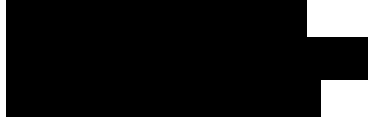


**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**



Reg. No.: 14-012671  
Issue No.: 2001, 3000  
Case No.: [REDACTED]  
Hearing Date: October 16, 2014  
County: OAKLAND-DISTRICT 2

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

**HEARING DECISION**

Following Claimant'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. After due notice, a telephone hearing was held on October 16, 2014, from Lansing, Michigan. The hearing was conducted earlier than scheduled in order to be heard on the same day as Claimant's issues in Register Number 14-012048. Participants on behalf of Claimant included himself and his daughter and authorized hearing representative [REDACTED]. Participants on behalf of the Department of Human Services (Department) included ES [REDACTED] and FIM [REDACTED]. The Food Assistance Program portion of this hearing is dismissed because it is identical to the Food Assistance Program issue in Register Number 14-012048.

**ISSUE**

Did the Department properly close Claimant's Medical Assistance on October 1, 2014, due to excess assets?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Claimant was an ongoing recipient of Medical Assistance benefits.
2. On August 25, 2014, the Department received a required verification of Claimant's Chase bank accounts. (Page 20) The verification shows Claimant was the joint owner of a checking account, a savings account, and a CD.
3. On September 10, 2014, Claimant was sent a Notice of Case Action (DHS-1605) which stated his Food Assistance Program closed because he properly calculated value of the joint accounts was \$8,010.63. The Food Assistance Program asset limit is \$5,000.
4. On September 10, 2014, Claimant was sent a Health Care Coverage Determination Notice (DHS-1606) which stated his Medical Assistance would end

October 1, 2014 because the value of his countable assets was higher than allowed for the program.

5. On September 16, 2014, Claimant made a verbal hearing request about closure of his Food Assistance Program.
6. On September 18, 2014, Claimant's daughter and authorized hearing representative submitted Chase Bank documents to the Department which indicated that: Claimant's checking account was closed; and his savings account had a balance of \$ [REDACTED] (Page 15 & 16)
7. On September 25, 2014, Claimant's daughter and authorized hearing representative submitted a request for hearing about his Medical Assistance and Food Assistance Program benefits.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

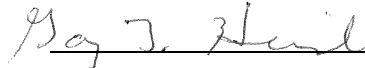
The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Bridges Eligibility Manual (BEM) 400 Assets, at page 7, states that the asset limit for Claimant's Medical Assistance is \$ [REDACTED]. On October 1, 2014, when Claimant's Medical Assistance ended, he had assets valued at \$ [REDACTED] which exceeds his asset limit for Medical Assistance.

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 Claimant's Medical Assistance on October 1, 2014, due to excess assets.

**DECISION AND ORDER**

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

  
\_\_\_\_\_  
Gary Heisler  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **10/28/2014**

Date Mailed: **10/28/2014**

GFH/hj

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

CC:

