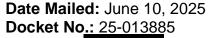
Michigan Office of Administrative Hearings and Rules P.O. Box 30639 Lansing, MI 48909





Case No.: Petitioner:

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Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

**Date Mailed:** June 10, 2025 **Docket No.:** 25-013885

Case No.: Petitioner:

#### **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; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via telephone conference on May 13, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Stephanie Brock, Hearing Facilitator. Department Exhibit 1, pp. 1-32 was received and admitted.

#### <u>ISSUE</u>

Did the Department properly close Petitioner's Medical Assistance (MA) case 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. Petitioner was approved for MA on January 2022.
- 2. On March 2025, Petitioner submitted a pay stub from
- 3. On March 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his MA was closing effective May 1, 2025, due to excess income.
- 4. On April 17, 2025, Petitioner requested hearing disputing the closure of MA.
- 5. Petitioner was found to have \$ monthly income from employment by the Department.

#### **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.

## **Non-Child Support Income**

Using Past Income

Use past income to prospect income for the future unless changes are expected: • Use income from the past 30 days if it appears to accurately reflect what is expected to be received in the benefit month. BEM 505

In this case, on March 2025, Petitioner submitted a pay stub from his employment with Nesco. A worker gathered additional income information from Work Number that included 3 other pay checks. Based on those pay information the Department determined that Petitioner had \$ monthly employment income. The income limit for HMP for a household of 1 is \$1,734.54. Therefore, Petitioner is over the income limit and closure due to excess income was proper and correct and consistent with Department policy. BEM 137

Petitioner questioned the income attributed to him because his annual income for 2024 was lower than the income limit. The income the Department used to determine Petitioner's income going forward, the four most recent check stubs, was consistent with Department policy and a more accurate estimate of Petitioner's income going forward.

#### **DECISION AND ORDER**

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 closed Petitioner's MA case due to excess income.

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



APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at https://lrs.michbar.org or Michigan Legal Help at https://michiganlegalhelp.org. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, OR
- by fax at (517) 763-0155, **OR**
- by mail addressed to Michigan Office of Administrative Hearings and Rules Rehearing/Reconsideration Request P.O. Box 30639 Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

# **Via Electronic Mail:**

Respondent

ST CLAIR COUNTY DHHS 1430 MILITARY ST UNIT 4 PORT HURON, MI 48060 MDHHS-STCLAIR-

**HEARINGS@MICHIGAN.GOV** 

**SCHAEFERM** 

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**BSC2HEARINGDECISIONS** 

**Via First Class Mail:** 

**Petitioner**