



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

[REDACTED], MI

Date Mailed: March 27, 2024  
MOAHR Docket No.: 24-001777  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**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 25, 2024. Petitioner participated and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by Lori Turner, 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 December 2023, Petitioner was an ongoing recipient of benefits under the MA category of Healthy Michigan Plan (HMP).
2. As of December 2023, Petitioner was unmarried, not pregnant, not a caretaker to children, aged between 19 and 65 years, and not disabled. Petitioner was also a tax filer with no dependents.
3. In December 2023, Petitioner received \$ [REDACTED] in gross wages.
4. On January 25, 2024, MDHHS sent Petitioner notice of MA benefit termination beginning March 2024 due to excess income.

5. On February 6, 2024, 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, pp. 3-4. A Health Care Coverage Determination Notice dated January 25, 2024, stated that Petitioner was ineligible for various MA categories beginning March 2024. Exhibit A, pp. 11-14. 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, Petitioner was aged 19-65 years, not pregnant, not disabled, and not a caretaker to minor children. Under the circumstances, Petitioner's only potential category with full MA 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.<sup>1</sup> 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

---

<sup>1</sup> 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.

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.<sup>2</sup>

MAGI can be defined as a household's adjusted gross income with any tax-exempt interest income and certain deductions added back.<sup>3</sup> 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.<sup>4</sup> There was no evidence of applicable expenses.

As of the disputed benefit month, Petitioner was a tax filer with no dependents. Under the circumstances, Petitioner's HMP group size is one person.<sup>5</sup>

Petitioner's only income derived from employment. MDHHS received pay documents from Petitioner listing biweekly wages of \$1,623.93 and \$1,742.06 from December 2023. Exhibit A, pp. 15-16. Adding the wages results in a total gross monthly income of \$ [REDACTED] (dropping cents).

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 2024 federal poverty level for a 1-person group residing in the United States is \$15,060.<sup>6</sup> For Petitioner to be eligible for HMP, Petitioner's income would have to not exceed \$20,782.80 (\$1,731.90 per month). Petitioner's monthly income of \$ [REDACTED] exceeded the HMP income limit.

Petitioner testified she requires regular medical treatment for migraine headaches. Petitioner also testified that she requires the treatment to work and would have to pursue disability if not eligible for Medicaid. Additionally, Petitioner testified that her medical treatments cost over \$38,000 annually and she could not afford the treatments without insurance coverage. Petitioner's testimony was sincere but ultimately not relevant to a determination of income 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.

---

<sup>2</sup> [https://www.michigan.gov/documents/mdhhs/SPA\\_17-0100\\_Approved\\_638230\\_7.pdf](https://www.michigan.gov/documents/mdhhs/SPA_17-0100_Approved_638230_7.pdf)

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

<sup>4</sup> *Id.*

<sup>5</sup> See BEM 211 for MDHHS policy to determine group size.

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

**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 March 2024. 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

**Via-Electronic Mail :**

**DHHS**  
**MDHHS-Wayne-17-**  
**hearings@michigan.gov**

**Interested Parties**  
Wayne 17 County DHHS  
BSC4  
M. Schaefer  
EQAD  
MOAHR

**Via-First Class Mail :**

**Petitioner**  
  
  
MI