

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-015386
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: January 22, 2015
County: Washtenaw (District 20)

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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, an in-person hearing was held on January 22, 2015, from Ypsilanti, Michigan. Participants on behalf of Claimant included Claimant's Attorney, [REDACTED] (P40020), and [REDACTED] (Claimant's spouse). Participants on behalf of the Department of Human Services (Department) included [REDACTED] (AP Supervisor) and [REDACTED] (Office of Legal Affairs). Assistant Attorney General [REDACTED] participated by telephone on behalf of the Department. Claimant ([REDACTED]) did not participate in the hearing.

The Department's Exhibits 1-69 and Claimant's Exhibits A & B were admitted into evidence without objection. Both parties also submitted briefs and supportive documentation, which were considered in making this determination.

ISSUE

Did the Department properly deny Claimant's application for Medical Assistance – Long Term Care (MA-LTC) based upon its determination that Claimant had excess assets?

FINDINGS OF FACT

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

1. [REDACTED] (Claimant) and [REDACTED] (Claimant's Spouse) were legally married during the relevant time period.
2. Claimant, at all relevant times, resided in a long-term care (LTC) facility.

3. On May 7, 2014, Claimant's Spouse executed the [REDACTED] Irrevocable Trust (Sole Benefit Trust or SBO trust) naming herself as beneficiary. [Exhibit 1, pp 24-32]
4. On May 7, 2014, Claimant's Spouse transferred \$155,102.62 to [REDACTED] as trustee of the SBO Trust before Claimant's spouse applied for Initial Asset Assessment (IAA) and Medical Assistance (MA) benefits for Claimant.
5. An Initial Asset Assessment (IAA) was conducted on October 10, 2014.
6. In the IAA, the Department determined that on the date that Claimant entered Long Term Care, March 26, 2014, Claimant and his spouse had combined resources in the amount of \$273,874.32, based upon the Assets Declaration Patient and Spouse document DHS-4574-B. [Exhibit 1, pp.8-9]
7. The Department determined that the spousal share limit was \$117,240.00, which was protected from being counted as Claimant's asset. [Exhibit 1, p.8-9]
8. The Department determined that Claimant had countable assets in the amount of \$45,056.63 as of the LTC entry date (March 26, 2014).
9. The Claimant and his spouse have several assets including the assets contained in the SBO Trust.
10. The Department sent the SBO Trust document to the Office of Legal Services/Trust and Annuities Unit for evaluation.
11. On October 1, 2014, the Department evaluated the SBO Trust and determined the following: the SBO Trust is an Irrevocable Medicaid Trust and there are circumstances under which payment of principal income can be made to or on behalf of Claimant's spouse from the trust. Therefore, the assets in this trust are countable. (Exhibit, pages 17-18)
12. On October 13, 2014, the Department processed and then denied Claimant's Medical Assistance (MA) or "Medicaid" application.
13. On October 13, 2014, the Department caseworker sent Claimant's representative a Health Care Coverage Determination Notice of Case Action, which indicated that Claimant's MA application was denied due to excess assets. [Exhibit 1, p.7]
14. On October 23, 2014, Claimant's representative filed a request for a hearing to contest the Department's action stating that the Department erred when it denied Claimant's MA-LTC application.

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 regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his or her claim for assistance has been denied. MAC R 400.903(1). Claimants have the right to contest a Department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The Department will provide an administrative hearing to review the decision and determine the appropriateness of that decision. BAM 600.

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are found in the Program Administrative Manual (BAM), the Program Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Title XIX of the Social Security Act, commonly referred to as “The Medicaid Act,” provides for Medical Assistance services to individuals **who lack the financial means to obtain needed health care**. 42 U.S.C. §1396. (Emphasis added)

The Medicaid program is administered by the federal government through the Centers for Medicaid and Medicare Services (CMS) of the Department of Health and Human Services (HHS). The state and federal governments share financial responsibility for Medicaid services. Each state may choose whether or not to participate in the Medicaid program. Once a state chooses to participate, it must operate its Medicaid program in accordance with mandatory federal requirements, imposed both by the Medicaid Act and by implementing federal regulations authorized under the Medicaid Act and promulgated by HHS.

Participating states must provide at least seven categories of medical services to persons determined to be eligible Medicaid recipients. 42 USC §1396a(a)(10)(A), 1396d(a)(1)-(5), (17), (21). One of the seven mandated services is *nursing facility services*. 42 USC §1396d(a)(4)(A).

