



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

[REDACTED]  
[REDACTED], MI [REDACTED]

Date Mailed: September 21, 2023  
MOAHR Docket No.: 23-004649  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

### **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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on September 14, 2023, from Lansing, Michigan. Petitioner was represented by her authorized hearing representative Linda Balakian-Blake of Independent Medical Networks, Inc. The Department was represented by Valarie Foley.

### **ISSUE**

Did the Department of Health and Human Services (Department) properly close determine eligibility for Medical Assistance (MA) for Petitioner's spouse?

### **FINDINGS OF FACT**

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

1. On [REDACTED] [REDACTED] 2023, the Department received Petitioner's application for Medical Assistance (MA) where Petitioner reported that she lives with her spouse and two children. Exhibit A, p 19.
2. Petitioner lives with her spouse and their two children. One child is over the age of 21, and one child is over the age of 19 but less than 21. Exhibit A, pp 20-21.
3. Petitioner reported that no one in the household expected to file a federal tax return next year. Exhibit A, p 21.
4. Petitioner received earned income from employment in the gross monthly amount of \$[REDACTED] in June of 2023. Exhibit A, p 16.

5. Petitioner's spouse received monthly earned income from employment in the gross monthly amount of \$[REDACTED] in July of 2023. Exhibit A, p 13.
6. On July 26, 2023, the Department notified Petitioner that her spouse is eligible for limited coverage Medical Assistance (MA) under the Plan First category effective August 1, 2023. Exhibit A, p 50.
7. On August 8, 2023, the Department received Petitioner's request for a hearing. Exhibit A, p 3.
8. On August 7, 2023, the Department received an application for Medical Assistance (MA) from Petitioner's spouse reporting that he was a household of one. Exhibit A, p 36.

### **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 through 42 USC 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 through 42 CFR 420.25. The Department administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.103 through MCL 400.112k of the Social Welfare Act, MCL 400.1 *et seq.*

The income limit to participate in the Healthy Michigan Plan (HMP) is 133% of the federal poverty level. Department of Health and Human Services Reference Table Manual (RFT) 246 (April 1, 2014), p 1.

Petitioner and her household had been ongoing recipients of MA benefits during a period when the Department was not closing any MA cases due to emergency COVID-19 policies in effect. When those emergency policies expired, the Department redetermined eligibility for ongoing MA benefits for Petitioner and each the members of her household. On July 26, 2023, the Department notified Petitioner that her spouse was only eligible for limited coverage MA benefits under the Plan First category when he had been receiving full coverage benefits under the Healthy Michigan Plan (HMP).

The size of the household will be determined by the principles of tax dependency in the majority of cases. The household for a non-tax filer who is not claimed as a tax dependent consists of the individual, the individual's spouse, and the individual's children under the age of 21 if a full-time student. Department of Health and Human Services Bridges Eligibility Manual (BEM) 211 (July 1, 2019), p 2.

The Department received reliable information showing that Petitioner received earned income from employment totaling \$ [REDACTED] in July of 2023, the month Petitioner filed an application for assistance. Petitioner's spouse is a non-tax filer, and his spouse is considered to be part of his benefits household for the purposes of determining his eligibility for HMP benefits. Petitioner's earned income in the application month was 856% of the federal poverty level for a household of two.

Petitioner's representative testified that both of Petitioner's children are full-time students. One of the children is over 21 years old and cannot be included in the HMP household. The other child would be included in the household if he is a full-time student. No evidence was presented on the record about whether Petitioner's children are students.

However, Petitioner's earned income is 563% of the federal poverty level for a household of four, and 679% of the federal poverty level as a household of three. Petitioner's earned income from employment in the application month exceeds the limit for her spouse to be eligible for full coverage HMP benefits regardless of the correct household size determination.

Petitioner's representative testified that Petitioner's spouse applied for MA benefits as household of one on August 7, 2023, and that he no longer lives with Petitioner or the two children. The representative testified that she was informed by the Department that this application for assistance will be denied.

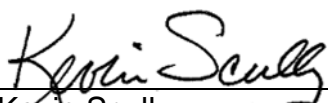
However, this application was filed on the same day that the request for hearing was filed. No evidence was presented on the record that Petitioner received a denial of benefits on the same day the application was filed, and there is no current entitlement to an administrative hearing date concerning the August 7, 2023, application for assistance.

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's spouse is not eligible for full coverage Medical Assistance (MA) benefits under the Healthy Michigan Plan, but is eligible for limited coverage under the Plan First category.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.

KS/nr

  
\_\_\_\_\_  
Kevin Scully  
Administrative Law Judge  
Michigan Office of Administrative Hearings  
and Rules (MOAHR)

**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  
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**Interested Parties**  
Wayne 19 County DHHS  
BSC4  
D. Smith  
EQAD  
MOAHR

**Via-First Class Mail :**

**Petitioner**

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

**Authorized Hearing Rep.**

[REDACTED]  
[REDACTED], MI [REDACTED]