



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

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

MARLON BROWN
DIRECTOR

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Date Mailed: August 15, 2024
MOAHR Docket No.: 24-005847
Agency No.: ██████████
Petitioner: █████ █████

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 July 25, 2024, from Lansing, Michigan. █████ █████ the Petitioner, appeared on her own behalf. The Department of Health and Human Services (Department) was represented by Loren Willming, Assistance Payments Supervisor (APS), and Domini Melson, Eligibility Specialist (ES).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-47.

ISSUE

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA) and the Medicare Savings Program (MSP)?

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, Petitioner submitted an assistance application for health care coverage and other benefits. No bank accounts were reported in the asset section. (Exhibit A, pp. 8-15)
2. On March █████ 2024, an interview was completed with Petitioner. One bank account was reported at █████ █████ █████ (Exhibit A, pp. 16-22)

3. On March [REDACTED] 2024, a Verification Checklist was issued to Petitioner requesting verification of checking account with a due date of April 5, 2024. (Exhibit A, pp. 29-30)
4. On March [REDACTED] 2024, Petitioner submitted verification from [REDACTED] [REDACTED] (Exhibit A, pp. 3 and 23-25)
5. An asset detection showed Petitioner had an account at [REDACTED] [REDACTED] with activity as of March 1, 2024. (Exhibit A, pp. 3 and 26-28)
6. On April [REDACTED] 2024, a Verification Checklist was issued to Petitioner requesting verification of checking account with a due date of April 11, 2024. (Exhibit A, pp. 31-32)
7. On April [REDACTED] 2024, Petitioner submitted verification from [REDACTED] [REDACTED] with a Health Care coverage Supplemental Questionnaire. (Exhibit A, pp. 3 and 33-38)
8. On April [REDACTED] 2024, a Health Care Coverage Determination Notice was issued to Petitioner stating she was: approved for limited coverage under the Plan First category effective March 1, 2024; would have a monthly deductible of \$[REDACTED] for her MA coverage effective March 1, 2024; was eligible for the MSP under the ALMB category effective April 1, 2024; and was not eligible for the MSP for the month of March 2024 due to income in excess of program limits. (Exhibit A, pp. 39-45)
9. On April [REDACTED] 2024, a Health Care Coverage Determination Notice was issued to Petitioner denying ongoing MSP benefits for March 2024 due to income in excess of program limits. (Exhibit A, pp. 5-7)
10. On May 17, 2024, Petitioner filed a hearing request contesting the Department's determinations. (Exhibit A, p. 4)

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.

The Medicaid program comprise several sub-programs or categories. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. Medicaid eligibility for children under 19, parents or caretakers of children, pregnant or recently pregnant women, former foster children, MOMS, MICHild, Flint Water Group and Healthy Michigan Plan is based on Modified Adjusted Gross Income (MAGI) methodology. In general, the terms Group 1 and Group 2 relate to financial eligibility factors. For Group 1, net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. The income limit, which varies by category, is for nonmedical needs such as food and shelter. Medical expenses are not used when determining eligibility for MAGI-related and SSI-related Group 1 categories. For Group 2, eligibility is possible even when net income exceeds the income limit. This is because incurred medical expenses are used when determining eligibility for Group 2 categories. Group 2 categories are considered a limited benefit as a deductible is possible. BEM 105, January 1, 2024, p. 1.

Plan First MA is a MAGI-related limited coverage Medicaid group available to any United States citizen or individual with an immigration status entitling them to full Medicaid coverage residing in Michigan. The fiscal group's net income cannot exceed 195 percent of the federal poverty level. BEM 124, July 1, 2023, p. 1.

Healthy Michigan Plan (MA-HMP) is based on Modified Adjusted Gross Income (MAGI) methodology. The MA-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; and have income at or below 133 percent Federal Poverty Level (FPL). BEM 137, January 1, 2024, p. 1.

MA AD CARE is an SSI-related group 1 MA category. This category is available to persons who are aged or disabled (AD). Net income cannot exceed 100% of the poverty level. BEM 163, July 1, 2017, p. 1.

Group 2 aged, blind, and disabled (Group 2 MA) is an SSI related MA category that available to a person who is aged (65 or older), blind or disabled. BEM 105, January 1, 2024, p. 5; BEM 166, April 1, 2027, p. 1.

In general, the terms Group 1 and Group 2 relate to financial eligibility factors. For Group 1, net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. The income limit, which varies by category, is for nonmedical needs such as food and shelter. Medical expenses are not used when determining eligibility for MAGI-related and SSI-related Group 1 categories. For Group 2, eligibility is possible even when net income exceeds the income limit. This is because incurred medical expenses are used when determining eligibility for Group 2 categories. Group 2 categories are considered a limited benefit as a deductible is possible. BEM 105, January 1, 2024, p. 1.

The Department counts the gross benefit amount of Social Security Administration issued Retirement Survivors Disability Insurance (RSDI) benefits as unearned income when determining eligibility. BEM 503, April 1, 2024, p. 30. The Department disregards the annual cost of living increase for RSDI for January, February, and March. BEM 503, January 1, 2023, pp. 30-31.

