



GRETCHEN WHITMER  
GOVERNOR

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

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ACTING DIRECTOR

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

Date Mailed: September 7, 2023  
MOAHR Docket No.: 23-004026  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

### **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 August 19, 2023, from Lansing, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by Valerie Foley Hearing Facilitator. Department Exhibit 1, pp. 1-10 was received and admitted.

### **ISSUE**

Did the Department properly close Petitioner's Medical Assistance (MA) case 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:

1. Petitioner was a recipient of MA.
2. Petitioner earns \$31,980 in annual employment income.
3. On July 11, 2023, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his MA was closing due to excess income.
4. On July 14, 2023, Petitioner requested hearing disputing the closure of his MA case.

## **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.

### **Targeted Population**

The Healthy Michigan Plan (HMP) provides health care coverage for individuals who:

Are 19-64 years of age.

Do not qualify for or are not enrolled in Medicare.

Do not qualify for or are not enrolled in other Medicaid programs.

Are not pregnant at the time of application.

Meet Michigan residency requirements.

Meet Medicaid citizenship requirements.

Have income at or below 133 percent Federal Poverty Level (FPL). BEM 137

### **Cost Sharing**

The Healthy Michigan Plan has beneficiary cost sharing obligations. Cost sharing includes copays and contributions based on income, when applicable.

Copayments for services may apply to HMP beneficiaries. Prior to enrollment in a health plan, beneficiaries are eligible to receive Healthy Michigan Plan services through the Fee-for-Service system.

Copays are collected at the point of service, with the exception of chronic conditions and preventive services.

Healthy Michigan Plan beneficiaries, who are exempt from cost sharing requirements by law, are exempt from Healthy Michigan Plan cost-sharing obligations. Similarly, services that are exempt from any cost-sharing by law, such as preventive and family planning services are also exempt for Healthy Michigan Plan beneficiaries.

Any individual enrolled in the Healthy Michigan Plan who is designated as, or attests to being, medically frail (see definitions) is not subject to cost sharing. BEM 137

In this case, Petitioner was receiving MA-HMP and was subject to redetermination. Petitioner provided his two most recent pay stubs which showed he earned \$1,260 and \$1,200. (Ex. 1, pp. 4-5) That translates to \$31,980 in annual income. The income limit for a group size of 1 for HMP is \$19,391. Therefore, Petitioner was over the income limit and the closure for excess income was proper and correct and consistent with Department policy. BEM 137 Petitioner did not dispute the amount of his attributed to him.


Petitioner testified at hearing that he is medically frail and argued that his MA-HMP should not close due to that. The only reference to being “medically frail” in the Healthy Michigan Plan policy relates to cost sharing and not eligibility. BEM 137 Nothing in policy supports Petitioner’s contention that his MA-HMP cannot close due to his medical frailness.

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 closed Petitioner’s MA case for excess income.

### **DECISION AND ORDER**

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

AM/nr

  
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Aaron McClintic  
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

**Via-Electronic Mail :**

**DHHS**  
Susan Noel  
Wayne-Inkster-DHHS  
26355 Michigan Ave  
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**MDHHS-Wayne-19-  
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**Interested Parties**  
Wayne 19 County DHHS  
BSC4  
D. Smith  
EQAD  
MOAHR

**Via-First Class Mail :**

**Petitioner**  
[REDACTED]  
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