



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON
DIRECTOR

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

Date Mailed: February 6, 2018
MAHS Docket No.: 17-015458
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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; 42 CFR 438.400 to 438.424; 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 January 10, 2017, from Detroit, Michigan. The Petitioner was represented by her Probate Court Conservator, [REDACTED] and [REDACTED] of [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Assistance Payments Supervisor.

ISSUE

Did the Department properly the Petitioner's Medical Assistance (MA) retro-active MA application for October 2017 due to excess assets?

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 applied for Medical Assistance on [REDACTED] and filed a retro MA application for [REDACTED].
2. The Department issued a Health Care Coverage Determination Notice on [REDACTED] that denied the Petitioner's MA application due to excess assets. The application was pended for all months [REDACTED] forward.
3. A verification checklist (VCL) was issued on [REDACTED] requesting verification of checking account to verify assets.

4. The Petitioner's bank statement for the [REDACTED] for the month of [REDACTED] was provided to the Department as requested by the VCL. The bank statement balance was [REDACTED] at the end of the month and at no time during the month was the balance in the account [REDACTED] or less. Exhibit G.
5. On [REDACTED] the checking account balance was [REDACTED] due to a check posting to the account for [REDACTED]. Exhibit G, p. 2
6. On [REDACTED] [REDACTED] [REDACTED] the Department issued a Health Care Coverage Determination Notice which denied the MA application for the retro months of [REDACTED] ongoing due to excess assets effective [REDACTED]. Exhibit I.
7. The Petitioner's AHR requested a timely hearing on [REDACTED] protesting the Department's 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 Department denied the Petitioner's application for retro active MA for the month of [REDACTED] based upon excess assets. The bank account statement provided by the Petitioner showed an ending account balance for [REDACTED] of [REDACTED] and at no time during the month was [REDACTED] or less. Exhibit G. The Petitioner's AHR had sent a payment to the long term care facility for [REDACTED] on [REDACTED] [REDACTED] but the check was not posted to the checking account for withdrawal until [REDACTED] Exhibit G.

Department policy found in BEM 400 governs asset determinations.

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. BEM 400 (January 2018), p. 7.

In this case the asset limit for Petitioner is [REDACTED] for a group of one SSI-related MA. BEM 400, p. 6.

Medicaid eligibility is determined on a calendar month basis. Unless policy specifies otherwise, circumstances that existed, or are expected to exist, during the calendar month being tested are used to determine eligibility for that month. BEM 105 (April 2017), p.2.

Based upon the evidence presented it is determined that the Department properly denied the request for the [REDACTED] MA retro-active application due to the Petitioner's assets exceeding the [REDACTED] asset limit at all times during the month of [REDACTED] based upon the checking account statement provided.

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 denied the Petitioner's retro-active application for MA for [REDACTED] due to excess assets.

DECISION AND ORDER

Accordingly, the Department's decision is

AFFIRMED.

LF/cg



Lynn M. Ferris
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

Via Email:

[REDACTED]

Petitioner – Via First-Class Mail:

[REDACTED]