



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
DIRECTOR

[REDACTED]
MI 48126

Date Mailed: June 21, 2024
MOAHR Docket No.: 24-004864
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 June 10, 2024, from Detroit, Michigan. Petitioner was represented by her husband, [REDACTED]. The Department of Health and Human Services (Department) was represented by Danielle Moton, Assistance Payments Worker.

ISSUE

Did the Department properly determine Petitioner's husband's eligibility for 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's husband is an ongoing recipient of Medical Assistance (MA) benefits under the Transitional Medical Assistance (TMA) category.
2. Petitioner's husband enrolled in Medicare effective February 1, 2024.
3. On or around [REDACTED] 2024, an application was submitted to the Department requesting MSP benefits for Petitioner's husband.
4. On or around April 3, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice advising her that effective February 1, 2024, her husband [REDACTED] was ineligible for MSP benefits because he has full Medicaid coverage. (Exhibit A, pp. 15-18)

5. On or around April 12, 2024, Petitioner's husband requested a hearing disputing the Department's actions with respect to his MSP benefits.

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's husband disputed the denial of his request for MSP benefits effective February 1, 2024. 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 2022), 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. Department policy provides that individuals receiving MA under the TMA category and entitled to Medicare Part A are considered QMB eligible without a separate QMB determination. BEM 165, p.3.

At the hearing, the Department representative testified that according to the Health Care Coverage Determination Notice issued on April 3, 2024, Petitioner's husband was determined ineligible for MSP benefits because he has full Medicaid coverage. However, the Department representative testified that a help desk ticket was issued to redetermine Petitioner's husband's MSP eligibility and as of June 10, 2024, Petitioner's husband was found to be eligible for QMB benefits for the months of February 2024 and May 2024 but ineligible with no coverage for the months of March 2024 and April 2024. The Department representative could not explain the discrepancy in eligibility. The Department representative confirmed that Medicare Part B buy in had not been processed. It was established that Petitioner's husband has been approved for MA benefits under the TMA since February 2024, possibly earlier. Petitioner's husband testified that he was entitled to Medicare Part A and the Department did not present any evidence to the contrary. Therefore, in light of the above referenced policy authorizing automatic QMB eligibility for recipients of MA under the TMA category, the Department

did not act in accordance with Department policy when it determined that Petitioner's husband was ineligible for MSP benefits.

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 did not act in accordance with Department policy when it denied Petitioner's husband's MSP benefits effective February 1, 2024.

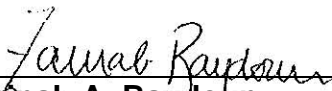
DECISION AND ORDER

Accordingly, the Department's decision is **REVERSED**.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Activate Petitioner's husband's MSP coverage under the QMB category effective February 1, 2024, ongoing;
2. Process the Medicare Buy In and supplement Petitioner and/or the Social Security Administration for Medicare premiums in accordance with Department policy; and
3. Notify Petitioner in writing of its decision.

ZB/ml



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
Tara Roland 82-17
Wayne-Greenfield/Joy-DHHS
8655 Greenfield
Detroit, MI 48228
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Interested Parties
BSC4
M Schaefer
EQAD
MOAHR

Via First Class Mail:

Petitioner
[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]