GRETCHEN WHITMER
GOVERNOR

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

MARLON I. BROWN DIRECTOR



Date Mailed: May 8, 2024

MOAHR Docket No.: 24-003856

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 May 2, 2024, from Lansing, Michigan. Petitioner represented herself. The Department was represented by Michelle Morely.

#### **ISSUE**

Did the Department of Health and Human Services (Department) properly determine Petitioner's eligibility for State Emergency Relief (SER) and Medical Assistance (MA) benefits?

#### 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 March 2024, the Department received Petitioner's application for Medical Assistance (MA) benefits. Exhibit A, p 1.
- 2. Petitioner reported on her March 2024, application form that she filed her income tax return jointly with her husband and that she did not claim any tax dependents. Exhibit A, p 3.
- 3. Petitioner reported on her March 2024, application form that she is disabled. Exhibit A, p 4.
- 4. On March 2024, the Department received another application for assistance. Exhibit A, p 7.
- 5. Petitioner's husband receives monthly pension in the gross monthly amount of \$\text{Exhibit A, p 22.}

- 6. Petitioner's husband receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$\\_\text{months} \] and he is eligible for Medicare. Exhibit A, pp 23-24.
- 8. Petitioner is eligible for Medical Assistance (MA-G2S) with a \$ monthly deductible.
- 9. On March 2024, the Department notified Petitioner that her request for State Emergency Relief (SER) assistance had been denied. Exhibit A, p 46.
- 10. On March 25, 2024, the Department received Petitioner's request for a hearing protesting the level of Medical Assistance (MA) that she is receiving. Exhibit A, p 49.

### **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 State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1 *et seq.* The Department administers the SER program pursuant to MCL 400.10 of the Social Welfare Act, MCL 400.1 *et seq.*, and Mich Admin Code, R 400.7000 through R 400.7049.

The income limit to participate in the Healthy Michigan Plan (HMP) is 133% of the federal poverty level. The household size for MA benefits is determined for each individual separately, and for HMP benefits, the household of a tax filer is the individual, the individual's spouse, and any tax dependents. Department of Health and Human Services Reference Table Manual (RFT) 246 (April 1, 2014).

Petitioner applied for MA benefits on March 2024. Petitioner is married, she lives with her husband, and she reported that she filed her taxes jointly with her husband. The combined income of Petitioner and her husband is 222% of the federal poverty level for a household of two, and Petitioner is not eligible for HMP benefits.

Petitioner does not receive Medicare, but she reported to the Department that she is disabled. The AD-CARE program is a category of Medical Assistance (MA) that provides health care coverage to individuals who are disabled and have an income that does not exceed the federal poverty level. Household size consists of the individual and a spouse if living with the individual. Department of Health and Human Services Bridges Eligibility Manual (BEM) 163 (July 1, 2017), p 1.

Petitioner is not eligible for AD-CARE benefits based on the income of herself and her husband, which exceeds the federal poverty level.

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 \$ 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 \$ deductible per month she must meet in order to qualify for MA for any medical expenses above is therefore correct.

Petitioner had also applied for SER assistance with an electric bill on March 2024. Petitioner testified that her two children had recently moved out of the home. Household size for SER assistance is determined by the individuals living in the home. Petitioner's gross monthly income exceeds the limit for her to receive SER assistance with her electric bill for a household of 2, 3 or 4. Department of Health and Human Services Emergency Relief Manual (ERM) 208 (October 1, 2023), p 6.

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 denied Petitioner's request for State Emergency Relief (SER) assistance based on household income, and properly determined the level of Medical Assistance (MA) that Petitioner is eligible for.

## **DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.

KS/dm

Kevin Scully

Administrative Law **9**udge

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 <u>Via-Electronic Mail :</u> DHHS

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<u>Via-First Class Mail</u>: Petitioner