



Date Mailed: February 25, 2025

Docket No.: 25-004195

Case No.: [REDACTED]

Petitioner: [REDACTED]

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

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### **HEARING DECISION**

On [REDACTED], 2025, Petitioner [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on February 18, 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; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner's authorized hearing representative, [REDACTED], appeared for Petitioner. Respondent Michigan Department of Health and Human Services (Department) had Eligibility Specialist Rachel Norberg and Family Independence Manager Theresa Ware appear as its representatives. Neither party had any additional witnesses.

Sworn testimony was provided by both parties, and two exhibits were admitted into evidence. A 27-page packet of documents provided by the Department was admitted collectively as Exhibit A, and a 437-page packet of documents provided by Petitioner was admitted collectively as Exhibit 1.

### **ISSUE**

Did the Department properly determine Petitioner's Medicaid eligibility?

### **FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

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1. Petitioner is disabled.
  2. Petitioner had full-coverage Medicaid through the Freedom to Work program until the Department closed it, effective October 31, 2024.
  3. The Department closed Petitioner's full-coverage Medicaid through the Freedom to Work program because Petitioner's disability expired in the Department's computer program.
  4. On October 14, 2024, the Department mailed a health care coverage determination notice to Petitioner to notify her that she was only eligible for limited-coverage Medicaid through Plan First, effective November 1, 2024. The determination notified Petitioner that she was eligible for type NMB Medicare Savings Program (MSP) coverage, from June 1, 2024, through October 31, 2024. The determination notified Petitioner that she was ineligible for MSP coverage, effective November 1, 2024. The determination stated that it was based on Petitioner's annual income of [REDACTED].
  5. On [REDACTED], 2025, Petitioner requested a hearing to dispute the Department's decision to close her Medicaid.
  6. Petitioner provided the Department with sufficient proof that she was still disabled, so the Department reinstated Petitioner's full-coverage Medicaid through the Freedom to Work program, effective November 1, 2024.
  7. On [REDACTED], 2025, the Department mailed a health care coverage determination notice to Petitioner to notify her that she was eligible for full-coverage Medicaid through the Freedom to Work program, effective November 1, 2024.
  8. Petitioner is disputing her MSP coverage.
  9. The Department contacted the Buy-In unit regarding Petitioner's MSP coverage, and the Buy-In unit confirmed that Petitioner paid her Medicare Part B premium when the premium should have been covered by MSP coverage. The Buy-In unit is processing a reimbursement for the Medicare Part B premiums that Petitioner paid from June 2024 to October 2024.
  10. Petitioner is seeking reimbursement for Medicare Part B premiums that Petitioner paid prior to June 2024.
  11. Petitioner had MSP coverage prior to June 2024, but it closed on or about October 31, 2023, and Petitioner did not submit a hearing request to dispute the closure within 90 days of the date of the notice that informed Petitioner about the closure.

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## **CONCLUSIONS OF LAW**

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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).

Medicaid is known as Medical Assistance (MA). 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.

Petitioner requested a hearing after the Department closed her full-coverage Medicaid. The Department has since reinstated Petitioner's full-coverage Medicaid with no lapse in coverage. Thus, Petitioner's dispute has been resolved, and the issue is now moot. The Department's decision to close Petitioner's full-coverage Medicaid is reversed since the Department has determined that Petitioner was still eligible for full-coverage Medicaid through the Freedom to Work program. The Department has already redetermined Petitioner's eligibility and determined that Petitioner is eligible for full-coverage Medicaid with no lapse in coverage, so the Department is not required to take any further action with respect to Petitioner's eligibility for full-coverage Medicaid through the Freedom to Work program.

Petitioner also wanted to dispute her MSP coverage. Petitioner wanted to obtain MSP coverage for months prior to June 2024. However, Petitioner did not submit her hearing request timely to dispute her MSP coverage for months prior to June 2024 because Petitioner did not submit her hearing request within 90 days of the date of the notice that informed Petitioner about the MSP closure. Pursuant to policy, a hearing request must be received by the Department within 90 days from the date of the written notice of case action. BAM 600 (June 1, 2024), pp. 6-7.

The Department approved Petitioner for type NMB MSP coverage for past months back to June 2024. Type NMB MSP is a new type of MSP coverage that started in June 2024. Thus, the Department could not approve Petitioner for type NMB MSP coverage for months prior to June 2024. According to the Department's October 14, 2024, health care coverage determination notice, Petitioner's income was [REDACTED] per year. In 2024, the Federal Poverty Level was \$15,060.00 per year for a household size of one. 89 FR 2961 (January 17, 2024). An annual income of [REDACTED] put Petitioner's income at 151% of the Federal Poverty Limit, which meant that the only type of MSP coverage that Petitioner would have been eligible for would have been type NMB. Thus, the Department properly determined Petitioner's MSP eligibility when the Department determined that she was eligible for type NMB MSP coverage, effective June 1, 2024. However, the Department did not properly close Petitioner's MSP coverage, effective November 1,

25-004195

2024. Therefore, the Department's decision is reversed with respect to the MSP closure. It is unclear if the Department reinstated Petitioner's MSP coverage when the Department reinstated Petitioner's full-coverage Medicaid through the Freedom to Work program. The Department must redetermine Petitioner's MSP eligibility, effective November 1, 2024, if the Department has not already done so.


### **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 (1) the Department did not act in accordance with its policies and the applicable law when it closed Petitioner's full-coverage Medicaid through the Freedom to Work program, effective October 31, 2024; (2) the Department acted in accordance with its policies and the applicable law when it determined that Petitioner was eligible for type NMB MSP coverage, effective June 1, 2024; and (3) the Department did not act in accordance with its policies and the applicable law when it closed Petitioner's MSP coverage, effective October 31, 2024.

**IT IS ORDERED** that the Department's decision is **AFFIRMED IN PART and REVERSED IN PART**.

- The Department's decision to close Petitioner's full-coverage Medicaid through the Freedom to Work program, effective October 31, 2024, is reversed. However, the Department has reinstated Petitioner's Medicaid coverage, so the Department is not required to take any further action regarding her full-coverage Medicaid through the Freedom to Work program.
- The Department's decision to find Petitioner eligible for type NMB MSP coverage, effective June 1, 2024, is affirmed.
- The Department's decision to close Petitioner's type NMB MSP coverage, effective October 31, 2024, is reversed. If the Department has not already redetermined Petitioner's eligibility for MSP coverage, effective November 1, 2024, then the Department must redetermine Petitioner's eligibility for MSP coverage, effective November 1, 2024.

**IT IS ORDERED** that the Department must begin to implement this order within 10 days of the mailing date of this hearing decision.



**JEFFREY KEMM**  
**ADMINISTRATIVE LAW JUDGE**

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**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](https://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](mailto: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.

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**Via Electronic Mail:**

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**Interested Parties**

M. SCHAEFER  
EQAD  
MOAHR

**Via First Class Mail:**

**Petitioner**

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\_\_\_\_\_ MI \_\_\_\_\_