



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: January 13, 2023  
MOAHR Docket No.: 22-005719  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun**

### **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 5, 2023, from Detroit, Michigan. Petitioner appeared for the hearing and represented herself. The Department of Health and Human Services (Department) was represented by Janine Jenerette, Assistance Payments Worker.

### **ISSUE**

Did the Department properly process Petitioner's Food Assistance Program (FAP) and Medicare Savings Program (MSP) benefits?

### **FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner was an ongoing recipient of FAP benefits.
2. Effective February 1, 2021, Petitioner began receiving Medicare Part A and Part B. Petitioner was responsible for monthly Medicare Part B premiums in the amount of \$164.90. (Exhibit B 3)
3. In February 2021, Petitioner requested that she be enrolled in the MSP through the Department.
4. On or around March 8, 2021, the Department sent Petitioner a Health Care Coverage Determination Notice, advising her that effective February 1, 2021, she was ineligible for MSP benefits due to a failure to return verification of bank account. (Exhibit B 1)

5. On an unverified date, Petitioner requested a hearing to dispute the denial of her MSP eligibility. Prior to the request for hearing being forwarded to the Michigan Office of Administrative Hearings and Rules (MOAHR), Petitioner withdrew her request for hearing after speaking with her Department caseworker.
6. Petitioner asserted that she withdrew her request for hearing in 2021 because she was informed by the Department that her eligibility for MSP benefits would be reprocessed and she would be reimbursed for Medicare premiums paid. (Exhibit 1)
7. On or around July 1, 2021, Petitioner sent an email to her caseworker regarding her MSP eligibility and previous withdrawal submitted, indicating that the Department still had not reprocessed her MSP eligibility, and Medicare premiums were still being withheld from her monthly Social Security benefit. (Exhibit 1)
8. Petitioner presented a handwritten letter dated October 19, 2021, which she asserted was sent to the Department requesting a hearing for the second time to dispute the Department's initial denial of MSP benefits and failure to reprocess her MSP eligibility. (Exhibit 1)
9. On or around October 21, 2022, Petitioner submitted a request for hearing to the Department, disputing the Department's actions with respect to her MSP benefits. (Exhibit A, pp. 1-5)
10. On or around December 13, 2022, the Department processed Petitioner's MSP eligibility and sent Petitioner a Health Care Coverage Determination Notice, advising her that effective October 1, 2022, ongoing, she was approved for MSP benefits under the Additional Low Income Beneficiaries (ALMB) category and that effective January 1, 2023, ongoing, she was approved for MSP benefits under the Specified Low-Income Medicare Beneficiaries (SLMB) category. (Exhibit B 2)
11. At the hearing, Petitioner confirmed that the issue she requested a hearing to dispute with respect to her FAP case had been resolved and her FAP benefits were approved. Petitioner confirmed that no promises were made in exchange for her withdrawal of the FAP request for hearing. Petitioner's hearing request regarding the FAP was withdrawn and will be dismissed.

### **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 requested a hearing on or around October 21, 2022, disputing the Department's actions with respect to her MSP benefits. After some inquiry, Petitioner asserted that her dispute was concerning her MSP eligibility and reimbursement of Medicare premiums effective February 1, 2021.

MSP are SSI-related MA categories. There are three MSP categories: Qualified Medicare Beneficiaries (QMB); Specified Low-Income Medicare Beneficiaries (SLMB); and Additional Low-Income Beneficiaries (ALMB). BEM 165 (October 2020), p. 1. QMB is a full coverage MSP that pays Medicare premiums (Medicare Part B premiums and Part A premiums for those few people who have them), Medicare coinsurances, and Medicare deductibles. SLMB pays Medicare Part B premiums and ALMB pays Medicare Part B premiums provided funding is available. BEM 165, pp. 1-2.

