



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: November 12, 2019
MOAHR Docket No.: 19-010808
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on November 7, 2019, from Lansing, Michigan. Petitioner, [REDACTED] appeared and represented himself. Respondent, Department of Health and Human Services (Department), had Gloria Taylor, Assistance Payments Worker, appear as its representative. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 14-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

ISSUE

Did the Department properly determine Petitioner's MA eligibility when the Department determined that the best MA available to Petitioner was MA with a \$769.00 monthly deductible?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner requested MA from the Department.
2. Petitioner has been diagnosed with [REDACTED].
3. Petitioner is a Medicare recipient, and Petitioner has Medicare Savings Program coverage which pays his Medicare Part B premium.
4. Petitioner has a household size of one.

5. On January 18, 2019, the Department found Petitioner eligible for MA with a monthly spenddown.
6. On September 17, 2019, Petitioner filed a hearing request to dispute his monthly spenddown.
7. As of the date Petitioner filed his hearing request, Petitioner's monthly income was \$ [REDACTED] from social security, and Petitioner's monthly spenddown was \$769.00.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, Petitioner is disputing his monthly spenddown. The Department determined that the best MA available to Petitioner was MA with a \$769.00 monthly deductible. Petitioner agreed that he has not met his deductible; however, Petitioner asserts that he should be eligible for full-coverage MA.

Petitioner did not present sufficient evidence to establish that MA with a \$769.00 monthly deductible was not the best MA available to Petitioner. Specifically, Petitioner did not present any evidence to establish that he was eligible for full-coverage MA or MA with a lesser deductible.

Health care coverage for adults is available through various programs, including full-coverage for aged or disabled adults (AD-Care). In order for an individual to be eligible for AD-Care, the individual must be aged or disabled, and the individual's household income must not exceed 100% of the Federal Poverty Limit (FPL). BEM 163 (July 1, 2017), p. 2. As of April 1, 2019, the income limit for AD-Care was \$1,061.00 for a group size of one. Petitioner's income of \$ [REDACTED] exceeded the limit, so the Department properly found Petitioner ineligible for AD-Care.

Since Petitioner was ineligible for AD-Care, the Department determined the monthly deductible Petitioner would have to meet in order to receive MA. An individual is eligible for MA when net income does not exceed the individual's needs as defined by policy. BEM 166 (April 1, 2017). There is a \$20.00 disregard from income for individuals

receiving social security. BEM 541 (July 1, 2019), p. 3. The amount of an individual's needs is determined by the protected income limit for the area that the individual lives in. BEM 544 (July 1, 2016), p. 1. The protected income limit for a household of one in Wayne County is \$375.00. RFT 200 (April 1, 2017) and RFT 240 (December 1, 2013). In this case, the Department deducted \$20.00 from Petitioner's social security and then deducted \$375.00 for the protected income limit to come up with Petitioner's monthly deductible of \$769.00. The Department properly determined Petitioner's deductible in accordance with policy.

Although the Department has other programs which also provide MA, there was no evidence presented that Petitioner would have met the requirements of any of those programs to be eligible for MA.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did act in accordance with its policies and the applicable law when it determined that the best MA available to Petitioner was MA with a \$769.00 monthly deductible.

IT IS ORDERED the Department's decision is **AFFIRMED**.

JK/ml



Jeffrey Kemm
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

Denise McCoggle
27260 Plymouth Rd
Redford, MI
48239

Wayne District 15 County DHHS – Via
Electronic Mail

BSC4 – Via Electronic Mail

D. Smith – Via Electronic Mail

EQAD – Via Electronic Mail

Petitioner

 – Via First Class Mail
MI