



GRETCHEN WHITMER  
GOVERNOR

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

MARLON I. BROWN, DPA  
ACTING DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: November 21, 2023  
MOAHR Docket No.: 23-006619  
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 November 2, 2023, from Lansing, Michigan. Petitioner represented herself. The Department was represented by Kimberly Reed.

**ISSUE**

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

**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 July [REDACTED] 2023, the Department received Petitioner's application for Medical Assistance (MA) as a household of six. Exhibit A, p 48.
2. On September 1, 2023, the Department notified Petitioner that she is eligible for Medical Assistance (MA) with a \$[REDACTED] monthly deductible. Exhibit A, pp 7-15.
3. Petitioner children are eligible for Medical Assistance (MA) under the MiChild category.
4. Petitioner's husband is employed and bi-weekly paychecks in the gross amounts of \$[REDACTED] and \$[REDACTED]. Exhibit A, pp 22-23.
5. On September 25, 2023, the Department received Petitioner's request for a hearing protesting the level of Medical Assistance (MA) she is receiving. Exhibit A, p 4.

## 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 husband are between the age of 19 and 64, and they are not disabled. Petitioner husband is employed and provided the Department with verification that he received two-biweekly paychecks in the gross amount of \$██████ and \$██████. This income represents 201% of the federal poverty level for a household of six. Therefore, Petitioner and her husband are not eligible for MA benefits under the Healthy Michigan Program (HMP).

The Department then determined the eligibility of Petitioner and her husband under a category of MA benefits for the caretakers of minor children. A review of Petitioner's case reveals that the Department budgeted correct amount of income received by the Petitioner. Petitioner's "protected income level" is \$475, and this amount cannot be changed either by the Department or by this Administrative Law Judge. Department of Human Services Reference Table Manual (RFT) 240 (December 1, 2013), p 1. Department's determination that the Petitioner has a \$██████ deductible per month she must meet in order to qualify for MA for any medical expenses above is therefore correct.

Petitioner argued that MA benefits are not affordable for her and her husband with such a high monthly deductible that they are required to incur before becoming eligible for MA benefits.

The Petitioner's grievance centers on dissatisfaction with the Department's current policy. The Petitioner's request is not within the scope of authority delegated to this Administrative Law Judge. Administrative Law Judges have no authority to exceptions to the department policy set out in the program manuals.

MIChild is a MAGI-related Medicaid Expansion program for children who are under 19 years of age, who are not enrolled in comprehensive health insurance, and have a household income less than 212% of the federal poverty level. Department of Health and


Human Services Bridges Eligibility Manual (BEM) 130 (July 1, 2021), p 1. Since the income countable towards Petitioner's children is less than 212% of the federal poverty level for a household of six, the children are eligible for MA benefits under the MiChild category.

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 the level of Medical Assistance (MA) that she and the members of her household are eligible for.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.

KS/dm

  
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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**  
Kimberly Reed  
Montcalm County DHHS  
**MDHHS-Montcalm-  
Hearings@michigan.gov**

**SchaferM**

**EQADhearings**

**BSC3HearingsDecisions**

**MOAHR**

**Via-First Class Mail :**

**Petitioner**

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