible for Medicaid in October 2018 and November 2018, eligible for a deductible of \$[REDACTED] in January 2019, and eligible for a \$[REDACTED] deductible in February 2019 and March 2019.

eligibility. *Id.* AD-Care is a Group 1 category. BEM 163 outlines the procedures for determining income eligibility under AD-Care.

Determining AD-Care income eligibility begins with factoring a client's income. As of the disputed benefit month, Petitioner received \$[REDACTED] month in RSDI and an additional \$[REDACTED] in disability payments from a former employer. For purposes of AD-Care. Petitioner's total income is \$[REDACTED] (rounding to nearest dollar).

AD-Care budget credits include a portion of employment income, guardianship and/or conservator expenses. Cost of living adjustments (COLA) are applicable for the benefit months of January through March only. BEM 503 (January 2019) p. 29. No credits or expenses are applicable to Petitioner.

AD-care income limits are 100% of the Federal Poverty Level + \$20. RFT 242 (April 2019) p. 1. The income limit for a one-person AD-Care group is \$1,061. *Id.* Petitioner's countable income exceeds the AD-Care income limit. Therefore, MDHHS properly determined Petitioner to be ineligible for Medicaid through AD-Care.

For Group 2 categories, eligibility is possible even when net income exceeds the income limit for a Group 1 category; this is possible because incurred medical expenses are used when determining eligibility. *Id.* Group 2 categories are considered a limited benefit because a deductible is possible. *Id.* For aged/disabled persons, G2S is the applicable Group 2 Medicaid category.

Clients with a deductible may receive Medicaid if sufficient allowable medical expenses are incurred. BEM 545 (April 2018), p. 11. Each calendar month is a separate deductible period. *Id.* The fiscal group's monthly excess income is called the deductible amount. *Id.* Meeting a deductible means reporting and verifying allowable medical expenses that equal or exceed the deductible amount for the calendar month. *Id.*

For G2S, a client's income is counted the same as it is for AD-Care. Thus, Petitioner's countable income for purposes of G2S is \$[REDACTED]

The G2S budget allows a \$20 disregard for unearned income and various earned income disregards. The G2S budget also factors ongoing medical expenses (which are applied toward a deductible), insurance premiums, and remedial services. COLAs are also disregarded for benefit months from January through March. No expenses or credits were applicable other than the standard \$20 unearned-income disregard.<sup>2</sup>

A client's deductible is calculated by subtracting the protected income level (PIL) from the MA net income. A PIL is a standard allowance for non-medical need items such as

---

<sup>2</sup> MDHHS originally determined Petitioner's eligibility for April 2019 by factoring \$[REDACTED] (\$[REDACTED] in budget credits) in insurance premiums which resulted in a deductible of \$[REDACTED] month. Petitioner testimony admitted she does not pay insurance premiums. Thus, the premiums were not factored in the above analysis.

shelter, food and incidental expenses. The PIL for Petitioner's shelter area and group size is \$408 (see RFT 240 (December 2013), p. 1).

Subtracting the PIL and \$20 disregard from Petitioner's countable income results in a monthly deductible of \$█ the same deductible was calculated by MDHHS. Thus, MDHHS properly determined Petitioner's Medicaid eligibility.

Petitioner and her caretaker each testified that Petitioner's health is declining and that Petitioner's medical expenses are briskly rising. Though the testimony was sincere and poignant, a client's health or need for Medicaid does not factor into a client's income eligibility for Medicaid.

### **DECISION AND ORDER**

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly determined Petitioner to be eligible for Medicaid subject to a \$█ month deductible beginning April 2019. The actions taken by MDHHS are **AFFIRMED**.

CG/jaf



**Christian Gardocki**

Administrative Law Judge  
for Robert Gordon, Director

Department of Health and Human Services

**NOTICE OF APPEAL**: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**DHHS**

Amber Gibson  
MDHHS-Ingham-Hearings

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]

BSC4  
D Smith  
EQAD