

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg No: 2011-24774
Issue No: 2021

[REDACTED]

Ingham County DHS-00

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

HEARING DECISION

This matter is before the undersigned Administrative Law Judge upon pursuant to MCL 400. 9; MCL 400.37 upon Claimant's request for a hearing. After due notice, a telephone hearing was held on July 20, 2010. The Claimant's daughter and power of attorney [REDACTED] appeared and testified. [REDACTED] appeared on behalf of the Department.

ISSUE

Is the Department correct in determining Claimant's MA eligibility?

FINDINGS OF FACT

- (1) Claimant was a Medicaid recipient.
- (2) Claimant was found to have a life insurance policy with a cash surrender value of [REDACTED]
- (3) Claimant's Medicaid case was closed on February 28, 2011 due to excess assets.
- (4) Claimant requested a hearing on February 23, 2011 contesting the closure of her Medicaid case. Benefits were reinstated pending hearing.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM). The Medical

Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

The Medical Assistance program was designed to assist needy persons with medical expenses. The State of Michigan has set guidelines for income and assets, which determines if a MA group falls within the needy classification.

**MA ASSET ELIGIBILITY LIF, G2U, G2C, AMP and SSI-
Related MA Only**

Asset eligibility is required for LIF, G2U, G2C, AMP and SSI-related MA categories.

Note: Do **not** deny or terminate TMA-Plus, Healthy Kids or Group 2 Pregnant Women because of a refusal to provide asset information or asset verification requested for purposes of determining LIF, G2U, G2C or SSI-related MA eligibility. Use the special asset rules in BEM 402 for certain married L/H and waiver patients. See BPG Glossary, for the definition of L/H patient and BEM 106 for the definition of waiver patient. Asset eligibility exists when the asset group's countable assets are less than, or equal to, the applicable asset limit at least one day during the month being tested. BEM 400

In the present case, Claimant's daughter did not dispute that her mother had a life insurance policy with a cash surrender value of [REDACTED]. BEM 400 A life insurance policy's cash surrender value is consider when determining asset eligibility. The asset limit for MA-extend care is [REDACTED]. This ALJ finds that the Department has acted in accordance with Department policy and law in closing ongoing Medical assistance.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law decides that the Department was correct in the closure of Claimant's MA case, and it is ORDERED that the Department's decision in this regard be and is hereby AFFIRMED.



Aaron McClintic
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: ____7/25/11____

Date Mailed: ____7/25/11____

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 60 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

AM/ds

