



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: July 12, 2017
MAHS Docket No.: 17-004493
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Gary Heisler

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 11, 2017, from Lansing, Michigan. Petitioner was represented by Attorneys [REDACTED] and [REDACTED] as authorized by Petitioner's Legal Guardian, [REDACTED]. The Department was represented by Assistance Payment Supervisor [REDACTED] and Hearing Facilitator [REDACTED].

ISSUE

Did the Department properly process Petitioner's January 24, 2017, Medical Assistance (MA) application?

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 January 14, 2017, Petitioner had a [REDACTED] account with a balance of \$ [REDACTED].
2. On January 24, 2017, an application for Medical Assistance (MA) was submitted for Petitioner by his Legal Guardian, [REDACTED].
3. On January 25, 2017, Petitioner's Legal Guardian, [REDACTED] was sent a Health Care Coverage Supplemental Questionnaire (DHS-1004). The information and verifications were due back to the Department on February 6, 2017.

4. On January 30, 2017, Petitioner's [REDACTED] account had a balance of \$ [REDACTED].
5. On February 6, 2017, a Health Care Coverage Supplemental Questionnaire (DHS-1004) was submitted for Petitioner. The form and a bank account verification for the period December 14, 2016 through January 13, 2017 indicated that Petitioner had a [REDACTED] account with a balance of \$ [REDACTED] as of January 13, 2017.
6. On March 15, 2017, Petitioner was sent a Health Care Coverage Determination Notice (DHS-1606) which stated he was not eligible for Medical Assistance (MA) due to excess assets.
7. On March 27, 2017, Petitioner's Legal Guardian, [REDACTED] submitted a hearing request. Verification of the [REDACTED] account for the period January 14, 2017 to February 13, 2017 was also submitted.

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.

Bridges Eligibility Manual (BEM) 400 Assets, at page 6, under MA Asset Eligibility states:

Asset eligibility exists when the asset group's countable assets are less than, or equal to, the applicable asset limit at least one day during the month being tested.

In this case, the account statements for Petitioner's [REDACTED] account run from the middle of the month. When verification of Petitioner's assets was due on February 6, 2017, the only available statement for his [REDACTED] account was for the period December 14, 2016 through January 13, 2017. The Department did not have verification of Petitioner's [REDACTED] account for the entire month of January until March 27, 2017 which was after the March 15, 2017, eligibility determination was made.

Bridges Administration Manual (BAM) 115 Application Processing gives the Department a 45 day Standard of Promptness (SOP) to certify approval or denial of a Medical Assistance (MA) application. While the Department acted on the information they had, the information was not complete. The Health Care Coverage Supplemental Questionnaire (DHS-1004) and account verification submitted on February 6, 2017, clearly shows the account balance was effective January 13, 2017, not January 31, 2017. Therefore, an accurate Medical Assistance (MA) eligibility determination was not made.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it processed Petitioner's January 24, 2017, Medical Assistance (MA) application.

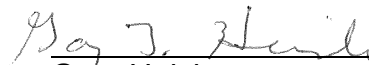
DECISION AND ORDER

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

Reregister Petitioner's January 24, 2017, Medical Assistance (MA) application and process it in accordance with Department policy to include issuing a current Health Care Coverage Determination Notice (DHS-1606).

GH/nr



Gary Heisler
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

DHHS

[REDACTED]

Counsel for Petitioner

[REDACTED]

Petitioner

[REDACTED]