For Medical Assistance eligibility, the Department has defined an asset as “any kind of property or property interest, whether real, personal, or mixed, whether liquid or illiquid, and whether or not presently vested with possessory rights.” NDAC 75-02-02.1-01(3). Under both federal and state law, an asset must be “actually available” to an applicant to be considered a countable asset for determining Medical Assistance eligibility. *Hecker*, 527 N.W.2d at 237 (On Petition for Rehearing); *Hinschberger v. Griggs County Social Serv.*, 499 N.W.2d 876, 882 (N.D.1993); 42 U.S.C. § 1396a(a)(17)(B); 1 J. Krauskopf, R. Brown, K. Tokarz, and A. Bogutz, *Elderlaw: Advocacy for the Aging* § 11.25 (2d ed. 1993). Yet, “actually available” resources “are different from those *in*

hand.” *Schweiker v. Gray Panthers*, 453 U.S. 34, 48, 101 S.Ct. 2633, 2642, 69 L.Ed.2d 460 (1981) (emphasis in original). NDAC 75-02-02.1-25(2) explains: Only such assets as are actually available will be considered. Assets are actually available when at the disposal of an applicant, recipient, or responsible relative; when the applicant, recipient, or responsible relative has a legal interest in a liquidated sum and has the legal ability to make the sum available for support, maintenance, or medical care; or when the applicant, recipient, or responsible relative has the lawful power to make the asset available, or to cause the asset to be made available. Assets will be reasonably evaluated. . . . See also 45 C.F.R. § 233.20(a)(3)(ii)(D).

As noted in *Hecker*, if an applicant has a legal ability to obtain an asset, it is considered an “actually available” resource. The actual-availability principle primarily serves “to prevent the States from conjuring fictional sources of income and resources by imputing financial support from persons who have no obligation to furnish it or by overvaluing assets in a manner that attributes non-existent resources to recipients.” *Heckler v. Turner*, 470 U.S. 184, 200, 105 S.Ct. 1138, 1147, 84 L.Ed.2d 138 (1985).

The focus is on an applicant's actual and practical ability to make an asset available as a matter of fact, not legal fiction. See *Schrader v. Idaho Dept. of Health and Welfare*, 768 F.2d 1107, 1112 (9th Cir.1985). See also *Lewis v. Martin*, 397 U.S. 552, 90 S.Ct. 1282, 25 L.Ed.2d 561 (1970) (invalidating California state regulation that presumed contribution of non-AFDC resources by a non-legally responsible and non-adoptive stepfather or common law husband of an AFDC recipient's mother).

Determining whether an asset is “actually available” for purposes of Medical Assistance eligibility is largely a fact-specific inquiry depending on the circumstances of each case. See, e.g., *Intermountain Health Care v. Bd. of Cty. Com'rs*, 107 Idaho 248, 688 P.2d 260, 264 (Ct.App.1984); *Radano v. Blum*, 89 A.D.2d 858, 453 N.Y.S.2d 38, 39 (1982); *Haynes v. Dept. of Human Resources*, 121 N.C.App. 513, 470 S.E.2d 56, 58 (1996). Interpretation of the “actually available” requirement must be “reasonable and humane in accordance with its manifest intent and purpose. . . .” *Moffett v. Blum*, 74 A.D.2d 625, 424 N.Y.S.2d 923, 925 (1980).

That an applicant must sue to collect an asset the applicant has a legal entitlement to usually does not mean the asset is actually unavailable. See, e.g., *Wagner v. Sheridan County S.S. Bd.*, 518 N.W.2d 724, 728 (N.D.1994); *Frerks v. Shalala*, 52 F.3d 412, 414 (2d Cir.1995); *Probate of Marcus*, 199 Conn. 524, 509 A.2d 1, 5 (1986); *Herman v. Ramsey Cty. Community Human Serv.*, 373 N.W.2d 345, 348 (Minn.Ct.App.1985). See also *Ziegler v. Dept. of Health & Rehab. Serv.*, 601 So.2d 1280, 1284 (Fla.Ct.App.1992) At issue here is the methodology utilized in determining the availability of an individual's “resources” for purposes of evaluating his or her eligibility. SSI recipients, and thus SSI-related “medically needy” recipients, may not retain resources having a value in excess of \$2,000. 42 U.S.C. § 1382(a)(1)(B).

