



Date Mailed: April 4, 2025

Docket No.: 25-004431

Case No.:

Petitioner:

«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 March 5, 2025. Petitioner was represented by Attorney Jennifer Vandermark. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Tiffany Flemings, Assistance Payments Worker.

ISSUE

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA) and Medicare Savings Program (MSP) 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 was an ongoing recipient of MA and MSP benefits.
2. In connection with a redetermination, Petitioner's MA and MSP eligibility was reviewed.
3. On or around [REDACTED] 2024, Petitioner submitted an application that was processed as a redetermination.

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4. The Department's Hearing Summary indicates that Petitioner was ineligible for MA due to excess assets; however, there was no eligibility notice presented for review documenting this denial reason.
 5. On or around January 7, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice advising him that from June 1, 2024, through June 30, 2024, he was eligible for MSP benefits under the ALMB category and that for July 1, 2024, ongoing, he was denied MSP benefits because he does not meet basic criteria for the program. (Exhibit A, pp. 10-13)
 6. On or around January 22, 2025, a hearing was requested on Petitioner's behalf, disputing the Department's actions with respect to the MA program.
 7. On or around January 29, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice advising him that for July 1, 2024, ongoing, he was approved for MSP benefits under the ALMB category, and that from October 1, 2024, through December 31, 2024, MA with a monthly deductible of \$1,047, and for January 1, 2025, ongoing, a monthly deductible of \$1,038. (Exhibit A, pp. 26-31)

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.

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 (January 2024), p. 1; BEM 137 (June 2020), p. 1; BEM 124 (July 2023), p. 1.

MSP are SSI-related MA categories. There are four MSP categories: Qualified Medicare Beneficiaries (QMB); Specified Low-Income Medicare Beneficiaries (SLMB); Additional Low-Income Beneficiaries (ALMB); and Non-Categorically Eligible Michigan Beneficiaries

(NMB). BEM 165 (July 2024), p. 1. QMB is a full coverage MSP that pays Medicare premiums (Medicare Part B premiums and Part A premiums for those few people who have them), Medicare coinsurances, and Medicare deductibles. SLMB pays Medicare Part B premiums and ALMB pays Medicare Part B premiums provided funding is available. NMB pays the Medicare Part B premiums (and the part A premiums for the few who have them) for full coverage Medicaid beneficiaries not otherwise eligible for MSP. BEM 165, pp. 1-2.

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, p. 2; 42 CFR 435.404.

In this case, a hearing was requested on Petitioner's behalf disputing the Department's actions with respect to the MA program. At the hearing, the Department representative asserted that Petitioner's MA eligibility was reviewed in connection with the application that was submitted and based on the information received on the reported assets, he was ineligible for an MA program other than the Plan First category that does not have an asset test. The Department representative initially testified that Petitioner was approved for MA coverage under the Plan First category for May 1, 2024, ongoing. The Department representative testified that after receiving the request for hearing, the Department reviewed Petitioner's case and determined that his special needs protected trust was not a countable asset and thus, the Department corrected the action by approving Petitioner for MA under the Group 2 category subject to a monthly deductible, as well as the MSP under the ALMB category. The Department's testimony as to the effective date of the MA Group 2 approval was inconsistent, as an eligibility summary was not presented for review. While the Department initially stated that Petitioner's Plan First eligibility began on May 1, 2024, there was no evidence in the form of an eligibility determination or notice showing that he was approved for MA under the Group 2 category, going back to May 1, 2024. The eligibility notices presented for review by the Department show Petitioner's MA approvals through March 31, 2024, and again from October 1, 2024, ongoing. (Exhibit A; Exhibit B). Additionally, the testimony as to the effective dates of Petitioner's MSP approvals was also inconsistent. Upon review, the Department failed to show that it properly processed Petitioner's MA and MSP eligibility in connection with the [REDACTED] 2024, application/redetermination that was submitted, as the exact type of MA/MSP coverage for each month since May 1, 2024, was unexplained and unverified by the Department.


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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it processed Petitioner's MA and MSP eligibility.

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 Petitioner's MA and MSP eligibility under the most beneficial category for May 1, 2024, ongoing;
2. If eligible, provide Petitioner with MA and MSP coverage under the most beneficial category, that he was entitled to receive but did not from May 1, 2024, ongoing; and
3. Notify Petitioner and his AHR in writing of its decision.



ZAINAB A. BAYDOUN
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. 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. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

Via Electronic Mail:

Respondent

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Interested Parties

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EQAD

MOAHR

Via First Class Mail:

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