



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

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Date Mailed: December 5, 2024  
MOAHR Docket No.: 24-012081  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Danielle R. Harkness**

**HEARING DECISION**

On October 16, 2024, Petitioner, T ██████████ requested a hearing to dispute a Medical Assistance (MA) determination. As a result, a hearing was scheduled to be held on December 4, 2024. Public assistance hearings are held 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. Petitioner's Authorized Hearing Representative, ██████████ appeared on behalf of Petitioner. Respondent, Department of Health and Human Services (Department), had Elizabeth Welke, Family Independence Manager, appear as its representative. Interpreter, ██████████ (Interpreter #2368), provided interpreter services during the hearing.

A 25-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

A 2-page packet of documents provided by Petitioner's AHR was admitted collectively as Petitioner's Exhibit 1.

**ISSUE**

Did the Department properly close Petitioner's AD-Care Medicaid case due to Petitioner's failure to apply for Medicare?

**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 ██████████ 2024, Petitioner applied for MA.
2. Petitioner is ██████ years old and was receiving full-coverage MA from the Department through AD-Care.

3. On October 8, 2024, the Department mailed a health care coverage determination notice to Petitioner to notify Petitioner that Petitioner was ineligible for MA coverage, effective November 1, 2024, because Petitioner did not apply for Medicare at the Social Security Administration (SSA).
4. On October 16, 2024, Petitioner requested a hearing to dispute the Department's determination.

### **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 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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

As a condition of eligibility individuals must apply for any state and/or federal benefits for which they may be eligible. This includes taking action to make the entire benefit amount available to the group. Any action by the individual or other group members to restrict the amount of the benefit made available to the group causes ineligibility. BEM 270 (June 1, 2024), p. 1. Medicare benefits are available to persons who are aged (65 or older), living with a disability, or with end state renal disease.

Medicare part A, B, D, are potential benefits for a person:

- Who is least age 65.
- Receiving disability under RSDI.

*Id.* at 4.

In this case, the Department determined that Petitioner was ineligible for MA coverage, effective November 1, 2024, because Petitioner did not apply for Medicare at the SSA. Because Petitioner is over 65 years old, Petitioner may be eligible for Medicare. Therefore, Petitioner must apply for Medicare in order to meet the eligibility criteria for MA.

At the hearing, Petitioner's AHR testified that Petitioner was advised that she was not eligible for Medicare. Petitioner's AHR was advised that Petitioner can submit a letter from the SSA to the Department stating that Petitioner is not eligible so that Petitioner's eligibility for MA can be redetermined.

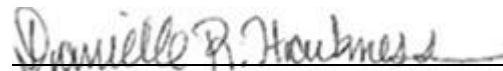
Here, no evidence was presented that the Department improperly determined Petitioner's MA eligibility effective November 1, 2024.

**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 acted in accordance with its policies and the applicable law when it determined Petitioner's MA eligibility.

IT IS ORDERED the Department's decision is **AFFIRMED**.

DH/pt



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**Danielle R. Harkness**  
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**

Heather Vanderpool  
Branch County DHHS  
388 Keith Wilhelm Dr.  
Coldwater, MI 49036

**MDHHS-Branch-Hearings@michigan.gov**

**Interested Parties**

BSC3  
M. Schaefer  
EQAD  
MOAHR

**Via-First Class Mail:**

**Authorized Hearing Rep.**

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**Petitioner**

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