The regulations governing the determination of eligibility provide that resources mean cash or other liquid assets or any real or personal property that an individual (or spouse, if any) owns

and could convert to cash to be used for his support and maintenance. If the individual has the right, authority or power to liquidate the property, or his share of the property, it is considered a resource. If a property right cannot be liquidated, the property will not be considered a resource of the individual (or spouse). 20 C.F.R. § 416.1201(a).

After the Medicaid program was enacted, a field of legal counseling arose involving asset protection for future disability. The practice of “Medicaid Estate Planning,” whereby “individuals shelter or divest their assets to qualify for Medicaid without first depleting their life savings,” is a legal practice that involves utilization of the complex rules of Medicaid eligibility, arguably comparable to the way one uses the Internal Revenue Code to his or her advantage in preparing taxes. See generally *Kristin A. Reich, Note, Long-Term Care Financing Crisis-Recent Federal and State Efforts to Deter Asset Transfers as a Means to Gain Medicaid Eligibility*, 74 N.D. L.Rev. 383 (1998). Serious concern then arose over the widespread divestiture of assets by mostly wealthy individuals so that those persons could become eligible for Medicaid benefits. *Id.*; see also *Rainey v. Guardianship of Mackey*, 773 So.2d 118 (Fla. 4th DCA 2000). As a result, Congress enacted several laws to discourage the transfer of assets for Medicaid qualification purposes. See generally *Laura Herpers Zeman, Estate Planning: Ethical Considerations of Using Medicaid to Plan for Long-Term Medical Care for the Elderly*, 13 *Quinnipiac Prob. L.J.* 187 (1988). Recent attempts by Congress imposed periods of ineligibility for certain Medicaid benefits where the applicant divested himself or herself of assets for less than fair market value. 42 U.S.C. § 1396p(c)(1)(A); 42 U.S.C. § 1396p(c)(1)(B)(i); *Fla. Admin. Code R. 65A-1.712(3)*. More specifically, if a transfer of assets for less than fair market value is found within 36 months of an individual's application for Medicaid, the state must withhold payment for various long-term care services, i.e., payment for nursing home room and board, for a period of time referred to as the penalty period. *Fla. Admin. Code R. 65A-1.712(3)*. Medicaid does not, however, prohibit eligibility altogether. It merely penalizes the asset transfer for a certain period of time. See generally *Omar N. Ahmad, Medicaid Eligibility Rules for the Elderly Long-Term Care Applicant*, 20 *J. Legal Med.* 251 (1999). [*Thompson v. Dep't of Children & Families*, 835 So.2d 357, 359-360 (Fla App, 2003).]

In *Gillmore* the Illinois Supreme Court recognized this same history, noting that over the years (and particularly in 1993), Congress enacted certain measures to prevent persons who were not actually “needy” from making themselves eligible for Medicaid:

In 1993, Congress sought to combat the rapidly increasing costs of Medicaid by enacting statutory provisions to ensure that persons who could pay for their own care did not receive assistance. Congress mandated that, in determining Medicaid eligibility, a state must “look-back” into a three- or five-year period, depending on the asset, before a person applied for assistance to determine if the person made any transfers solely to become eligible for Medicaid. See 42 U.S.C. § 1396p(c)(1)(B) (2000). If the person disposed of assets for less than fair market value during the look-back period, the person is ineligible for medical assistance for a statutory penalty period based on the value of the assets transferred. See 42 U.S.C. § 1396p(c)(1)(A) (2000). [*Gillmore*, 218 Ill 2d at 306 (emphasis added).]

See, also, *ES v. Div. of Med. Assistance and Health Servs.*, 412 NJ Super 340, 344; 990 A.2d 701 (2010) (Noting that the purpose of this close scrutiny while “looking

back” is “to determine if [the asset transfers] were made for the sole purpose of Medicaid qualification.”).

This statutory “look-back” period, noted in *Gillmore* and *Thompson* and contained within 42 USC 1396p(c)(1), requires a state to “look-back” a number of years (in this case five) from the date of an asset transfer to determine if the applicant made the transfer solely to become eligible for Medicaid, which can be established if the transfer was made for less than fair market value. See 42 USC 1396p(c)(1); DHS Program Eligibility Manual (PEM) 405, pp 1, 4; see also *Gillmore*, 218 Ill 2d at 306.

