

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 14 2023 MOAHR Docket No.: 23-005932

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 October 19, 2023, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Robin Patterson Hearing Facilitator. Department Exhibit 1, pp. 1-29 was received and admitted.

ISSUE

Did the Department properly close Petitioner's Medical Assistance Health Michigan Plan (MA-HMP) 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 receiving MA-HMP.
- 2. On August 24, 2023, Petitioner submitted redetermination paperwork.
- 3. On September 5, 2023, a Health Care Coverage Determination Notice was sent to Petitioner informing her that her MA-HMP case was closing due excess income effective October 1, 2023.
- 4. On September 12, 2023, Petitioner requested hearing disputing the closure of MA-HMP.
- 5. Petitioner was found to have annual income of



6. Petitioner earned employment income and received unemployment compensation totaling (Ex. 1, p. 29)

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

Modified adjusted gross income must be at or below 133 percent of the Federal Poverty Level (FPL). BEM 137

In this case, Petitioner has earned employment earnings and has received unemployment compensation in 2023. On September 18, 2023, Petitioner's income was reviewed and calculated based on her year to date earnings and prospected income and determined to be (Ex. 1, p.29) The income limit for HMP for a household of 1 is \$19,391.40. Therefore, Petitioner is over the income limit for HMP and the closure due to 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-HMP case 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

<u>Via Electronic Mail:</u> DHHS

Christina Chamberlain Cheboygan County DHHS 827 S Huron St. Cheboygan, MI 49721

MDHHS-Cheboygan-Hearings@michigan.gov

Interested Parties

BSC1 M Schaefer EQAD MOAHR

<u>Via First Class Mail:</u> <u>Petitione</u>

