



Date Mailed: February 14, 2025

Docket No.: 24-038260

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED], MI [REDACTED]
[REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

ADMINISTRATIVE LAW JUDGE: Danielle R. Harkness

HEARING DECISION

On December 26, 2024, Petitioner, [REDACTED], requested a hearing to dispute a Medical Assistance (MA) determination. As a result, a hearing was scheduled to be held on February 11, 2025. 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 appeared and represented herself. Respondent, Department of Health and Human Services (Department), had Hannah Czechowski, Hearings Coordinator, appear as its representative.

A 50-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

ISSUE

Did the Department properly determine Petitioner's MA eligibility?

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 has a group size of 1.

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2. Petitioner is a resident of [REDACTED] County.
 3. Petitioner's date of birth is [REDACTED], [REDACTED]
 4. On [REDACTED] 2024, Petitioner completed an interview with the Department and reported that Petitioner moved back to Michigan from [REDACTED] in [REDACTED] 2023 and that Petitioner's Medicare Part B was still being paid by the state of [REDACTED]
 5. On September 11, 2024, the Department mailed a health care coverage determination notice to Petitioner to notify Petitioner that Petitioner was ineligible for MSP coverage due to receiving the same program benefits in another state for the benefit period.
 6. On December 26, 2024, Petitioner requested a hearing.

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.

Concurrent receipt of benefits means assistance received from multiple programs to cover a person's needs for the same time period. Certain restrictions apply, as specified in this item. Benefit duplication means assistance received from the same (or same type of) program to cover a person's needs for the same month. For example, FIP from Michigan and similar benefits from another state's cash assistance program. Benefit duplication is prohibited except for Medicaid and FAP in limited circumstances (see Medicaid Benefits and FAP Benefits in this item). See BEM 203, Criminal Justice Disqualifications, for penalties for individuals found to have received duplicate assistance. BEM 222 (October 1, 2018), p. 1.

Here, the Department determined that Petitioner was ineligible for MSP coverage because Petitioner was receiving the same program benefits in the state of Tennessee for the benefit period.

Petitioner acknowledged receiving medical program benefits from the state of Tennessee. However, Petitioner indicated that on [REDACTED], 2025, verification was provided to the Department that Petitioner closed Petitioner's medical program case in Tennessee. Ms. Czechowski indicated that at the time of the hearing she did not see any documents in the system. However, documents may take 1-2 business days to be uploaded to the system.

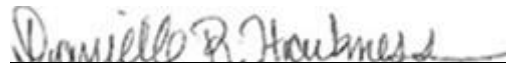
In this case, no evidence was provided by Petitioner that the Department improperly determined that Petitioner was ineligible for MSP coverage based on the information that the Department had at the time of their determination.

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 that the Department's decision is **AFFIRMED**.

DH/pt



Danielle R. Harkness

Administrative Law Judge

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks.

Via Electronic Mail:

Respondent

GENESEE COUNTY DHHS CLIO RD DIST
4809 CLIO RD
FLINT, MI 48502
MDHHS-GENESEE-CLIO-HEARINGS@MICHIGAN.GOV

INTERESTED PARTIES

BSC2
M. SCHAEFER
EQAD
MOAHR

Via First Class Mail:

Petitioner

_____ MI _____

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