



GRETCHEN WHITMER
GOVERNOR

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

MARLON I. BROWN, DPA
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: April 5, 2024
MOAHR Docket No.: 24-001302
Agency No.: [REDACTED]
Petitioner: [REDACTED] [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. After due notice, a telephone hearing was held on March 28, 2024, from Lansing, Michigan. Petitioner represented herself. The Department was represented by Jarrod Swartz.

ISSUE

Did the Department of Health and Human Services (Department) properly determine Petitioner's eligibility 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 October [REDACTED] 2023, the Department received Petitioner's application for Medical Assistance (MA) as a household of one. Exhibit A, p 7.
2. Petitioner was receiving Supplemental Security Income (SSI) in the gross monthly amount of \$[REDACTED] but began receiving Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$[REDACTED]
3. On October [REDACTED] 2023, the Department notified Petitioner that she was eligible for limited Medical Assistance (MA) coverage under the Plan First category and that she was not eligible for the Medicare Savings Program (MSP) effective October 1, 2023. Exhibit A, p 15.
4. On December 21, 2023, the Department notified Petitioner that she was eligible for full coverage Medical Assistance (MA) effective October 1, 2023. Exhibit A, p 19.

5. On January 31, 2024, the Department received Petitioner's request for a hearing protesting her eligibility for Medical Assistance (MA) and the Medicare Savings Program (MSP). Exhibit A, pp 4-6.

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 through 42 USC 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 through 42 CFR 420.25. The Department administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.103 through MCL 400.112k of the Social Welfare Act, MCL 400.1 *et seq.*

The Medicare Savings Programs are SSI-related MA categories. There are three categories of Medicare Savings Program (MSP) benefits including the Qualified Medicare Beneficiary (QMB), the Special Low Income Medicare Beneficiary (SLMB), and the Additional Low Income Medicare Beneficiary (ALMB). QMB pays Medicare premiums, and Medicare coinsurances, and Medicare deductibles. QMB coverage begins the calendar month after the processing month. SLMB pays Medicare Part B premiums. SLMB coverage is available for retro MA months and later months. ALMB pays Medicare Part B premiums provided funding is available. The Department of Community Health notifies the Department of Human Services if funding is available. ALMB coverage is available for retro MA months and later months. Department of Human Services Bridges Eligibility Manual (BEM) 165 (October 1, 2022), pp 1-4.

Petitioner was an ongoing recipient of MA benefits and the Medicare Savings Program, and she was automatically eligible for those benefits based on her receipt of Supplemental Security Income (SSI) benefits from the Social Security Administration.

Starting on October 1, 2023, Petitioner stopped receiving SSI benefits and began receiving Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$[REDACTED]. Petitioner remained eligible for full coverage MA benefits based on her disability and her income, but she was no longer automatically eligible for MA. Petitioner was required to provide verification that she continued to meet the asset limitations for a disabled category of MA. Prior to this, Petitioner's income and assets were monitored by SSA. When Petitioner failed to provide that verification to the Department, the Department closed her benefits.

Petitioner then reapplied for MA and provided the Department with verification of her available assets.

The AD-CARE program is a category of Medical Assistance (MA) that provides health care coverage to individuals who are aged or disabled and have an income that does not exceed the federal poverty level. Department of Health and Human Services Bridges Eligibility Manual (BEM) 163 (July 1, 2017), p 1.

Petitioner is considered disabled, and she meets the income and asset criteria to receive full MA benefits under the AD-CARE category. Petitioner also qualifies for retroactive MA benefits for up to 3 months before she reapplied for benefits.

Petitioner also qualified for the Medicare Savings Plan and the Department will cover her Medicare Part B premium.

However, since Petitioner's income is less than the federal poverty level, under the category of the Medicare Savings Plan that Petitioner is eligible for, she is not entitled to retroactive benefits under that program. BEM 165, pp 3-4. Therefore, Petitioner is not eligible to have her Medicare Part B premium covered by the state during her lapse in benefits when her assets were not verified.

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 determined Petitioner's eligibility for Medical Assistance (MA) and the Medicare Savings Plan (MSP).

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/dm



Kevin Scully
Administrative Law Judge
Michigan Office of Administrative Hearings
and Rules (MOAHR)

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
Kimberly Kornoelje
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Via-First Class Mail :

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