



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

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

Date Mailed: August 20, 2020
MOAHR Docket No.: 20-004680
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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on August 12, 2020. Petitioner, [REDACTED], appeared with her spouse, [REDACTED]. Respondent, Department of Health and Human Services (Department), had Jessica Mays, Assistance Payments Worker, and Sara Terreros, Assistance Payments Supervisor, appear as its representatives. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 37-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 Medical Assistance (MA) eligibility when the Department determined that Petitioner's child, Mary, was not eligible for MA, effective March 1, 2020?

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's child, [REDACTED] was receiving MA from the Department.
2. [REDACTED] date of birth is [REDACTED], 2001.
3. [REDACTED] is a full-time college student.
4. On December 4, 2019, the Department mailed a redetermination form to Petitioner to obtain information to review [REDACTED] eligibility for MA.

5. Petitioner completed the form. Petitioner represented in the form that she and her husband file taxes together and claim [REDACTED] as their only dependent. Petitioner represented that their household income is composed of Petitioner's income from employment, Petitioner's spouse's income from self-employment, and [REDACTED] income from employment. Petitioner represented that she receives \$ [REDACTED] biweekly, her spouse receives \$ [REDACTED] per month, and [REDACTED] receives \$ [REDACTED] biweekly.
6. On January 9, 2020, the Department received Petitioner's completed redetermination form.
7. The Department reviewed the completed redetermination form and then redetermined [REDACTED] eligibility for MA.
8. The Department determined that [REDACTED] was not eligible for MA.
9. On April 29, 2020, Petitioner requested a hearing to dispute the Department's decision.

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, the Department found Petitioner's child, [REDACTED] ineligible for MA. Petitioner is disputing the Department's decision to find [REDACTED] ineligible.

Full-coverage MA is available for children through various programs, including the MIChild program. In order to be eligible for coverage through MIChild, the child must be under age 19, have no other health insurance, and have a household income between 160% to 212% of the Federal Poverty Level (FPL). BEM 130 (January 1, 2020), p. 1. Group/household size is determined based on tax filing status. BEM 211 (July 1, 2019), p. 1. Petitioner's household size is three because Petitioner and her spouse file taxes together and claim one dependent, [REDACTED]. The FPL for a household size of three in 2020 is \$21,720.00. 85 FR 3060 (January 17, 2020), p. 3060-2061. Thus, the income limit for Petitioner's child to receive MA through MIChild is \$46,046.40.

Petitioner's household income exceeded the limit for her child to receive MA through MICHild. Petitioner's household income was \$ [REDACTED] based on the information Petitioner provided to the Department in the redetermination (Petitioner's biweekly pay of \$ [REDACTED] x 2.15 x 12 + [REDACTED] biweekly pay of \$ [REDACTED] x 2.15 x 12 + Petitioner's spouse's monthly pay of \$ [REDACTED] x 12). BEM 505 (October 1, 2017), p. 8-9. Since Petitioner's household income exceeds the program limit, the Department properly determined that [REDACTED] was ineligible for MA.

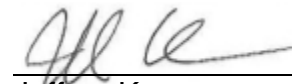
Although there are other programs that provide MA for children, there was no evidence presented that [REDACTED] would have been eligible under any of those programs either. Therefore, based on the evidence presented, the Department acted in accordance with its policies and the applicable law.

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 Petitioner's child, [REDACTED] was not eligible for MA, effective March 1, 2020.

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

Kimberly Kornoelje
Kent (District 1-Franklin) County DHHS –
via electronic mail

BSC3 – via electronic mail

D. Smith – via electronic mail

EQAD – via electronic mail

Petitioner

[REDACTED] – via first class mail
[REDACTED] MI [REDACTED]