



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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██████████, MI ██████████

Date Mailed: January 2, 2025
MOAHR Docket No.: 24-011338
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 December 5, 2024, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Linda Cortez FIM. Department Exhibit 1, pp. 1-12 was received and admitted.

ISSUE

Did the Department properly deny Petitioner's Medicare Cost Share application due to excess income?

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 September 13, 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she was not eligible for Medicare Cost Share due to excess income.
2. Petitioner receives ██████████ per month RSDI income from social security.
3. Petitioner receives ██████████ per month in unemployment compensation.
4. Petitioner's husband and household member ██████████ earns ██████████ in employment income per month based on the check stubs provided.

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.

Additional Low-Income Beneficiaries (ALMB) MONTHLY INCOME LIMITS
TABLE 3

Fiscal Group of 1:

- Effective 4/1/2023, All Clients: \$1478.01-\$1660.25
- Effective 4/1/2024, All Clients: \$1526.01-\$1714.25

Fiscal Group of 2:

- Effective 4/1/2024, All Clients: \$1992.01-\$2238.50
- Effective 4/1/2024, All Clients: \$2064.01-\$2319.50

RFT 242

In this case, Petitioner's household has [REDACTED] in RSDI income, [REDACTED] in unemployment compensation, and household member [REDACTED] has [REDACTED] in employment earnings. Petitioner's household has [REDACTED] in monthly income. The income limit for Medicare Cost Share ALMB is [REDACTED]. Therefore, Petitioner is over the income limit and the denial due to excess income 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 denied Petitioner's Medicare Cost Share application due to excess income.

DECISION AND ORDER

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

AM/ml



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:

DHHS

Joann Sepic
Berrien County DHHS
401 Eighth Street
PO Box 1407
Benton Harbor, MI 49023
MDHHS-Berrien-Hearings@michigan.gov

Interested Parties

BSC3
M Schaefer
EQAD
MOAHR

Via First Class Mail:

Petitioner

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