“Less than fair market value means the compensation received in return for a resource was worth less than the fair market value of the resource.” BEM 405, p 5.

A transfer for less than fair market value during the “look-back” period is referred to as a “divestment,” and unless falling under one of several exclusions, subjects the applicant to a penalty period during which payment of long-term care benefits is suspended. See, generally BEM 405, pp 1, 5-9. “Congress's imposition of a penalty for the disposal of assets or income for less than fair market value during the look-back period is intended to maximize the resources for Medicaid for those truly in need.” *ES*, 412 NJ Super at 344. See also *Mackey v Department of Human Services, Michigan Court of Appeals, Docket No. 288966, decided September 7, 2010*.

Under BEM, Item 400, an eligible Medical Assistance recipient may not possess in excess of \$2000 in assets.

Assets means cash, any other personal property and real property. **Real property** is land and objects affixed to the land such as buildings, trees and fences. Condominiums are real property. **Personal property** is any item subject to ownership that is **not** real property (examples: currency, savings accounts and vehicles). BEM, Item 400, page 1. Countable assets **cannot** exceed the applicable asset limit. Not all assets are counted. An asset is countable if it meets the availability tests and is **not** excluded. Available means that someone in the asset group has the right to use or dispose of the asset. BEM, Item 400, page 5. All types of assets are considered for SSI-related MA. BEM, Item 400, page 2. For Medicare Savings Programs (BEM 165) and QDWI (BEM 169) the asset limit is:

- \$4,000 for an asset group of one.
- \$6,000 for an asset group of two.

For all other SSI-related MA categories, the asset limit is:

- \$2,000 for an asset group of one.
- \$3,000 for an asset group of two. BEM, Item 400, page 5.

BEM, Item 401, controls Medical Assistance Trust. Policy defines trust as a right of property created by one person for the benefit of himself or another. It includes any legal instrument or device that exhibits the general characteristics of a trust but is not called a trust or does not qualify as a trust under state law. Examples of such devices might be annuities, escrow accounts, pension funds and investment accounts managed

by someone with fiduciary obligations. A trustee is defined by policy as the person who has the legal title to the assets and income of a trust and the duty to manage the trust with the benefit of the beneficiary. BEM, Item 401, p. 1.

The Department caseworker is to refer a copy of the trust to the Medicaid Eligibility Policy Section for evaluation. An evaluation of the trust advises local offices on whether the trust is revocable or irrevocable and whether any trust income or principle is available. Advice is only available to local offices for purposes of determining eligibility or for an initial assessment when a trust actually exists. Advice is not available for purposes of estate planning including advice on proposed trust or proposed trust limits. BEM, Item 401, p. 2.

The Medicaid Trust Unit/Eligibility Policy Section must determine if a trust established on or after August 11, 1993, is a Medicaid trust using Medicaid trust definitions and Medicaid trust criteria. The policy unit also has to determine if the trust is a Medicaid trust and whether there are countable assets for Medicaid trusts; whether there is countable income for Medicaid trusts; and whether there is transfers of assets for less than fair market value. BEM, Item 401, p. 3.

A Medicaid trust is a trust that meets conditions 1 through 5 below:

1. The person whose resources were transferred to the trust is someone whose assets or income must be counted to determine MA eligibility, an MA post-eligibility patient-pay amount, a divestment penalty or an initial assessment amount. A person's resources include his spouse's resources (see definition).
2. The trust was established by:
 - The person.
 - The person's spouse.
 - Someone else (including a court or administrative body) with legal authority to act in place of or on behalf of the person or the person's spouse, or an attorney, or adult child.
 - Someone else (including a court or administrative body) acting at the direction or upon the request of the person or the person's spouse or an attorney ordered by the court.
3. The trust was established on or after August 11, 1993.
4. The trust was not established by a will.
5. The trust is **not** described in Exception A, Special Needs Trust, or Exception B, Pooled Trust in this item. BEM, Item 401, pages 5-6.

Irrevocable Trust

Count as the person's countable asset the value of the countable assets in the trust principal if there is any condition under which the principal could be paid to or on behalf of the person from an irrevocable trust. Real property (land) left to children in equal shares have no estate tax on the transfer of property,

Count as the person's countable asset the value of the trust's countable income if there is any condition under which the income could be paid to or on behalf of the person. Individuals can keep income made off of property and the money goes to the individual not the trust. Property cannot be taken out of the trust.

