



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: January 17, 2024
MOAHR Docket No.: 23-007531
Agency No.: [REDACTED]
Petitioner: [REDACTED]

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 December 18, 2023, from Lansing, Michigan. The Petitioner was represented by himself. Household member Clarissa Keinonen also appeared and testified. The Department of Health and Human Services (Department) was represented by Dan Sefton Hearing Facilitator. Department Exhibit 1, pp. 1-38 was received and admitted. Department Exhibit 2, pp. 1-4, was received and admitted.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance eligibility and deductible amount?

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 and his wife were receiving MA-Ad care with no deductible.
2. On September 19, 2023, Petitioner submitted redetermination paperwork.
3. On September 25, 2023, a Health Care Coverage Determination Notice was sent to Petitioner informing him that MA-Ad care was closing and the household was approved for Medicaid with a \$1,210 deductible and Plan First coverage and SLMB Medicare Cost Share benefit.
4. On October 20, 2023, a Verification Checklist was sent to Petitioner requesting verification of bank accounts.

5. On October 24, 2023, Petitioner requested hearing disputing the reduction of Medicaid benefit.
6. Petitioner receives [REDACTED] in social security benefits.
7. Petitioner's wife receives [REDACTED] in social security benefits.

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.

RULES FOR MA GROUP 2 INCOME ELIGIBILITY

Use the following rules to determine MA Group 2 income eligibility. The individual must be given the most advantageous use of their old bills (also known as incurred expenses). The individual may request coverage for the current month, up to six future months (see eligibility based on old bills in this item), and for any prior months.

1. Use the budgeting rules in BEM 530. Determine income eligibility in calendar month order, starting with the oldest calendar month.
2. Use BEM 546 to determine the post-eligibility patient-pay amount (PPA) for each L/H month that a beneficiary is Group 2 eligible.
3. Determine Medicare Savings Program eligibility separately for Group 2 beneficiaries entitled to Medicare Part A (see BEM 165).
4. Request information about all medical expenses incurred during and prior to each month with excess income.
5. Notify the group of the outcome of each determination. NOTIFICATION explains which forms to use and when.

BEM 546

In this case, Petitioner receives [REDACTED] in social [REDACTED] benefits and his wife receives [REDACTED] in social security benefits. The household has \$1,688 monthly unearned income. After subtracting the \$20 unearned income general exclusion, Petitioner's household has [REDACTED] net income. The net income limit for Ad-Care is [REDACTED] therefore the closure of Ad-Care was proper and correct and consistent with Department policy.


Petitioner's household was then considered for other Medicaid programs. Petitioner's household has unearned income totaling [REDACTED] from social security. Following the \$20 disregard, Petitioner has [REDACTED] net income. After subtracting \$ [REDACTED] for the protected income amount from the [REDACTED] net income amount there is [REDACTED] remaining, which is the deductible amount. This was the deductible amount determined by the Department and it was proper and correct and consistent with Department policy. Petitioner's wife raised issues with regard to her current health treatments and inquired whether she may be eligible for continuing coverage due to her chemotherapy treatment. Since the household has some coverage the prohibition on closure due to certain necessary treatments does not apply.

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 Petitioner's Medicaid eligibility and deductible amount.

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
Tracy Bailey - 48
Luce County DHHS
500 West McMillan St.
Newberry, MI 49868
MDHHS-906EUPHearings@michigan.gov

Interested Parties
BSC1
M Schaefer
EQAD
MOAHR

Via First Class Mail:

Petitioner
[REDACTED]
[REDACTED] MI [REDACTED]