

STATE OF MICHIGAN

GRETCHEN WHITMER GOVERNOR 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: November 29, 2023 MOAHR Docket No.: 23-005837 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 November 2, 2023, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Melissa Brandt FIM. Department Exhibit 1, pp. 1-24 was received and admitted.

ISSUE

Did the Department properly deny Petitioner's Medical Assistance (MA) application 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's child was receiving MA-newborn on his biological mother's case following his birth.
- 2. After turned one year old, he was transitioned to MA-OHK.
- 3. was up for review in September 2023.
- 4. On 2023, Petitioner applied for Medical Assistance.

- 5. On September 18, 2023, a Health Care Coverage Determination Notice was sent to Petitioner informing her that MA was denied for due to excess income and assets. (Ex. 1, pp. 21-24)
- 6. On September 25, 2023, Petitioner requested hearing disputing the denial of MA.
- 7. Petitioner's household has in monthly income. (Ex. 1, p.17)

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.

Income Eligibility

Income eligibility exists when net income does not exceed the Group 2 needs in BEM 544. Apply the MA policies in BEM 500, 530, 540 (for children) or 541 (for adults), and 544 to determine net income. If the net income exceeds Group 2 needs, MA eligibility is still possible per BEM 545.

In this case, Petitioner's household has **a sector** in monthly gross income. The income limit for OHK-MA is \$3,314 and the income limit for MI Child is \$4,391.93. Petitioner's household is well over the income limits for all Medicaid programs. BEM 545 Petitioner did not dispute the income the Department used to determine eligibility. Petitioner raised issues with regard to the timing of her son's adoption and how that may have impacted his eligibility for Medicaid, that issue was not part of the Department determination.

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 MA application due to excess income.

DECISION AND ORDER

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

AM/ml

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 Melissa Brandt Ionia County DHHS 920 East Lincoln St Ionia, MI 48846 MDHHS-IONIA-Hearings@michigan.gov

Interested Parties BSC3 M Schaefer

EQAD MOAHR

Via First Class Mail:

Petitioner