Exceptions:

- Reduce the countable asset amount by the amount of principal or income actually paid to or on behalf of the person during the month.
- Reduce the countable amount for multiple contributors.
- A trust may allow use of one portion of the principal, but not another portion. Count only the usable portion.
- Do not count the amount if it creates an undue hardship; see BEM 405. BEM 401 p.11.

In the instant matter, Claimant, by counsel, argues that the Department incorrectly denied the application for MA-LTC. In support, Claimant's counsel submits that there is no circumstance under which the principal or income of the SBO Trust can be paid directly to Claimant. Second, Claimant's attorney contends that there is no condition under which any amount of the trust principal or income could be paid to Claimant's spouse during any month that the Department tested the couple's assets for Medicaid eligibility. Therefore, the Department erred when it counted the principal of the SBO Trust as an asset.

Third, Claimant's attorney submits that BEM 401 does not apply to Claimant because he is not "the person" to whom the policy refers. According to Claimant's attorney, the term "the person" in BEM 401, p 11, specifically refers strictly to the Medicaid applicant. Therefore, Claimant's attorney contends, the trust is a transfer for less for fair market value and would be subject to divestment, but for the fact that BEM 405, p. 9, provides that no divestment penalty attaches to resources transferred from the Claimant or her spouse to another solely for the benefit of the Claimant's spouse. In addition, Claimant's attorney argues that the Department should have performed a divestment analysis under BEM 405.

Fourth, Claimant's attorney states that the Department violated federal law, specifically the Social Security Act and the State Medicaid Manual when it determined Claimant's MA eligibility.

Because there is no circumstance under which payment could be made to Claimant's spouse in the month her husband's Medicaid application was processed by the

Department, Claimant's attorney argues those assets are "not available" and; therefore, is not a countable asset.

The Department, on the other hand, takes the position that the term "the person" in BEM 401 refers to the trust beneficiary and is, therefore, a countable asset for Claimant, because the assets of both spouses must be counted when determining eligibility. The Department submits that this puts the Claimant over the asset limit, which makes him ineligible for MA-LTC.

During the hearing, the Department also argues it properly counted the SBO Trust assets because the assets of both spouses must be counted. The Department, in support of its position, cited BEM 401 p.14; 42 USC 1382b; 42 USC 1396p(d)(3)(B); and POMS SI 01120.201(D).

In this case, the undersigned Administrative Law Judge finds that the SBO Trust at issue meets all of the criteria of a Medicaid trust. The person whose resources were transferred to the trust is someone whose assets or income must be counted to determine MA eligibility, and MA post-eligibility patient pay amount, a divestment penalty or an initial asset amount. The trust was established by the Claimant's spouse. The trust was established/amended on or after August 11, 1993. The trust was not established by will. The trust does not meet the condition of an exception A, special needs trust; or exception B, pooled trust as described in BEM, Item 401.

An initial asset assessment is needed to determine how much of a couple's assets are protected for the community spouse.

An initial asset assessment means determining the couple's (his, hers, their) total countable assets as of the first day of the **first** continuous period of care that began on or after September 30, 1989.

A married man entered a nursing home on 12/6/89. He was released on 6/10/90 and returned home.

On 3/16/91 he re-entered the nursing home and has been there continuously ever since.

He applied for MA on 10/2/91. To determine his asset eligibility, do an initial asset assessment for 12/6/89 - the first day of the first continuous period of care that began on or after September 30, 1989. BEM Item 402, page 7.

In conducting the initial asset assessment the Department must count both Claimant's and his spouse's total combined assets which were in existence as of the date when Claimant entered long-term care. Here, Claimant's spouse did not place assets into an irrevocable trust until May 7, 2014. The spouse's transfer of assets to an irrevocable trust does not undo the initial asset assessment amount. The initial amount of combined assets was \$273,874.32. The protected spousal amount limit was

\$117,240.00 leaving Claimant with total countable assets of \$45,056.63 as of the long-term care entry date. Thus, the entire amount must be counted for purposes of Medicaid eligibility determination.

BEM, item 401, page 10 states that the following are countable assets:

Assets that are countable using SSI – related MA policy in BEM 400. Do not consider an asset unavailable because it is owned by the trust rather than the person.

