



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

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

MARLON I. BROWN, DPA  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: September 13, 2024

MOAHR Docket No.: 24-007152

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 August 19, 2024, from Detroit, Michigan. Petitioner was represented by her husband/Authorized Hearing Representative (AHR) [REDACTED] Petitioner's daughter [REDACTED] served as Bengali interpreter. A representative from the Department of Health and Human Services (Department) did not appear for the hearing and it was held in the absence of the Department.

### **ISSUE**

Did the Department properly determine Petitioner's husband's eligibility for Medical Assistance (MA) 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 asserted that in [REDACTED] 2024, he submitted an application requesting MA benefits. Petitioner's AHR asserted that he did not receive any eligibility notice or decision from the Department with respect to the application or regarding his MA eligibility for January 2024, ongoing.
2. On or around [REDACTED] 2024, Petitioner's AHR submitted a second application requesting MA benefits.
3. The Department's Hearing Summary indicates that Petitioner's AHR was approved for MA benefits subject to a monthly deductible of \$1,139.

4. On or around June 26, 2024, Petitioner's AHR requested a hearing disputing the Department's actions with respect to his MA 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 AHR requested a hearing disputing the Department's actions with respect to his MA case. Specifically, the AHR testified that he initially applied for MA benefits in [REDACTED] 2024 but never received any eligibility decision from the Department so he reapplied on [REDACTED] 2024. At the hearing, the undersigned read the Hearing Summary prepared by the Department in response to Petitioner's request for hearing into the hearing record. According to the Hearing Summary, on June 12, 2024, the MA case was certified, and a decision notice was sent advising Mr. Kalam that he was approved for Group 2 Caretaker Relative (G2C) with a deductible of \$1,139 monthly.

MA is available (i) under SSI-related categories to individuals who are aged (65 or older), blind or disabled, (ii) to individuals who are under age 19, parents or caretakers of children, or pregnant or recently pregnant women, (iii) to individuals who meet the eligibility criteria for Healthy Michigan Plan (HMP) coverage, and (iv) to individuals who meet the eligibility criteria for Plan First Medicaid (PF-MA) coverage. 42 CFR 435.911; 42 CFR 435.100 to 435.172; BEM 105 (July 2021), p. 1; BEM 137 (June 2020), p. 1; BEM 124 (July 2023), p. 1. Under federal law, an individual eligible under more than one MA category must have eligibility determined for the category selected and is entitled to the most beneficial coverage available, which is the one that results in eligibility and the least amount of excess income or the lowest cost share. BEM 105 (January 2021), p. 2; 42 CFR 435.404. Individuals are eligible for Group 1 coverage, with no deductible, if their income falls below the income limit, and eligible for Group 2 coverage, with a deductible that must be satisfied before MA is activated, when their income exceeds the income limit. Group 2 categories are considered a limited benefit because a deductible is possible. BEM 105, p. 1.

Although the Hearing Summary was read into the record, the Department was not present for the hearing and thus, did not present any documentary or testimonial evidence in

support of the processing of Petitioner's [REDACTED] 2024, MA application or the subsequent eligibility determination. Because the Department was not present for the hearing, there was no evidence presented in support of its determination that Petitioner's AHR was ineligible for full coverage Medicaid under a Group 1 category and was only eligible for MA under a Group 2 category subject to a monthly deductible. There was also no evidence that the \$1,139 deductible applied to Petitioner's AHR's MA case was properly calculated. Furthermore, the effective eligibility date of the MA approval under the G2C was unknown and there was no evidence presented regarding the processing of Petitioner's [REDACTED] 2024 application.

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 because the Department failed to appear for the hearing, the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it processed Petitioner's AHR [REDACTED] 2024 and [REDACTED] 2024, MA applications and determined his MA eligibility.


### **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. Redetermine MA eligibility for Petitioner's AHR [REDACTED] under the most beneficial category for January 1, 2024, ongoing;
2. If eligible, provide MA coverage to Petitioner's AHR [REDACTED] for any MA benefits that he was entitled to receive but did not, if any, from January 1, 2024, ongoing, and
3. Notify Petitioner in writing of its decision.

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**

Chelsea McCune  
Macomb County DHHS Warren Dist.  
13041 E 10 Mile  
Warren, MI 48089  
**MDHHS-Macomb-20-Hearings@michigan.gov**

**Interested Parties**

BSC4  
M Schaefer  
EQAD  
MOAHR

**Via First Class Mail:**

**Authorized Hearing Rep.**

[REDACTED]  
MI

**Petitioner**

[REDACTED]  
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