At the hearing, the Department representative testified that in connection with a redetermination, and upon receipt of Petitioner's October 21, 2022, request for hearing, it processed Petitioner's MSP eligibility, and approved Petitioner for MSP benefits effective October 1, 2022 ongoing. The Department representative testified that on December 13, 2022, a Health Care Coverage Determination Notice was issued, advising Petitioner that effective October 1, 2022, ongoing, she was approved for MSP benefits under the Additional Low-Income Beneficiaries (ALMB) category and that effective January 1, 2023, ongoing, she was approved for MSP benefits under the Specified Low-Income Medicare Beneficiaries (SLMB) category. (Exhibit B 2). Petitioner did not indicate that she had any dispute regarding the approval of MSP coverage effective October 1, 2022.

With respect to Petitioner's MSP eligibility between February 1, 2021, and September 30, 2022, the Department representative testified that Petitioner was previously denied MSP benefits due to a failure to return requested verifications. The Department presented a Health Care Coverage Determination Notice dated March 8, 2021, and sent to Petitioner advising her that effective February 1, 2021, she was ineligible for MSP benefits due to a failure to return verification of bank account. (Exhibit B 1). The Department asserted that there has been no negative action taken with respect to Petitioner's MSP benefits since the March 8, 2021 Health Care Coverage Determination Notice was issued and no eligibility decisions made with respect to the MSP, other than the most recent approval activating MSP coverage as of October 2022.

Petitioner did not dispute receiving the March 8, 2021, Health Care Coverage Determination Notice and testified that she requested a hearing to dispute the denial. The exact date of Petitioner's hearing request was unknown; however, Petitioner confirmed that prior to the hearing, she withdrew the request after speaking with her caseworker and being informed that the Department would reprocess her MSP eligibility

and reimburse Petitioner for the Medicare premiums that she paid since February 2021. Petitioner testified that after withdrawing her request for hearing, she followed up with the Department via email on July 1, 2021, and submitted a handwritten letter requesting a second hearing on October 19, 2021. (Exhibit 1)

A client's request for hearing must be in writing and signed by an adult member of the eligible group, or authorized hearing representative (AHR). Department of Health and Human Services Bridges Administrative Manual (BAM) 600 (March 2021), pp. 1-2. Moreover, BAM 600, pp. 6-7 provides that a request for hearing must be received in the Department local office within 90 days of the date of the written notice of case action. The Michigan Office of Administrative Hearings and Rules (MOAHR) may grant a hearing about a denial of an application and/or supplemental payments; reduction in the amount of program benefits or service; suspension or termination of program benefits or service; restrictions under which benefits or services are provided or delay of any action beyond the standards of promptness. BAM 600, pp. 4-6.


Upon review, the March 8, 2021, Health Care Coverage Determination Notice advised Petitioner that the Department must receive her request for appeal within 90 days of the mailing date of the notice, on or before June 7, 2021. (Exhibit B 1). Petitioner confirmed that she submitted a withdrawal of the hearing request that would have been considered timely. Petitioner's July 1, 2021, and October 19, 2021, follow up contacts with the Department were not timely filed within 90 days of the March 8, 2021, Health Care Coverage Determination Notice. There was also no evidence that any subsequent negative action was taken with respect to Petitioner's MSP benefits since March 8, 2021. Upon review, Petitioner failed to file a timely hearing request to dispute the denial of her MSP benefits effective February 1, 2021, or to dispute the Department's failure to reimburse her for Medicare premiums effective February 1, 2021.

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 processed and approved Petitioner for MSP benefits effective October 1, 2022.

### **DECISION AND ORDER**

Accordingly, the request for hearing regarding the FAP is **DISMISSED** and Department's MSP decision is **AFFIRMED**.

ZB/ml

  
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**Zainab A. Baydoun**  
Administrative Law Judge

**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

**Via Electronic Mail :**

**DHHS**  
Denise McCoggle  
Wayne-Greydale-DHHS  
27260 Plymouth Rd  
Redford, MI 48239  
**MDHHS-Wayne-15-Greydale-  
Hearings@michigan.gov**

**Interested Parties**

BSC4  
M Holden  
D Sweeney  
M Schaefer  
EQAD  
MOAHR

**Via First Class Mail :**

**Petitioner**

[REDACTED]  
[REDACTED] MI [REDACTED]