



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: March 26, 2019
MAHS Docket No.: 19-001287
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: John Markey

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 March 20, 2019, from Detroit, Michigan. Petitioner appeared and represented herself. The Department of Health and Human Services (Department) was represented by Dionere Craft, Hearings Facilitator, and Chevaron Burns, Eligibility Specialist. During the hearing, a 20-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-20.

ISSUE

Did the Department properly determine Petitioner's eligibility for Medicaid (MA) benefits, effective December 1, 2018?

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], 2018, Petitioner submitted to the Department an application for MA benefits. Exhibit A, pp. 4-11.
2. After receiving the application, the Department issued to Petitioner a December 5, 2018, Health Care Coverage Supplemental Questionnaire in order to gather relevant information regarding Petitioner's eligibility for MA benefits. Petitioner was required to return the completed document along with any proofs to the Department by December 17, 2018. Exhibit A, pp. 12-15.

3. On December 13, 2018, the Department received from Petitioner the completed Health Care Coverage Supplemental Questionnaire. On the form, Petitioner informed the Department that she had two accounts at [REDACTED]. The checking account had a balance of \$18,289.99. The savings account had a balance of \$6,023.59. Exhibit A, pp. 12-15.
4. On January 17, 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that her MA application was denied because the value of her countable assets exceeded the limit for eligibility. Exhibit A, pp. 17-20.
5. On [REDACTED], 2019, Petitioner submitted to the Department a request for hearing objecting to the Department's denial of her MA application.

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, Petitioner submitted to the Department an application for MA benefits on [REDACTED] 2018. That same day, the Department issued to Petitioner a Health Care Coverage Supplemental Questionnaire to gather relevant information necessary to determine Petitioner's eligibility for MA benefits. On December 13, 2018, Petitioner returned the completed form to the Department. On the form, Petitioner indicated that she had a checking and a savings account at [REDACTED]. The checking account had a balance of \$18,289.99. The savings account had a balance of \$6,023.59. On January 17, 2019, the Department issued to Petitioner a Health Care Coverage Determination Notice informing Petitioner that her application for MA benefits was denied because the value of her assets exceeded the limit for program eligibility. Petitioner filed a hearing request challenging the Department's denial of her application.

As a person over age 65, Petitioner is potentially eligible to receive MA benefits through AD-Care or G2S programs, both of which are SSI-related MA programs. BEM 163 (July 2017), p. 1; BEM 166 (April 2017), p.1. To be eligible for SSI-related MA, the value of an individual's countable assets must be less than or equal to the asset limit at least one day during the month tested, which is \$2,000 for the programs relevant to this

matter. BEM 400, pp. 7-8. An asset is countable if it meets the availability tests and is not excluded. BEM 400, p. 2. In general, an asset is considered available to an individual if that individual has the legal right to use or dispose of the asset. BEM 400, p. 10.

Thus, in order for Petitioner to be eligible for the SSI-related programs in question, Petitioner's countable assets must be at or below \$2,000 on any day during the month being tested. The information relied upon by the Department included Petitioner's sworn statement regarding the balance of two accounts on her response to the Health Care Coverage Supplemental Questionnaire. Petitioner acknowledged that she had more than \$24,000 across those two accounts. Those assets were available to Petitioner at all times relevant to this matter.

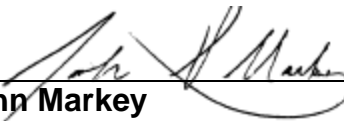
The Department denied Petitioner's MA benefits application, effective December 1, 2018, because the value of her countable assets in those two accounts alone exceeded the asset limit for the relevant SSI-related MA programs. The Department's decision was correct and made in accordance with Department policy and law. At no time was the value of Petitioner's countable assets at or below the threshold for program eligibility. As Petitioner did not satisfy the asset test, the Department properly denied Petitioner's application for MA benefits, effective December 1, 2018.

At the hearing, Petitioner emphasized that the monies in those accounts are being held for certain purposes and argued that they should not be considered countable assets in determining Petitioner's eligibility for MA benefits. While Petitioner's argument is reasonable and the undersigned sympathizes with her situation, the undersigned lacks any authority to grant equitable remedies that deviate from the laws and policies governing the programs.

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 satisfied its burden of proving that it acted in accordance with Department policy when it denied Petitioner's MA benefits application, effective December 1, 2018. Accordingly, the Department's decision is **AFFIRMED**.

JM/cg



John Markey
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 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) 763-0155; 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:

MDHHS-Wayne-55-Hearings
D. Smith
EQAD
BSC4-Hearing Decisions
MAHS

Petitioner – Via First-Class Mail:

██████████
██████████████████
██████████████████████████████