



GRETCHEN WHITMER  
GOVERNOR

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

MARLON I. BROWN  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: May 9, 2024  
MOAHR Docket No.: 24-003697  
Agency No.: [REDACTED]  
Petitioner: [REDACTED] [REDACTED]

**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 May 2, 2024, from Lansing, Michigan. Petitioner represented herself. The Department was represented by Sara Estes.

**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. On February [REDACTED] 2024, the Department received Petitioner's completed Redetermination form. Exhibit A, p 8.
2. Petitioner reported on her Redetermination form that she is married and that her husband works 40 hours per week at a rate of [REDACTED] per hour. Exhibit A, p 10.
3. On March [REDACTED] 2024, the Department notified Petitioner that she was not eligible for Medical Assistance (MA) effective April 1, 2024. Exhibit A, p 15.
4. On March [REDACTED] 2024, the Department received Petitioner's request for a hearing protesting the level of Medical Assistance (MA) that she is eligible for. Exhibit A, pp 4-6.
5. On April [REDACTED] 2024, the Department requested that Petitioner provide verification of her countable assets. Exhibit A, p 18.
6. The Department approved Petitioner for Medical Assistance (MA) with a \$ [REDACTED] monthly deductible.

## **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.*

Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility or the least amount of excess income. Department of Health and Human Services Bridges Eligibility Manual (BEM) 105 (January 1, 2024), p 2.

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. There is no asset limit for this program. Department of Health and Human Services Bridges Eligibility Manual (BEM) 137 (January 1, 2024), p 1.

The income limit to participate in the Healthy Michigan Plan (HMP) is 133% of the federal poverty level. Department of Health and Human Services Reference Table Manual (RFT) 246 (April 1, 2014), p 1.

The Department initiated a review of Petitioner's eligibility for ongoing MA benefits with the receipt of her completed Redetermination form on February █ 2024. Petitioner is married and her husband works 40 hours per week at a rate of \$█ per hour. Petitioner's household income is greater than the 133% limit to remain eligible for HMP benefits, which is \$2,725 limit for a household of two.

Petitioner reported on her Redetermination form that she is disabled. Medicare is available for disabled individuals, but these categories of benefits have an available asset limit of \$3,000 for a married couple. Department of Health and Human Services Bridges Eligibility Manual (BEM) 400 (April 1, 2024), p 8.

On April █ 2024, the Department requested verification of Petitioner's available household assets. Petitioner provided verification of her available assets and the Department determined that Petitioner is eligible for MA benefits, but based on her household income, these benefits come with a \$█ monthly deductible.

Petitioner did not dispute the Department's determination of her countable income but argues that such a high deductible is unreasonable.


The Petitioner's grievance centers on dissatisfaction with the Department's current policy. The Petitioner's request is not within the scope of authority delegated to this Administrative Law Judge. Administrative Law Judges have no authority to overrule statutes, overrule promulgated regulations, or make exceptions to the department policy set out in the program manuals.

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 most beneficial category of Medical Assistance (MA) that Petitioner is eligible for.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.

KS/dm

  
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**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**  
Janice Collins  
Genesee County DHHS Union St  
District Office  
**MDHHS-Genesee-UnionSt-  
Hearings@michigan.gov**

**SchaeferM**

**EQADHearings**

**BSC2HearingDecisions**

**MOAHR**

**Via-First Class Mail :**

**Petitioner**

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