



Date Mailed: March 13, 2025

Docket No.: 25-004203

Case No.: [REDACTED]

Petitioner: [REDACTED]

«RECIP_FULL_NAME»

«RECIP_ADD0»

«RECIP_ADD1»

«RECIP_ADD2»

«RECIP_CITY», «RECIP_SPCODE»

«RECIP_POSTAL»

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.

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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via telephone conference on February 18, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Hannah Czechowski, Hearing Facilitator.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (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 is a [REDACTED] year-old ongoing recipient of MA benefits subject to a monthly deductible.
2. Petitioner is disabled and has income from Retirement, Survivors, and Disability Insurance (RSDI) from the Social Security Administration (SSA) in the amount of [REDACTED] monthly.

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3. Petitioner provided the Department with medical expense documentation for September 20, 2024, October 11, 18, and 21, and December 9, 2024. Petitioner met her MA deductible for August 2024, September 2024, October 2024, November 2024, December 2024, and January 2025.
 4. On December 7, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice (HCCDN) informing her that she was no longer eligible for Medicare Savings Program (MSP). Exhibit A, pp. 12-14. The Notice indicated that Petitioner did not meet the basic criteria for MSP Because her annual income was [REDACTED] which exceeds the income limit for a household size of one.
 5. On January 6, 2025, Petitioner requested a hearing to dispute the Department's MA and MSP eligibility determination. Exhibit A, p. 3.
 6. On January 17, 2025, subsequent to Petitioner's hearing request, the Department reviewed Petitioner's case and discovered that her income in its system was entered incorrectly, and a Help Desk Ticket was generated by the Department to resolve the error under ticket number BRGRC-591879. Once corrected, Petitioner's MSP was approved for August 2024, September 2024, October 2024, November 2024, December 2024, and January 2025. Exhibit A, p. 29.

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.

MSP is an SSI-related MA program that pays for certain Medicare expenses. BEM 165 (June 2024), p. 1. Individuals who are entitled to Medicare Part A and B but have income in excess of the limits for the MSP categories of Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), or QI Additional Low-Income Medicare Beneficiaries (ALMB), may be eligible for Non-Categorically Eligible Michigan Beneficiaries (NMB) if they have full coverage Medicaid. BEM 165, p. 1.

Petitioner requested a hearing to dispute the Department's determinations regarding her annual unearned income and MSP eligibility.

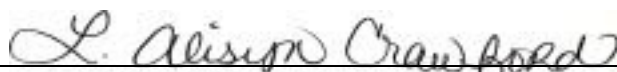
In this case, the Department acknowledged that the denial sent on December 7, 2024 was issued based on a system error that caused Petitioner's annual unearned income to inaccurately reflect an amount higher than it actually was. At the hearing, the Department acknowledged that Petitioner's annual unearned income should have been reflected as [REDACTED] in its system. To resolve this error, a Help Desk ticket was generated February 7, 2025 under ticket number BRGRC-591879.

Based on evidence presented on the record, once the Department resolved the system error concerning Petitioner's annual income and the Department processed Petitioner's submitted medical expenses, her MA deductible was met for October 2024 through February 2025. The Department then established that once Petitioner's annual income was corrected and the MA deductible was met, Petitioner became eligible for MSP under the NMB plan for August 2024, September 2024, October 2024, November 2024, December 2024, and January 2025. Per policy, NMB eligibility begins once full coverage Medicaid is established. While the Department erred when it determined Petitioner was not eligible for MSP due to excess income, with the creation and resolution of the Help Desk Ticket, the Department established that it acted in accordance with policy and Petitioner's dispute is now resolved.

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 Department policy when it corrected Petitioner's case file with a Help Desk Ticket to reflect the correct annual unearned income and monthly medical expenses for Petitioner.

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



L. ALISYN CRAWFORD
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

BSC4
M Schaefer
EQAD
MOAHR

Via First Class Mail:

Petitioner

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