

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES SUZANNE SONNEBORN EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA ACTING DIRECTOR



Date Mailed: September 15, 2023 MOAHR Docket No.: 23-004202 Agency No.: Petitioner:

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 17, 2023, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Robin Mack, Eligibility Specialist. Department Exhibit 1, pp. 1-20 was received and admitted.

<u>ISSUE</u>

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-HMP.
- 2. Petitioner earned \$ for her paycheck on May 11, 2023. (Ex. 1, p.20)
- 3. Petitioner earned \$ for her paycheck on May 25, 2023. (Ex. 1, p.20)
- 4. Petitioner earns \$ in annual employment income.
- 5. On June 10, 2023, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his MA was closing due to excess income.

6. On July 19, 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

In this case, Petitioner was receiving MA-HMP and was subject to redetermination. Petitioner provided her two most recent pay stubs which showed he earned **\$** (Ex. 1, pp. 4-5) That translates to **\$** 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 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**.

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AM/nr

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

Richard Latimore Wayne-Conner-DHHS 4733 Conner Detroit, MI 48215 **MDHHS-Wayne-57-**Hearings@michigan.gov

Interested Parties

Wayne 57 County DHHS BSC4 D. Smith EQAD MOAHR

Via-First Class Mail :

Petitioner

, MI