



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

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

MARLON BROWN DPA
DIRECTOR

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Date Mailed: April 29, 2024
MOAHR Docket No.: 24-000567
Agency No.: ██████████
Petitioner: ██████████

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 March 27, 2024, from Lansing, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by Ashley Green and Devry Mitchell. Department Exhibit 1, pp. 1-28 and Exhibit 2, pp. 1-8 were received and admitted. Petitioner’s Exhibit A, pp. 1-10 was received and admitted.

ISSUE

Did the Department properly determine Petitioner’s Medical Assistance 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. On December 4, 2023, a Health Care Coverage Determination Notice was sent to Petitioner informing him that effective January 1, 2024, his Medicaid coverage would switch from MA-HMP to MA-Plan First and MA-G2S with a \$1,513 deductible. The other household members were found to be eligible for full coverage MA.
2. On January 17, 2024, Petitioner requested a hearing disputing the reduction of MA coverage.
3. Household member ██████████ receives ██████████ per month from the Social Security Administration.
4. Household member ██████████ receives ██████████ per month from the Social Security Administration.

5. Petitioner receives [REDACTED] per month from the Social Security Administration.
6. Household member [REDACTED] earns [REDACTED] monthly in employment income.
7. Household member [REDACTED] has projected annual income of [REDACTED].
8. The Department found that Petitioner's household was receiving [REDACTED] in annual income.
9. Petitioner began receiving Medicare in August 2022.
10. Petitioner was found to be eligible for MA-G2S with a deductible of \$1,267 for May 2024 and ongoing.

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.

Targeted Population

The Healthy Michigan Plan (HMP) provides health care coverage for individuals who:

- Are 19-64 years of age.
- Do not qualify for or are not enrolled in Medicare.
- Do not qualify for or are not enrolled in other Medicaid programs.
- Are not pregnant at the time of application.
- Meet Michigan residency requirements.
- Meet Medicaid citizenship requirements.
- Have income at or below 133 percent Federal Poverty Level (FPL). BEM 137

In this case, Petitioner began receiving Medicare in August 2022. Therefore, he is not eligible for MA-HMP. BEM 137 Petitioner was then considered for other Medicaid programs. Based on the most recent budgeting, the Department found Petitioner to be eligible for MA-G2S with a \$1,267 deductible. Petitioner's prorated income was found to be [REDACTED]. Petitioner's spouse's prorated income was found to be [REDACTED]. In determining net income, Petitioner's share of his own income was [REDACTED]. Petitioner's spouse's share of

her own income was [REDACTED]. Couple's share of each other's income was [REDACTED]. That resulted with [REDACTED] in total net income. After deducting the protected income level of \$541, there was [REDACTED] remaining which is the deductible amount. This was the deductible amount determined by the Department and it was proper and correct and consistent with Department policy,

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 Petitioner's MA eligibility and deductible amount.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**.

AM/cc



Aaron McClintic
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 :

Interested Parties

MDHHS-Washtenaw-Hearings
BSC4-HearingDecisions
EQADHearings
M. Schaefer
MOAHR

Via-First Class Mail :

Petitioner

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