



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: June 13, 2016
MAHS Docket No.: 16-003986

[REDACTED]
[REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

HEARING DECISION

Following Petitioner'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 May 17, 2016, from Lansing, Michigan. The Petitioner was represented by herself and her authorized representative, [REDACTED], from [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED] [REDACTED], Assistance Payments Supervisor and [REDACTED] Eligibility Specialist.

ISSUE

Did the Department properly determine the Petitioner's eligibility for Medical Assistance (MA) for Group 2 spend down?

FINDINGS OF FACT

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

1. On September 30, 2015, the Petitioner through [REDACTED] applied for MA with a retroactive application to July 2015 for the Petitioner's daughter. (Petitioner Exhibit 1, pgs. 9-19.
2. On October 9, 2015, the Department sent the Petitioner and her authorized representative a notice that she was approved for MA of a Group 2 spend down of [REDACTED] Department Exhibit 1, pg. 7.

3. On January 25, 2016, the Department sent the authorized representative an email that the Petitioner had excess income for full MA and excess assets for Group 2 deductible for July 2015. Since the Petitioner's mother had other health insurance as indicated in the application, the Department would need to know her portion of the medical expenses after all third parties have been billed. (Petitioner Exhibit 1, pg. 5.
4. On March 18, 2016, the Department received a hearing request from the Petitioner, 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, On September 30, 2015, the Petitioner through Advomas applied for MA with a retroactive application to July 2015. Claimant Exhibit 1, pgs. 9-19. On October 9, 2015, the Department sent the Petitioner and her authorized representative a notice that she was approved for MA of a Group 2 spend down of [REDACTED]. Department Exhibit 1, pg. 7. On January 25, 2016, the Department sent the authorized representative an email that the Petitioner had excess income for full MA and excess assets for Group 2 deductible for July 2015. Since the Petitioner's mother had other health insurance as indicated in the application, the Department would need to know her portion of the medical expenses after all third parties have been billed. Petitioner Exhibit 1, pg. 5. On March 18, 2016, the Department received a hearing request from the Petitioner, contesting the Department's negative action. BEM 530, 536, 545, and 546.

During the hearing, the authorized representative argued that the Petitioner's daughter should have qualified for a more favorable MA program. However, the Department argued that she was excess income for Other Health Kids, OHK-[REDACTED] and MChild-[REDACTED]. She did qualify for Group 2 spend down with a deductible of [REDACTED]. The Department came to that determination by determining the Petitioner's earned income of [REDACTED] for the month of July 2015. Department Exhibit 1, pgs. 3-6. The Mother's&Child's share of the mother's income was [REDACTED]. Her total income was [REDACTED].

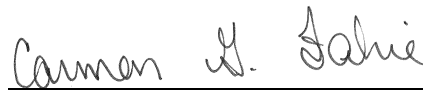
subtracted from protected income of [REDACTED] for a household group size of 3, resulting in a remaining deductible of [REDACTED]. The Department correctly determined the Petitioner's eligibility for Group 2 MA and spend down.

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 that the Petitioner had excess income for OHK and MICHild, but was eligible for MA Group 2 spend down of [REDACTED].

DECISION AND ORDER

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

CF/db



Carmen G. Fahie

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

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

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

[REDACTED]

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[REDACTED] [REDACTED]