



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 11, 2024
MOAHR Docket No.: 24-000359
Agency No.: ██████████
Petitioner: ██████ ██████

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 March 7, 2024, from Lansing, Michigan. Petitioner represented herself. The Department was represented by Susan Derseweh.

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. Petitioner was an ongoing recipient of Medical Assistance (MA) on December ██████ 2023, when the Department received her Redetermination (DHS-1010) form where she reported that she lives with her husband. Exhibit A, pp 7-8.
2. Both Petitioner and her husband are eligible for Medicare due to disability. Exhibit A, p 11.
3. Petitioner receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$██████████ Exhibit A, p 14.
4. Petitioner receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$██████ Exhibit A, p 16.
5. On January ██████ 2024, the Department notified Petitioner that she is not eligible for Medical Assistance (MA) effective February 1, 2024. Exhibit A, p 22.

6. On January █ 2024, the Department requested that Petitioner provide verification of her cash assets by January 16, 2024. Exhibit A, p 25.
7. On January █ 2024, the Department notified Petitioner that she is eligible for Medical Assistance (MA) with a \$█ monthly deductible. Exhibit A, p 35.
8. On January 10, 2024, the Department received Petitioner's request for a hearing protesting the level of Medical Assistance (MA) that she is receiving. Exhibit A, p 3.

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 Healthy Michigan Plan (HMP) is a category of Medical Assistance (MA) that provides health care coverage for individuals who are 19 to 64 years of age and do not qualify for Medicare or another Medicaid program. Department of Health and Human Services Bridges Eligibility Manual (BEM) 137 (January 1, 2024), p 1.

On January █ 2024, the Department notified Petitioner and her husband that they are not eligible for ongoing HMP benefits because they are enrolled in Medicare. The Department then initiated a review of Petitioner's eligibility for MA benefits under other categories that she may qualify for. There is no asset limit to receive HMP benefits, but there is an asset limit for categories of MA available to Medicare recipients. Therefore, the Department requested that Petitioner provide verification of her cash assets, and Petitioner provided verification that the countable assets for her household do not exceed the \$3,000 limit for a household of two. BEM 400.

The AD-CARE program is a category of Medical Assistance (MA) that provides health care coverage to individuals who are aged or disabled and have an income that does not exceed the federal poverty level. Department of Health and Human Services Bridges Eligibility Manual (BEM) 163 (July 1, 2017), p 1.

Petitioner and her husband are not eligible for MA benefits under the AD-CARE category because their household income exceeds the federal poverty level for a household of two, which is \$1,703 per month in 2024.

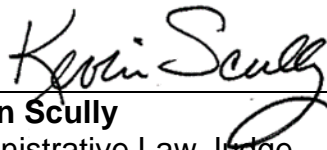
A review of Petitioner's case reveals that the Department budgeted correct amount of income received by the Petitioner. Petitioner's "protected income level" is \$541, and this amount cannot be changed either by the Department or by this Administrative Law Judge. Department of Human Services Reference Table Manual (RFT) 240 (December 1, 2013), p 1. Department's determination that the Petitioner has a \$[REDACTED] deductible per month she must meet in order to qualify for MA for any medical expenses above is therefore correct.

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) benefits that she and her husband are eligible for.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/dm



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
Susan Derseweh
Genesee County DHHS Clio Rd Dist.
**MDHHS-Genesee-Clio-
Hearings@michigan.gov**

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Via-First Class Mail :

Petitioner

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