

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012-5453
Issue No.: 2006
Case No.: [REDACTED]
Hearing Date: April 5, 2012
County: MA Spec Process

ADMINISTRATIVE LAW JUDGE: C. Adam Purnell

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a three-way telephone hearing was held on April 5, 2012, from Lansing, Michigan. Claimant personally appeared and provided testimony. Participants on behalf of Department of Human Services (Department) included [REDACTED]

ISSUE

Did the Department properly determine Claimant's eligibility for Interim Medicaid (MA) where Claimant failed to indicate a disability on the Medicaid Settlement Agreement Supplemental Questionnaire (DHS-1011A) form?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. The Department opened Claimant's Interim MA case.
2. The Department sent Claimant a Medicaid Settlement Agreement Supplemental Questionnaire (DHS-1011-A).
3. On June 20, 2011, the Department received Claimant's DHS-1011-A form, but Claimant did not indicate a disability on the form.
4. Claimant is not the caretaker of a child under the age of 18 (eighteen) years.

5. Claimant is not eligible for the Adult Medical Program (AMP) due to an enrollment freeze.
6. On September 14, 2011, the Department processed Claimant's case and sent her a Benefit Notice (DHS-176) which closed Claimant's Interim Medicaid and denied ongoing Medicaid.
7. On September 26, 2011, Claimant filed a hearing request, protesting the denial and closure.

CONCLUSIONS OF LAW

Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by the 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. The MA program is also referred to as Medicaid. BEM 105. The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. BEM 105. The Medicaid program is comprised of several sub-programs or categories. One category is FIP recipients. BEM 105. Another category is SSI recipients. BEM 105. There are several other categories for persons not receiving FIP or SSI. BEM 105. However, the eligibility factors for these categories are based on (related to) the eligibility factors in either the FIP or SSI program. BEM 105. Therefore, these categories are referred to as either FIP-related or SSI-related. BEM 105.

To receive Medicaid under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant women, receive Medicaid under FIP-related categories. For MA only, a client and the client's community spouse have the right to request a hearing on an initial asset assessment only if an application has actually been filed for the client. BAM 105. Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. BEM 105.

Additionally, the Adult Medical Program (AMP) is established by 42 USC 1315, and is administered by the Department pursuant to MCL 400.10, *et seq.* AMP is available to individuals who meet all the eligibility factors in BEM 640. Certain aliens are limited to coverage of emergency services (ESO). BEM 640. Income eligibility exists when the program group's net income does not exceed the program group's AMP income limit. BEM 640. The AMP income limits are identified in RFT 236. When the client's living arrangement changes during a month, the department uses the living arrangement with

the higher income limit. BEM 640. Only countable income is used. BEM 640. Countable income is income remaining after applying AMP policy in BEM 500, 501, 502, 503, 504. BEM 640.

There are two categories of AMP: (1) G Program (AMP-G) - SDA cash payment recipients are eligible for AMP when they are not eligible for MA or other Department medical programs, and do not have private health care coverage (see "Private Health Coverage" below), and there is not an enrollment freeze in effect in the month of Application; (2) H Program (AMP-H) - Clients receive medical benefits only. Client must meet all eligibility factors in BEM 640.

With regard to AMP-H nonfinancial eligibility factors, a person who has private health care coverage is not eligible for AMP. BEM 640. Health care coverage includes comprehensive health insurance (see PRG) and enrollment in a medical care plan such as a health maintenance organization (HMO). BEM 640.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department did act properly when it found Claimant was not eligible for Interim MA, ongoing MA or AMP.

Accordingly, the Department's Interim MA decision is AFFIRMED for the reasons stated on the record.

/s/ _____
C. Adam Purnell
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 4/10/12

Date Mailed: 4/10/12

NOTICE: Michigan Administrative Hearing System (MAHS) 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. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

CAP/ds