The Department must count as the person's countable asset, the value of the trust's countable income if there is any condition under which the income could be paid to or on behalf of the person. Individuals can keep income made off of property and the money goes to the individual not the trust. Property cannot be taken out of the trust. BEM Item 401, page 11.

Section 2.2 of the SBO Trust document states:

Distribution of Resources. During each fiscal year of the Trust, trustee shall from time to time during the last calendar month of each fiscal year pay or for my sole benefit, during my lifetime such part or all Resources of the Trust as necessary in order to distribute the Resources in an “actuarially sound” based as defined by DHSs program eligibility manual item 405...

The Trustee was advised to distribute all the assets on an actuarially sound basis, which for Medicaid purposes means that it must be returned to Claimant's spouse over his lifetime. BEM, Item 405 pages 11 – 12. The “available” standard used for assets does not apply to trusts. BEM, Item 400, page 12. Thus, even if the trust had limitations on the yearly amounts, all assets are expected to be paid to Claimant's spouse so there are conditions under which the principal could be paid to or on behalf of the person and all assets are countable. BEM, Item 401, page 11.

A Solely for the Benefit of Trust (SBO Trust) does not make assets disappear or become uncountable simply by the creation of such a trust. Medicaid policy dictates that spouses are responsible for one another. BEM 401, page 4 indicates that all income and assets of a person and the person's spouse are a resource for both spouses. It includes income and assets that the person or spouse is entitled to but does not receive because of an action by the person or the spouse; by some else with legal authority to act in place of or on behalf of the person or spouse; or by someone else acting at the direction or upon the request of the person or spouse.

In an application for LTC for an individual, the assets of both spouses are calculated when determining if there are excess assets, BEM 402, page 4.; 42 USC 1396r-5(c). The couple is permitted to retain \$2,000 in assets for the applicant spouse, BEM 400, page 7, plus the amount calculated as the Spousal Protected Resource amount, BEM 402; 42 USC 1396r-5.

Medicaid is the joint state/federal program that provides payment for covered health care services for eligible ***indigent*** individuals. MCL 400.105, *et seq*; 42 USC 1396a, *et seq*. Medicaid is a means tested program. If Medicaid applicants have sufficient assets, income or insurance to pay for health care they do not qualify for the Medical Assistance program. Indigent for purposes of Medicaid eligibility in Michigan means that a two person household between the ages of 19-64 must have household income of under \$20,920.90. Claimant and spouse have more than \$20,920.00 in income and would not be considered indigent under Department policy or Federal poverty guidelines.

Congress enacted the Medicare Catastrophic Coverage Act (MCCA) of 1988, 42 USC 1396r-5, and the Omnibus Budget Reconciliation Act (OBRA), 42 USC 1396p, to prevent the medical expenses of the spouse in a hospital or LTC facility (the institutionalized spouse) from causing the impoverishment of the spouse remaining in the community (the community spouse) and to prevent financially secure couples from sheltering assets for the purpose of qualifying for Medicaid. *Johnson v Guhl*, 166 F Supp 2d 42, 46-47 (D NJ 2001) (*Johnson II*), *aff'd* 357 F3d 403 (CA 3, 2004) (*Johnson III*); *Hughes v McCarthy*, 734 F3d 473, 475 (CA 6, 2013). When an institutionalized spouse who has transferred assets to a trust applies for Medicaid benefits, the applicant's eligibility is subject to trust and transfer rules set forth in §§ 1396p and 1396r-5 respectively. *Johnson v Guhl*, 91 F Supp 2d 754, 762 (D NJ, 2000) (*Johnson I*).

The Spousal Impoverishment provision of the Medicare Catastrophic Act of 1988 is a federal law that only applies to couples. The intent of the law recognizes that it makes little sense to impoverish both spouses, when only one spouse needs long-term care. Under the Medicaid spousal impoverishment provisions, a certain amount of the couple's combined resources is protected for the spouse living in the community. The community spouse is allowed to keep one half of all assets to a maximum of \$117,240.00 plus a Minimum Maintenance Needs Allowance (MMMNA), regardless of monthly income, so that the community spouse does not have to dip into savings each month to make expenses while the other spouse remains in long term care.

