

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: December 19, 2023 MOAHR Docket No.: 23-007121

Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Ellen McLemore

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 December 14, 2023, via conference line. Petitioner was present and was unrepresented. The Department of Health and Human Services (Department) was represented by Corey Reed, Assistance Payments Supervisor.

ISSUE

Did the Department properly close Petitioner's Medical Assistance (MA) benefit case?

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 an ongoing MA recipient under the Health Michigan Plan (HMP) program.
- 2. In September 2023, Petitioner completed a redetermination related to her MA benefit case.
- 3. Petitioner's household consisted of herself and her husband.
- 4. Petitioner had income from employment (Exhibit A. pp. 18-20).
- 5. Petitioner's husband had income from employment (Exhibit A, pp. 21-23).

- 6. On September 28, 2023, the Department sent Petitioner a Health Care Coverage Determination Notice informing her that her MA benefit case was closing effective November 1, 2023, due to excess income (Exhibit A, pp. 13-16).
- 7. On October 12, 2023, Petitioner submitted a request for hearing disputing the Department's actions.

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.

In this case, Petitioner was an ongoing MA recipient under the HMP program. In September 2023, Petitioner completed a redetermination related to her MA benefit case. The Department determined that Petitioner was not eligible for MA benefits.

The Department concluded that Petitioner was not eligible for HMP because his income exceeded the applicable income limit for his group size. HMP uses a Modified Adjusted Gross Income (MAGI) methodology. BEM 137 (October 2016), p. 1. An individual is eligible for HMP if his household's income does not exceed 133% of the Federal Poverty Level (FPL) applicable to the individual's group size. BEM 137, p. 1. Additionally, for MAGI-related MA programs, the Department allows a 5 percent disregard in the amount equal to five percent of the FPL level for the applicable family size. BEM 500 (July 2017), p. 5. It is not a flat 5 percent disregard from the income. BEM 500, p. 5. The 5 percent disregard shall be applied only if required to make someone eligible for MA benefits. BEM 500, p. 5.

An individual's group size for MAGI-related purposes requires consideration of the client's tax filing status. In this case, Petitioner was married. Therefore, for HMP purposes, she has a household size of two. BEM 211 (January 2016), pp. 1-2.

138% of the annual FPL in 2023 for a household with one member is \$27,214. See https://aspe.hhs.gov/poverty-guidelines. The monthly income limit for a group size of one is \$2,268. Therefore, to be income eligible for HMP, Petitioner's income cannot exceed \$27,214 annually or \$2,268 monthly. To determine financial eligibility under HMP, income must be calculated in accordance with MAGI under federal tax law. BEM 500 (July 2017), p. 3. MAGI is based on Internal Revenue Service rules and relies on federal tax information. BEM 500, p. 3. Income is verified via electronic federal data sources in compliance with MAGI methodology. MREM, § 1.

In order to determine income in accordance with MAGI, a client's adjusted gross income (AGI) is added to any tax-exempt foreign income, Social Security benefits, and tax-exempt interest. AGI is found on IRS tax form 1040 at line 37, form 1040 EZ at line 4, and form 1040A at line 21. Alternatively, it is calculated by taking the "federal taxable wages" for each income earner in the household as shown on the paystub or, if not shown on the paystub, by using gross income before taxes reduced by any money the employer takes out for health coverage, childcare, or retirement savings. See https://www.healthcare.gov/income-and-household-information/how-to-report/. For MAGI MA benefits, if an individual receives RSDI benefits and is a tax filer, all RSDI income is countable. BEM 503 (January 2019), p. 29.

Effective November 1, 2017, when determining eligibility for ongoing recipients of MAGI related MA, the State of Michigan has elected to base financial eligibility on current monthly income and family size. See:

https://www.michigan.gov/documents/mdhhs/MAGI-Based Income Methodologies SPA 17-0100 - Submission 615009 7.pdf

The Department presented income verification from Petitioner's and Petitioner's husband's income from employment. Petitioner argued that her income fluctuates. However, Petitioner's husband's income alone places her over the income limit for HMP. The Department presented Petitioner's husband's pay statements showing his gross adjusted income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis. Petitioner's husband's monthly income is \$ paid on a biweekly basis.

DECISION AND ORDER

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

EM/tm

Ellen McLemore

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

Tara Roland 82-17 Wayne-Greenfield/Joy-DHHS 8655 Greenfield Detroit, MI 48228 MDHHS-Wayne-17hearings@michigan.gov

Interested Parties

M. Schaefer EQADHearings BSC4

Via-First Class Mail:

Petitioner

MI