The Department utilizes a Protected Income Level (PIL) in determining MA eligibility. The PIL is a set allowance for non-medical need items such as shelter, food and incidental expenses. BEM 544, January 1, 2020, p. 1. Van Buren County is part of Shelter Area V, which has a PIL of \$391.00 for a group size of one. RFT 200, April 1, 2017, p. 3 and RFT 240, December 1, 2013, p. 1.

For SSI related adults, the only deductions allowed to countable income are for court-ordered child support, blind/impairment related work expenses, allocation to non-SSI related children, a \$20.00 disregard, an earned income disregard of \$65.00 plus $\frac{1}{2}$ of the remaining earnings, and Guardianship/Conservator expenses. BEM 541, January 1, 2024, pp. 1-7.

Income eligibility exists for all or part of the month tested when there is no excess income or the medical group's allowable medical expenses equal or exceed the fiscal group's excess income. BEM 545, July 1, 2022, p. 1-3.

Deductible is a process which allows a client with excess income to become eligible for Group 2 MA if sufficient allowable medical expenses are incurred. Each calendar month is a separate deductible period. The fiscal group's monthly excess income is called a deductible amount. Meeting a deductible means reporting and verifying allowable medical expenses that equal or exceed the deductible amount for the calendar month tested. BEM 545, July 1, 2022, p. 10-12.

There are three categories that make up the MSP: Qualified Medicare Beneficiaries (QMB); Specified Low-Income Medicare Beneficiaries (SLMB); and Additional Low-Income Medicare Beneficiaries (ALMB). Income is the major determiner of category. For QMB net income cannot exceed 100% of poverty. For SLMB net income is over 100% of poverty, but not over 120% of poverty. For ALMB net income is over 120% of poverty, but not over 135% of poverty. BEM 165, October 1, 2022, p. 1.

RFT 242 addresses the income limits for aged or disabled MA (MA-AD) and the MSP categories. Effective April 1, 2023, for a group size of one the income limit for MA-AD and QMB is \$1,235.00; for SLMB the income limit is \$1,235.01 to \$1,478.00; and for ALMB the income limit is \$1,478.01 to \$1,660.25. RFT 242, April 1, 2024, p. 1. Effective April 1, 2024, for a group size of one the income limit for MA-AD and QMB is \$1,275.00; for SLMB the income limit is \$1,275.01 to \$1,526.00; and for ALMB the income limit is \$1,526.01 to \$1,714.25. The RFT 242 policy notes that these amounts are the applicable percentage of the federal poverty limit plus the \$20.00 disregard for RSDI income. RFT 242, April 1, 2024, p. 1.

In this case, the Department determined that Petitioner was eligible for Medicaid with a monthly deductible of \$[REDACTED] effective March 1, 2024; was eligible for the MSP under the ALMB category effective April 1, 2024; and was not eligible for the MSP for the month of March 2024 due to income in excess of program limits. (Exhibit A, pp. 39-45).

Petitioner reported no income on the March [REDACTED] 2024 Assistance Application. (Exhibit A, pp. 9 and 12). During the March [REDACTED] 2024 interview, Petitioner reported that she receives RSDI benefits. (Exhibit A, p. 16). The Department verified that Petitioner receives \$[REDACTED] in RSDI benefits monthly. (Exhibit A, p. 20).

Accordingly, Petitioner's income exceeds the income limit for full coverage MA under the MA-AD Care category of \$[REDACTED] prior to April 1, 2024, and of \$[REDACTED] effective April 1, 2024. Additionally, in accordance with the income limits for the MSP categories as set forth in RFT 242, Petitioner was not eligible for the MSP under any of the three categories in March 2024, but was eligible under the ALMB category in April 2024. The category with the highest income limit is the ALMB category, which had an income limit of \$1, 660.25 in March 2024 and up to \$1,714.25 effective April 1, 2024. See RFT 242, April 1, 2024, p. 1.

The Department then calculated a monthly deductible for Petitioner. After the \$20.00 disregard, an insurance premium of \$[REDACTED] and the PIL of \$391.00 are considered, Petitioner has a monthly deductible of \$[REDACTED] effective March 1, 2024. There was no evidence that Petitioner had any of the other allowable deductions (court-ordered child support, blind/impairment related work expenses, allocation to non-SSI related children, an earned income disregard of \$65.00 plus ½ of the remaining earnings, or Guardianship/Conservator expenses).

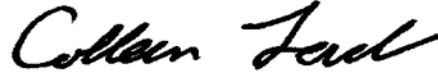
Petitioner asserted that the increase in her RSDI benefits was an intentional effort to prevent her from being eligible for MA. Petitioner also noted that they made her provide tons of proof. (Petitioner Testimony). There was no evidence to support that the Department has any involvement with the amount of RSDI benefits the Social Security Administration determined Petitioner was eligible for. Further, the Department properly requested income and asset verifications needed to determine Petitioner's eligibility for MA.

This Administrative Law Judge has no authority to change or make any exceptions to the applicable regulations and policy, which require a monthly deductible when there is excess income. Overall, the evidence establishes that the Department properly determined Petitioner's eligibility for MA based upon the available information.

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 eligibility for MA.

DECISION AND ORDER

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



CL/dm

Colleen Lack
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 :

DHHS
Jennifer Weston
Van Buren County DHHS
**MDHHS-VanBuren-
Hearings@michigan.gov**

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EQADHearings

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MOAHR

Via-First Class Mail :

Petitioner

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