



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]
[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: May 3, 2024
MOAHR Docket No.: 24-003095
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun

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 April 25, 2024, from Detroit, Michigan. Petitioner appeared for the hearing and represented himself. A representative from the Department of Health and Human Services (Department) did not appear for the hearing and it was held in the absence of the Department.

ISSUE

Did the Department properly determine Medical Assistance (MA) eligibility for Petitioner, his wife, and his son?

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 household members were ongoing recipients of MA. Petitioner's household consists of himself, his wife [REDACTED] his minor son Child A, and his adult daughter [REDACTED]
2. Petitioner and his household members were previously approved for MA under a full coverage program.
3. In connection with a redetermination, the household members' eligibility to receive MA was reviewed.
4. On or around February 29, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice (Notice) informing him that effective April 1, 2024, his daughter [REDACTED] was approved for full coverage MA benefits. The Notice further informed Petitioner that effective April 1, 2024, he and his wife were approved for

MA subject to a monthly deductible of \$3,740 and his son was approved for MA subject to a monthly deductible of \$4,812. (Exhibit A, pp. 15-23)

5. On or around March 12, 2024, Petitioner requested a hearing disputing the Department's actions with respect to the MA program.

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.

In this case, Petitioner requested a hearing disputing the Department's actions with respect to his MA case. Specifically, Petitioner disputed the transfer of MA eligibility from a full coverage program to a deductible based program effective April 1, 2024, for himself, his wife, and Child A. At the hearing, the undersigned read the Hearing Summary prepared by the Department in response to Petitioner's request for hearing into the hearing record. According to the Hearing Summary, the spend down (or deductible) was based on the income reported during the redetermination.

MA is available (i) under SSI-related categories to individuals who are aged (65 or older), blind or disabled, (ii) to individuals who are under age 19, parents or caretakers of children, or pregnant or recently pregnant women, (iii) to individuals who meet the eligibility criteria for Healthy Michigan Plan (HMP) coverage, and (iv) to individuals who meet the eligibility criteria for Plan First Medicaid (PF-MA) coverage. 42 CFR 435.911; 42 CFR 435.100 to 435.172; BEM 105 (July 2021), p. 1; BEM 137 (June 2020), p. 1; BEM 124 (July 2023), p. 1. Under federal law, an individual eligible under more than one MA category must have eligibility determined for the category selected and is entitled to the most beneficial coverage available, which is the one that results in eligibility and the least amount of excess income or the lowest cost share. BEM 105 (January 2021), p. 2; 42 CFR 435.404. Individuals are eligible for Group 1 coverage, with no deductible, if their income falls below the income limit, and eligible for Group 2 coverage, with a deductible that must be satisfied before MA is activated, when their income exceeds the income limit. Group 2 categories are considered a limited benefit because a deductible is possible. BEM 105, p. 1.

At the hearing, Petitioner testified that he and his wife are under age [REDACTED] that he and his wife file taxes jointly, and claim their two children as dependents. Petitioner also testified that his elderly parents live in his home but it was unclear whether they were also claimed as tax dependents. Petitioner and his wife are the parents of a minor child. Petitioner testified that he is employed and earns income biweekly. He testified that he sometimes has several weeks off of work. Petitioner testified that his wife is a daycare teacher and does not work in the summer months. Petitioner confirmed that neither he nor his wife are disabled or enrolled in Medicare. Thus, based on the evidence presented by Petitioner, he and his wife are potentially eligible for MA under the Healthy Michigan Plan or as parents of a minor child. Child A is also potentially eligible for MA as a minor. Although the Health Care Coverage Determination Notice sent to Petitioner on February 29, 2024, advised that Petitioner, his wife, and his son were eligible for MA subject to a monthly deductible, the Department was not present for the hearing and thus, did not present any evidence in support of the MA eligibility determination. It was unknown whether the Department properly considered the household's eligibility for MA under all categories or whether the exact income amounts/group size relied upon were 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 because the Department failed to appear for the hearing, the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it determined Petitioner's MA eligibility effective April 1, 2024.


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 MA eligibility for Petitioner, his wife, and his son under the most beneficial category for April 1, 2024, ongoing;
2. If eligible, provide MA coverage to Petitioner, his wife, and son for any MA benefits that they were entitled to receive but did not, if any, from April 1, 2024, ongoing, and
3. Notify Petitioner in writing of its decision.

ZB/ml



Zainab A. Baydoun
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

Yaita Turner

Oakland County Southfield District III

25620 W. 8 Mile Rd

Southfield, MI 48033

MDHHS-Oakland-6303-Hearings@michigan.gov

Interested Parties

BSC4

M Schaefer

EQAD

MOAHR

Via First Class Mail:

Petitioner

[REDACTED]
MI [REDACTED]