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

IN THE MATTER OF:

[redacted]

Reg. No.: 15-012823
Issue No.: 2001
Case No.: [redacted]
Hearing Date: September 09, 2015
County: Kent-District 1

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on September 9, 2015, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Health and Human Services (Department) included [redacted], Family Independence Manager and [redacted], Eligibility Specialist.

ISSUE

Did the Department properly determine that the Claimant has excess assets for Medical Assistance (MA)?

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 was a recipient of MA with a redetermination due in April 2015.

2. On April 7, 2015, the Claimant reported income in her savings and checking account that exceeded the asset limit for MA.

3. On June 24, 2015, the Department closed the Claimant's MA case due to excess assets.

4. On June 24, 2015, the Department sent the Claimant a notice that her MA case was closed due to excess assets.

5. On July 6, 2015, the Department received a hearing request from the Claimant, contesting the Department's negative action.

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

In this case, the Claimant was a recipient of MA with a redetermination due in April 2015. On April 7, 2015, the Claimant reported income in her savings and checking account that exceeded the asset limit for MA. On June 24, 2015, the Department closed the Claimant's MA case due to excess assets. On June 24, 2015, the Department sent the Claimant a notice that her MA case was closed due to excess assets. On July 6, 2015, the Department received a hearing request from the Claimant, contesting the Department's negative action. Department Exhibit 3-14. BAM 105, 110, 130, 210, 220, and 600. BEM 400.

During the hearing, the Department realized at the pre-hearing conference that the Claimant had received a lump sum payment from Social Security (SS). As a result, the SS benefits are an excluded countable asset for nine months. The Department reinstated the Claimant's MA benefits due to Department error. However, the Claimant has unpaid bills from Meridian Health Maintenance Organization. The Department is ordered to reinstate the Claimant's MA retroactive to March 1, 2015 on the Meridian HMO plan.

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 reinstated the Claimant's MA benefits for the contested time period because her assets were from SS, which are excluded for nine months.

DECISION AND ORDER

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

1. Initiate a redetermination of the Claimant's eligibility for MA where the Department is ordered to reinstate the Claimant's MA retroactive to March 1, 2015 on the Meridian HMO plan.
2. Provide the Claimant with written notification of the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits she/he may be eligible to receive, if any.

Carmen G. Fahie

Carmen G. Fahie
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **9/14/2015**

Date Mailed: **9/14/2015**

CGF/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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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: [redacted]