



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: April 7, 2021
MOAHR Docket No.: 21-000036
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 March 11, 2021, from Lansing, Michigan. The Petitioner was represented by herself and her husband and authorized representative, [REDACTED]. The Department of Health and Human Services (Department) was represented by Karen Smalls, Assistance Payments Supervisor and Juwanna Holly-Woods, Assistance Payments Worker.

ISSUE

Did the Department properly determine that the Petitioner had excess income for Medical Assistance (MA) resulting in a group 2 MA spenddown?

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 applied for MA benefits for her husband and herself.
2. On December 8, 2020, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that Petitioner was eligible for MA with a \$2,112.00 monthly deductible effective November 1, 2020, through December 31, 2020, and from January 1, 2021, onward with a monthly deductible of \$2,071.00. Department Exhibit 1, pgs. 13-18.
3. On December 14, 2020, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that Petitioner's husband was eligible

for MA with a \$2,112.00 monthly deductible effective November 1, 2020, through December 31, 2020, and from January 1, 2021, onward with a monthly deductible of \$2,071.00. Department Exhibit 1, pgs. 19-24.

4. On January 4, 2021, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that Petitioner and her husband were not eligible for the Medical Savings Program retroactive to October 1, 2020, due to excess income. Department Exhibit 1, pgs. 25-26.
5. On January 4, 2021, the Department received a hearing request from the Petitioner, contesting the Department's negative action.

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 (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.

In this case, Petitioner applied for MA benefits for her husband and herself. On December 8, 2020, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that Petitioner was eligible for MA with a \$2,112.00 monthly deductible effective November 1, 2020, through December 31, 2020, and from January 1, 2021, onward with a monthly deductible of \$2,071.00. Department Exhibit 1, pgs. 13-18. On December 14, 2020, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that Petitioner's husband was eligible for MA with a \$2,112.00 monthly deductible effective November 1, 2020, through December 31, 2020, and from January 1, 2021, onward with a monthly deductible of \$2,071.00. Department Exhibit 1, pgs. 19-24. On January 4, 2021, the Department Caseworker sent Petitioner a Health Care Coverage Determination Notice, DHS-1606, that Petitioner and her husband were not eligible for the Medical Savings Program retroactive to October 1, 2020, due to excess income. Department Exhibit 1, pgs. 25-26. On January 4, 2021, the Department received a hearing request from Petitioner, contesting the Department's negative action. BEM 110 and 211.

Petitioner's household that includes her and her husband receives \$ [REDACTED] in unearned income of \$ [REDACTED] in Social Security RSDI and \$202.45 in pension benefits. Her husband receives \$ [REDACTED] in Social Security RSDI and \$ [REDACTED] in pension

benefits. After deductions of a \$20 unearned income general exclusion, a protected income of \$541, a COLA of \$35, and insurance premiums of \$297.00, Petitioner had a deductible of \$2,071.00 that they must meet before being eligible for MA. Department Exhibit 1, pgs. 8-13. The Department has met their burden that Petitioner has excess income for MA Ad Care resulting in eligibility for a MA Group 2 deductible case where the Petitioner has to meet a deductible of \$2,071.00 before being 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 acted in accordance with Department policy when it determined that Petitioner and her husband had excess income for MA resulting in a medical deductible for Group 2 MA of \$2,071.00 effective January 1, 2021.

Accordingly, the Department's decision is **AFFIRMED**.

CF/hb



Carmen G. Fahie
Administrative Law Judge
for Elizabeth Hertel, 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

Oakland County (District 3) via electronic mail

BSC4 via electronic mail

C. George via electronic mail

EQADHShearings via electronic mail

Petitioner

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Authorized Hearing Rep.

[REDACTED]
MI [REDACTED]