



GRETCHEN WHITMER
GOVERNOR

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

MARLON BROWN
DIRECTOR

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Date Mailed: June 6, 2024
MOAHR Docket No.: 24-003847
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 May 8, 2024, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Rachel Meade Hearing Facilitator. Department Exhibit 1, pp. 1-8 was received and admitted.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) benefit and deductible amount?

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 ██████████ 2024, Petitioner applied for MA.
2. On March 15, 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that her child ██████████ was approved for MA with a \$5,189 deductible.
3. On March 29, 2024, Petitioner requested a hearing disputing the determination regarding ██████████ MA and deductible amount.
4. Petitioner's household has \$██████████ in total net income. (Ex. 2, p.2)

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.

FAMILY SIZE

The size of the household will be determined by the principles of tax dependency in the majority of cases. Parents, children, and siblings are included in the same household. Parents and stepparents are treated the same. Individual family members may be eligible under different categories. BEM 211

SSI-Related Medicaid (MA), Group 2 Pregnant Women, Group 2 Persons Under Age 21, Group 2 Caretaker Relative

Use fiscal groups and, for SSI-related MA, Group 2 Persons Under Age 21 and Group 2 Caretaker Relative, asset groups to determine the financial eligibility of a person who requests Medicaid and meets all the nonfinancial eligibility factors for any Medicaid category. Individual family members may be eligible under different Medicaid categories. All categories of Medicaid must be explored for each person who requests Medicaid; see choice of category in BEM 105. BEM 211

Income Eligibility

Income eligibility exists when net income does not exceed the Group 2 needs in BEM 544. Apply the MA policies in BEM 500, 530, 540 (for children) or 541 (for adults), and 544 to determine net income. If the net income exceeds Group 2 needs, MA eligibility is still possible per BEM 545.

With regard to the approval of MA-G2U and deductible amount calculation, the Petitioner's household's total net income is \$[REDACTED] including employment income for both adults in the household. After deducting the \$512 protected income level that leaves \$5,189, which is the deductible amount for the MA-G2U, 3-person household. This was the deductible amount determined by the Department and it was proper and correct and consistent with Department policy.

In this case, Petitioner raised issues about whether minor child [REDACTED] should be included in the MA group. [REDACTED] is approved for MA-OHK because only Petitioner [REDACTED] income is used to calculate his eligibility because his father is not residing with Petitioner. This was the proper action for [REDACTED] Medicaid. BEM 211

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 benefit 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-Jackson-Hearings
BSC4-HearingDecisions
EQADHearings
M. Schaefer
MOAHR

Via-First Class Mail :

Petitioner

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