



GRETCHEN WHITMER
GOVERNOR

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

MARLON I. BROWN, DPA
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: April 22, 2024
MOAHR Docket No.: 24-002489
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 April 17, 2024, from Lansing, Michigan. Petitioner represented herself. The Department was represented by Colleen McKenna.

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 January [REDACTED] 2024, the Department received Petitioner's completed Redetermination (DHS-1010) form. Exhibit A, p 9.
2. On January [REDACTED] 2024, the Department requested that Petitioner provide verification of her household's income and assets. Exhibit A, pp 16-17.
3. Petitioner provided copies of her household's income, including her income and the income of her child's father, and the household received gross earned income in the gross amount of \$[REDACTED] over the course of a month. Exhibit A, pp 14-17.
4. Petitioner provided copies of bank statements showing that the household holds cash assets exceeding \$3,000. Exhibit A, pp 22-25.
5. On February [REDACTED] 2024, the Department notified Petitioner that her child is not eligible for Medical Assistance (MA) effective March 1, 2024. Exhibit A, pp 30-31.

6. On February 27, 2024, the Department received Petitioner's request for a hearing protesting the closure of her child's Medical Assistance (MA) benefits. Exhibit A, pp 5-6.

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.

For MAGI categories of MA benefits, the size of the household is determined individually for each individual requesting benefits, and for an individual who is a tax dependent, the household consists of the individual and the household of the person claiming the individual as a tax dependent.

Medical Assistance (MA) is available for individuals under 19 years of age and who are not enrolled in comprehensive health insurance. The category of MA benefits for minors with the highest income limit is the MiChild program, which provides health insurance to individuals age one to 19 with a modified adjusted gross income (MAGI) under 212% of the federal poverty level. Department of Health and Human Services Bridges Eligibility Manual (BEM) 130 (January 1, 2024), p 1.

In this case, the household's income amount to 304% of the federal poverty level, and Petitioner's child is not eligible for MA benefits under the MiChild program, or any other MAGI based category of MA based on household income.

Medicaid is available to a person who is under age 21 under the G2U category. All eligibility factors must be met in the calendar month being tested. Department of Health and Human Services Bridges Eligibility Manual (BEM) 132 (April 1, 2018), p 1. The available asset limit for a person in this category of MA benefits is \$3,000. Exhibit A, p 7.

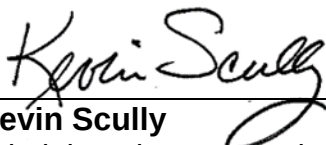
Petitioner provided the Department with bank statements showing that her household possess cash assets exceeding \$3,000. Therefore, Petitioner's child is not eligible for MA benefits under the G2U category.

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 that Petitioner's child is not eligible for Medical Assistance (MA) under any category.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/dm



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
Melissa Robinson
Midland County DHHS
MDHHS-Midland-
Hearings@michigan.gov

SchaeferM

EQADHearings

BSC2HearingDecisions

MOAHR

Via-First Class Mail :

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]