



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED], MI [REDACTED]

Date Mailed: July 12, 2019  
MOAHR Docket No.: 19-004534  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

### **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. On June 13, 2019, the hearing request was dismissed. On June 18, 2019, the dismissal was vacated, and the hearing was rescheduled. After due notice, a telephone hearing was held on July 10, 2019, from Lansing, Michigan. Petitioner represented herself. The Department of Health and Human Services was represented by Greg Folsom.

### **ISSUE**

Did the Department of Health and Human Services (Department) properly deny Petitioner's application 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. On [REDACTED] [REDACTED] 2019, the Department received Petitioner's application for Medical Assistance (MA). Exhibit A, pp 3-7.
2. Petitioner is over age [REDACTED]
3. On [REDACTED] [REDACTED] 2019, the Department received Petitioner's Retroactive Medicaid Application. Exhibit A, pp 8-10.
4. On [REDACTED] [REDACTED] 2019, the Department received Petitioner's Health Care Coverage Supplemental Questionnaire. Exhibit A, pp 11-14.

5. On April 18, 2019, the Department sent Petitioner a Verification Checklist requesting verification of cash assets by April 29, 2019. Exhibit A, pp 26-27.
6. On July 10, 2019, the Department received Petitioner's request for a hearing protesting the denial of her application for Medical Assistance (MA). Exhibit A, pp 28-32.

### **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.

Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility or the least amount of excess income. Department of Health and Human Services Bridges Eligibility Manual (BEM) 105 (April 1, 2017), p 2.

The Healthy Michigan Plan (HMP) provided health care coverage for individuals age 19-64 who do not qualify for Medicare. Department of Health and Human Services Bridges Eligibility Manual (BEM) 137 (January 1, 2019), p 1.

The AD-CARE program is an SSI-related category of Medicaid for individuals with income that does not exceed 100% of the federal poverty level. Department of Health and Human Services Bridges Eligibility Manual (BEM) 163 (July 1, 2017), p 1.

The asset limit for SSI related MA categories is \$3,000 for a household of two. Department of Health and Human Services Bridges Eligibility Manual (BEM) 400 (July 1, 2019), p 1.

On [REDACTED] [REDACTED] 2019, Petitioner applied for MA benefits as a household of two including her husband and herself. Petitioner is over age [REDACTED] and is not eligible for assistance under the Healthy Michigan Plan (HMP). Petitioner and her husband's combined income appears to exceed the federal poverty level, and therefore Petitioner is not eligible for full Medicaid under the AD-CARE program. Petitioner is potentially eligible for MA under the G2S category based on the income she reported on her assistance application, although this would require a monthly deductible for that category of MA.

However, the Department did not fully examine Petitioner's income with their respect to eligibility for assistance because eligibility for either AD-CARE or G2S require that the individual meet the asset limit requirements of BEM 400.

On April 18, 2019, the Department requested that Petitioner provide verification of her cash assets by April 29, 2019. It is apparent that Petitioner received this form because she attached it to her request for a hearing. Petitioner refused to provide verification of her assets, and the Department was unable to accurately determine her eligibility for MA.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (January 1, 2018), p 8.

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 Medical Assistance (MA) and retroactive Medical Assistance (MA) for failure to provide the Department with information necessary to determine her eligibility to receive benefits.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.

KS/hb

  
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**Kevin Scully**  
Administrative Law Judge  
for Robert Gordon, 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**DHHS**

Mark Epps  
4809 Clio Road  
Flint, MI 48504

Genesee County (Clio), DHHS

BSC2 via electronic mail

D. Smith via electronic mail

EQADHShearings via electronic mail

**Petitioner**

 MI