GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR



Date Mailed: May 26, 2021 MOAHR Docket No.: 21-000997

Agency No.:

Petitioner:

ADMINISTRATIVE LAW JUDGE: Janice Spodarek

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, an administrative hearing was held on March 31, 2021.

Petitioner appeared unrepresented.

The Department of Health and Human Services (Department) was represented by Angela Drost.

Department Exhibit A.31 was offered and admitted into the record.

<u>ISSUE</u>

Did the Department properly deny Petitioner Medical Assistance for the retro month of January, 2021 due to excess income?

FINDINGS OF FACT

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

In 2021, Petitioner applied for Medicaid (MA) with retro to the month of January, 2021.

1. Petitioner reported on the application, unemployment and rental income. Petitioner also had earned income. Petitioner subsequently stated she applied for unemployment in error and paid it back. The Department removed the unemployment income. The Department budgeted earned income, and in rental income totaling

- 2. On February 2, 2021 the Department issued a Health Care Coverage Determination Notice which informed Petitioner that her retro 2021 MA month was denied due to Petitioner's exceeding the HMP.
- 3. The Department found eligibility and opened an MA case for Petitioner in month of February 2021 and ongoing.
- 4. On 2021, Petitioner filed a hearing request disputing retro month of January 2021.

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, the HMP, the most liberal income MA program available to applicants in the State of Michigan is listed on page 23 of Exhibit A. Here, the Department presented evidence that Petitioner's income exceeds the income limit and thus, the Department was required under federal and state law to deny the retro

Petitioner argues that she should be eligible. Petitioner has the burden of proof of establishing eligibility. Petitioner offered no evidence, law or policy which would entitle her to MA benefits under these facts. Thus, the Department's decision here must be upheld.

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 denied Petitioner's retro 2021 MA month due to excess income.

DECISION AND ORDER

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

JS/ml

Administrative Law Judge

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

Melissa Brandt

Ionia County DHHS – via electronic mail

BSC3 – via electronic mail

C. George – via electronic mail

EQAD – via electronic mail

Petitioner

