



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]
[REDACTED]

Date Mailed: December 22, 2016
MAHS Docket No.: 16-016153

[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 November 30, 2016, from Lansing, Michigan. The Petitioner was represented by his authorized representative and wife, [REDACTED] and family friend, [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Assisted Payments Worker.

ISSUE

Did the Department properly determine the Petitioner's eligibility for Medicaid (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 Petitioner entered Long Term Care (LTC) on November 23, 2014. Department Exhibit 1, pg. 31.
2. On January 7, 2016, the Petitioner applied for MA LTC. Department Exhibit 1, pgs. 4-10.
3. On July 7, 2016, the Department denied the Petitioner's MA application in error. Department Exhibit 1, pgs. 44-46.

4. On October 4, 2016, the Department corrected its error and reregistered and processed the Petitioner's MA application.
5. On October 4, 2016, the Department sent the Petitioner a Health Care Coverage Determination Notice, DHS 1606, that the Petitioner was approved for MA with a [REDACTED] monthly patient pay amount. Department Exhibit 1, pgs. 47-49.
6. On October 27, 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, the Petitioner entered Long Term Care (LTC) on November 23, 2014. Department Exhibit 1, pg. 31. On January 7, 2016, the Petitioner applied for MA LTC. Department Exhibit 1, pgs. 4-10. On July 7, 2016, the Department denied the Petitioner's MA application in error. Department Exhibit 1, pgs. 44-46. On October 4, 2016, the Department corrected its error and reregistered and processed the Petitioner's MA application. On October 4, 2016, the Department sent the Petitioner a Health Care Coverage Determination Notice, DHS 1606, that the Petitioner was approved for MA with a [REDACTED] monthly patient pay amount. Department Exhibit 1, pgs. 47-49. On October 27, 2016, the Department received a hearing request from the Petitioner, contesting the Department's negative action. BEM 544. 42 CFR 435.200.

The Petitioner's household receives monthly unearned income in the gross monthly amount of in Petitioner's Social Security [REDACTED] income [REDACTED], Petitioner's Pension [REDACTED], Spouses's pension [REDACTED], Spouse's annuity [REDACTED] Spouse's [REDACTED] for a total gross unearned income amount of [REDACTED]. Department Exhibit 1, pgs. 31-39. The Petitioner's unearned monthly income is [REDACTED] and his Spouses monthly income is [REDACTED]. The Petitioner was allowed medical insurance and Medicare premiums of [REDACTED]. The Department completed a MA budget that determined the Petitioner was eligible for MA benefits with a patient pay amount (ppa) of [REDACTED] from an unearned income of [REDACTED] minus [REDACTED] in health insurance

premiums and [REDACTED] patient allowance. The Department made it retroactive to January 1, 2016.

During the hearing, the Petitioner's wife and authorized representative did not have a problem with the calculations, but thought that it should start in November 2016 and not be retroactive to January 2016. However, Department policy requires that the MA determination be retroactive to the application date, which in this case was January 7, 2016.

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, if any, finds that the Department acted in accordance with Department policy when it determine that the Petitioner was eligible for MA retroactive to January 1, 2016 based on a MA application filed on January 7, 2016 with a patient pay amount of [REDACTED]

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

Carmen G. Fahie

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]