

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 DIRECTOR



Date Mailed: March 14, 2024 MOAHR Docket No.: 24-000398

Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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 hearing was held via telephone conference on March 6, 2024. Petitioner participated and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by Danielle Moton, specialist.

ISSUE

The issue is whether MDHHS properly terminated Petitioner's Medical Assistance (MA) eligibility.

FINDINGS OF FACT

The administrative law judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

- 1. As of October 2023, Petitioner was an ongoing recipient of benefits under the MA category of Healthy Michigan Plan (HMP).
- On October 27, 2023, Petitioner submitted to MDHHS redetermination documents for continuing MA benefits. Petitioner reported being unmarried, not pregnant, not a caretaker to children, aged between 19 and 64 years, and not disabled. Petitioner also reported being a tax filer with no dependents.
- 3. Beginning September 29, 2023, Petitioner received the following weekly gross wages: \$ \$ \$ and \$ \$ \$

- 4. On November 17, 2023, MDHHS sent Petitioner notice of MA benefit termination beginning December 2023 based on gross monthly wages of \$ 100.000 and \$ 100.000 are considered as a constant of the constant o
- 5. On December 26, 2023, Petitioner requested a hearing to dispute the termination of MA benefits.

CONCLUSIONS OF LAW

The 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. MDHHS administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. MA policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute a termination of MA benefits. Exhibit A, p. 3. A Health Care Coverage Determination Notice dated November 17, 2023 stated that Petitioner was ineligible for various MA categories beginning December 2023. Exhibit A, pp. 16-19. Determining whether MDHHS properly terminated Petitioner's MA eligibility requires a consideration of MA categories.

The MA program includes several sub-programs or categories. BEM 105 (October 2023) p. 1. To receive MA under a Supplemental Security Income (SSI)-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* MA eligibility for children under 19, parents or caretakers of children, pregnant or recently pregnant women, former foster children, MOMS, MIChild and Healthy Michigan Plan is based on Modified Adjusted Gross Income (MAGI) methodology. *Id.*

Persons may qualify under more than one MA category. *Id.*, p. 2. Federal law gives them the right to the most beneficial category. *Id.* The most beneficial category is the one that results in eligibility, the least amount of excess income or the lowest cost share. *Id.*

As of the disputed benefit month, it was not disputed that Petitioner was aged 19-64 years, not pregnant, not disabled, and not a caretaker to minor children. Under the circumstances, Petitioner's only potential MA category with unlimited coverage is the MAGI-related category of HMP. The termination notice stated Petitioner was ineligible for HMP due to excess income.

MAGI-based income means income calculated using the same financial methodologies used to determine modified adjusted gross income as defined in section 36B(d)(2)(B) of

the Code.¹ 42 CFR 435.603(e). For individuals who have been determined financially-eligible for Medicaid using the MAGI-based methods set forth in this section, a State may elect in its State plan to base financial eligibility either on current monthly household income and family size or income based on projected annual household income and family size for the remainder of the current calendar year. 42 CFR 435.603(h). MDHHS elected to determine HMP eligibility based on current monthly income.²

MAGI can be defined as a household's adjusted gross income with any tax-exempt interest income and certain deductions added back.³ Common deductions and disregards which should be factored in determining a person's adjusted gross income include alimony payments, unreimbursed business expenses, Health Savings Account (e.g., 401k) payments, and student loan interest.⁴ There was no evidence of applicable expenses.

On redetermination documents returned to MDHHS on October 27, 2023, Petitioner reported being an unmarried tax filer with no dependents. Exhibits A, pp. 9-15. Under the circumstances, Petitioner's HMP group size is one person.⁵

HMP income limits are based on 133% of the federal poverty level (FPL). RFT 246 (April 2014) p. 1. MDHHS applies a 5% income disregard when the disregard is the difference between a client's eligibility and ineligibility. BEM 500 (July 2017) p. 5. The disregard functionally renders the HMP income limit to be 138% of the FPL. The 2023 federal poverty level for a 1-person group residing in the United States is \$14,580.6 For Petitioner to be eligible for HMP, Petitioner's income would have to not exceed \$20,120.40 (\$1,676.70 per month). Petitioner's monthly income of \$10.000 per month.

¹ Income exceptions are made for lump-sums which are counted as income only in the month received; scholarships, awards, or fellowship grants used for education purposes and not for living expenses; and various exceptions for American Indians and Alaska natives. No known exceptions are applicable to the present case.

² https://www.michigan.gov/documents/mdhhs/SPA 17-0100 Approved 638230 7.pdf

³ https://www.investopedia.com/terms/a/agi.asp

⁴ Id.

⁵ See BEM 211 for MDHHS policy to determine group size.

⁶ https://www.healthcare.gov/glossary/federal-poverty-level-fpl/

Petitioner testified that his rent is \$1,800 per month and that he also pays approximately \$110 in weekly child support. Petitioner's testimony was sincere but ultimately irrelevant. Child support payments are not countable for the payee nor are they deducible for the payer in a MAGI Medicaid determination. BEM 503 (January 2023) p. 7. Housing expenses are also not countable in determining MAGI eligibility.

Petitioner's gross monthly income exceeds the income limit for HMP. Thus, MDHHS properly terminated Petitioner's HMP eligibility. Because Petitioner is not eligible for any other MA categories, MDHHS properly terminated Petitioner's MA eligibility.

DECISION AND ORDER

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly terminated Petitioner's MA eligibility beginning December 2023. The actions taken by MDHHS are **AFFIRMED**.

CG/nr

Christian Gardocki
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

Wayne 17 County DHHS BSC4 M. Schaefer EQAD MOAHR

Via-First Class Mail:

Petitioner

. MI