

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-001814
Issue No.: 2007
Case No.: [REDACTED]
Hearing Date: April 09, 2015
County: Kent-District 1

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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, telephone hearing was held on April 09, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department included [REDACTED], Family Independence Manager.

ISSUE

Did the Department of Health and Human Services (Department) properly determine a Patient Pay Amount (PPA) for the Claimant's Medical Assistance (MA) benefits?

FINDINGS OF FACT

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

1. The Claimant is an ongoing Medical Assistance (MA) recipient.
2. On December 26, 2014, the Claimant submitted a Patient of Nursing Facility (DHS-4574) and a Facility Admission Notice (DHS-2565-C).
3. On January 21, 2015, the Department notified the Claimant that his application was approved with a monthly \$ [REDACTED] Patient Pay Amount (PPA) as of January 1, 2015.
4. The Claimant receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$ [REDACTED].
5. On January 28, 2015, the Department received the Claimant's request for a hearing protesting the Patient Pay Amount (PPA).

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 Family Independence Agency and the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Long Term Care (LTC) benefits apply in months where at least one day that is part of a period in which a person was (or is expected to be) in an LTC facility and/or hospital for at least 30 consecutive days, and no day that the person was a waiver patient. Department of Health and Human Services Bridges Glossary Manual (BPG) (April 1, 2015), pp 37-38.

The Claimant is an ongoing Medical Assistance (MA) recipient. On December 26, 2014, the Claimant submitted a Patient of Nursing Facility (DHS-4574) and a Facility Admission Notice (DHS-2565-C). The Claimant indicated on his application that he had been admitted for hospital care on September 2, 2014.

The Claimant receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$[REDACTED]. The Claimant as patient has a monthly \$[REDACTED] expense for Medicare insurance premiums. The Department granted the Claimant a \$[REDACTED] patient allowance as directed by Department of Health and Human Services Bridges Eligibility Manual (BEM) 546 (January 1, 2015), p 3. The Department determined that the Claimant is responsible for a \$[REDACTED] monthly Patient Pay Amount (PPA) of \$[REDACTED] by subtracting his Medicare premium and his patient allowance from his total income as directed by BEM 546.

The Claimant argued that a PPA amount should not apply because he was not receiving Long Term Care (LTC).

The Department excludes the amount of current SSA-issued SSI as income, while Retirement, Survivors, and Disability Insurance (RSDI) is countable when determining a person's benefits level. Department of Health and Human Services Bridges Eligibility Manual (BEM) 503 (July 1, 2014), p 32.


The treatments being received by the Claimant fit the Department's definition of Long Term Care (LTC). A more significant change the Claimant's benefits was not his classification as a LTC patient, but when the Social Security Administration (SSA) closed his Supplemental Security Income (SSI) and placed him on Retirement, Survivors, and Disability Insurance (RSDI) benefits. This change from SSI to RSDI was not due to any decision by the Department. The Claimant's has a Patient Pay Amount

(PPA) but would likely have a patient deductible if he were not in Long Term Care (LTC).

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 determined the level of benefits that the Claimant is eligible for and properly determined his Patient Pay Amount (PPA).

DECISION AND ORDER

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



Kevin Scully
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **4/13/2015**

Date Mailed: **4/13/2015**

KS/las

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:

