



GRETCHEN WHITMER
GOVERNOR

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

MARLON I. BROWN, DPA
DIRECTOR

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Date Mailed: March 28, 2024
MOAHR Docket No.: 23-009749
Agency No.: ██████████
Petitioner: ████████████████████

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 February 27, 2024, from Lansing, Michigan. The Petitioner was represented by ██████ ██████ Financial Program Coordinator, ██████ ██████ ██████ the Petitioner, was present. The Department of Health and Human Services (Department) was represented by Raven Douthard, Hearing Facilitator.

During the hearing proceeding, the Department’s Hearing Summary packet was admitted as Exhibit A, pp. 1-13.

ISSUE

Did the 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 December █████ 2023, a Health Care Coverage Determination Notice was issued to Petitioner stating Petitioner was approved for limited coverage MA under the Plan First category. The case number is ██████████ (Exhibit A, pp. 10-13)
2. On December █████ 2023, Petitioner applied for MA. (Exhibit A, p. 1)
3. On December █████ 2023, a Health Care Coverage Determination Notice was issued to Petitioner stating Petitioner was not eligible because she is eligible for the

program on another case. It was also stated that MA was denied because Petitioner was not blind, disabled, pregnant/caretaker relative of a dependent child, or meet age requirements. The case number is [REDACTED] (Exhibit A, pp. 7-13)

4. On December 29, 2023, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, pp. 3-4)

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 1396-1396w-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.

The Medicaid program comprise several sub-programs or categories. BEM 105, October 1, 2023, p. 1.

Plan First MA is a MAGI-related limited coverage Medicaid group available to any United States citizen or individual with an immigration status entitling them to full Medicaid coverage residing in Michigan. The fiscal group's net income cannot exceed 195 percent of the federal poverty level. BEM 124, July 1, 2023, p. 1.

To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. BEM 105, October 1, 2023, p. 1

In general, the terms Group 1 and Group 2 relate to financial eligibility factors. For Group 1, net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. The income limit, which varies by category, is for nonmedical needs such as food and shelter. Medical expenses are not used when determining eligibility for MAGI-related and SSI-related Group 1 categories. For Group 2, eligibility is possible even when net income exceeds the income limit. This is because incurred medical expenses are used when determining eligibility for Group 2 categories. Group 2 categories are considered a limited benefit as a deductible is possible. BEM 105, October 1, 2023, p. 1.

In this case, Petitioner was approved for limited coverage MA under the Plan First category. The case number is [REDACTED] (Exhibit A, pp. 10-13).

On December [REDACTED] 2023, Petitioner applied for MA. (Exhibit A, p. 1). On December [REDACTED] 2023, a Health Care Coverage Determination Notice was issued to Petitioner stating Petitioner was not eligible because she is eligible for the program on another case. The case number is [REDACTED] (Exhibit A, pp. 7-13). It appears that the portion of this notice stating Petitioner was not eligible because she is eligible for the program on another case related to the Plan First MA.

The December [REDACTED] 2023, Health Care Coverage Determination Notice also stated that MA was denied because Petitioner was not blind, disabled, pregnant/caretaker relative of a dependent child, or meet age requirements. (Exhibit A, pp. 7-13). However, at the time the hearing summary was prepared, January 5, 2024, the Department was still processing MA eligibility for Petitioner potentially under a Group 2 category. Accordingly, it appears that the portion of this notice stating Petitioner was not eligible because Petitioner was not blind, disabled, pregnant/caretaker relative of a dependent child, or meet age requirements was an error.

During the hearing, it was discussed that the Department has made multiple subsequent MA eligibility determinations for Petitioner. The testimony of the parties indicated there has been a change in household income. Petitioner had reported income of \$[REDACTED] monthly from a donation. On December [REDACTED] 2023, Petitioner submitted verification that she was receiving \$[REDACTED] monthly for helping to care for her mother. (Hearing Facilitator Testimony). However, on the December [REDACTED] 2023 application, it was reported that the household income was only \$[REDACTED] (Financial Program Coordinator Testimony). As discussed, Petitioner should provide verification of the income changes to the Department.

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 did not act in accordance with Department policy when it determined Petitioner's eligibility for MA because it was still processing MA eligibility for Petitioner potentially under a Group 2 category when the December [REDACTED] 2023, Health Care Coverage Determination Notice was issued, in part stating that MA was denied because Petitioner was not blind, disabled, pregnant/caretaker relative of a dependent child, or meet age requirements.

DECISION AND ORDER

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Redetermine Petitioner's eligibility for MA for the December ■ 2023 application in accordance with Department policy.

CL/dm



Colleen Lack
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
Jeanenne Broadnax
Wayne-Taylor-DHHS
**MDHHS-Wayne-18-
Hearings@michigan.gov**

SchaeferM

EQADHearings

BSC4HearingDecisions

MOAHR

Via-First Class Mail :

Authorized Hearing Rep.

[REDACTED]
[REDACTED]
[REDACTED]

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]