Federal law allows a community spouse to retain a certain amount of assets. Department policy must be interpreted in accordance with Federal and State Laws and regulations. Any assets retained by the applicant or community spouse which exceed those allowed by law are necessarily countable. Department policy dictates that transfers from the client's spouse to another SBO Irrevocable Trust are not divestment. BEM 405, p.9. The transfer of the assets to the community spouse does not mean that the assets are not counted for Medicaid eligibility for the LTC spouse. Department policy requires that the distributions in excess of the protected amount allotted to the community spouse be counted for the applicant's eligibility. The trust, in the instant case, requires that assets be distributed back to the beneficiary community spouse during his/her lifetime. Therefore, there is a condition under which the principal could be paid to or on behalf of the person (the community spouse), which makes the assets countable for purposes of Claimant's Medicaid benefit eligibility determination.

POMS SI 01120.201 explains the policy:

a. General rule for irrevocable trusts

In determining whether an irrevocable trust established with the assets of an individual is a resource, we must consider how payments from the trust can be made. *If payments from the trust could be made to or for the benefit of the individual or individual's spouse (SI 01120.201F in this section), the portion of the trust from which payment could be made that is attributable to the individual is a resource.*

b. Circumstance under which payment can or cannot be made

In determining whether payments can or cannot be made from a trust to or for the benefit of an individual (SI 01120.201F.1.), take into consideration any restrictions on payments. Restrictions may include use restrictions, exculpatory clauses, or limits on the trustee's discretion included in the trust. *However, if a payment can be made for the benefit of the individual under any circumstance, no matter how unlikely or distant in the future, the general rule in SI 01120.201D.2.a., in this section applies (i.e., the portion of the trust that is attributable to the individual is a resource.*

The POMS contains the emphasis for “*any circumstance*”, no matter how unlikely or distant in the future and gives the following example:

If a trust contains \$50,000 that the trustee can pay to the beneficiary only in the event that he or she needs a heart transplant on his or her 100th birthday, the entire \$50,000 is considered to be a payment which could be made to the individual under some circumstance and is a resource. (POMS SI 01120.201(D)(2))

Claimant's representative also argues that Claimant relied upon the prior interpretation of Department policy in creating the SBO Trust for the benefit of Claimant's spouse and was never notified of the change in interpretation of the policy and that the change in interpretation of the policy occurred after the date of application so the old interpretation should control.

The matter presented is limited to the legal issue of (i) whether Spouse's SBO Trust is a countable asset under existing law and policy and (ii) if so, the value of the SBO Trust for MA asset eligibility purposes. It is noted that the Department's current position that irrevocable “solely for the benefit of” trusts such as Spouse's SBO Trust are countable assets is a change in the Department's long-standing policy finding that such trusts were not countable assets. While the Department's change in its position may raise issues concerning whether proper notice was provided, where Department policy is not contrary to existing law, the authority of an administrative law judge is limited to determining whether the Department's actions in denying Claimant's MA application were in accordance with Department policy. BAM 600 (July 2013), p. 35; Delegation of Hearing Authority executed by Maura Corrigan, Department Director, July 13, 2011,

(expressly providing that ALJs “have no authority to make decisions on constitutional grounds, overrule statutes, overrule promulgated regulations, or overrule or make exceptions to Department policy.”)

Here, Claimant’s spouse attempted to create the SBO Trust in order to shelter excess personal assets. However, Claimant’s attempt to retain assets exceeds the amount allowed by policy and federal law. Claimant’s spouse cannot retain assets in excess of that allowed by law and policy. Congress enacted this law to assist needy individuals with medical coverage. There is no evidence in this record that Claimant and his spouse were indigent. Rather, they, at all times relevant to this application, retained sufficient assets to pay Claimant’s LTC, and in fact, retained excess assets for purposes of Medical Assistance benefit eligibility. Accordingly, for reasons set forth above, the Department’s determination must be upheld.

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, finds that the Department has established by the necessary competent, material and substantial evidence on the record that it acted in accordance with Department policy when it determined that the assets in the it SBO Trust were countable assets for purposes of Medical Assistance benefit eligibility determination for Claimant; and that Claimant had in excess of \$2,000.00 in countable available assets for purposes of Medical Assistance and retroactive Medical Assistance benefit eligibility on the date of application. The Department properly denied Claimant’s application for Medical Assistance under the circumstances and determined that she had in excess of \$2,000.00 of countable available assets.

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



Aaron McClintic
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **2/19/2015**

Date Mailed: **2/19/2015**

AM/jaf

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 48909-8139

cc:

