



Date Mailed: March 7, 2025

Docket No.: 25-002002

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 6, 2025. Petitioner appeared and was represented by her father [REDACTED]. Petitioner's mother [REDACTED] also appeared and testified. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Dawn Berridge. Jessica Tamberlyn also appeared for the Department. Exhibit 1, pp. 1-31 was received and admitted.

### **ISSUE**

Did the Department properly determine that Petitioner was not eligible for Disabled Adult Child Medicaid (MA-DAC)?

### **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 switched to a deductible Medicaid case effective April 2024; Petitioner was previously approved for MA-DAC in error.

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2. An Administrative Hearing was held on May 9, 2024, and a Decision and Order was entered affirming the Department determination of deductible Medicaid and closure of MA-DAC.
  3. Reconsideration was granted and an updated DAC determination was requested.
  4. An updated DAC determination was completed and Petitioner was found to not meet the criteria for DAC.
  5. On October 10, 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she was eligible for Medicare Savings Program for October 2024.
  6. On January 5, 2025, Petitioner requested a hearing raising issues again regarding the determination that Petitioner was found to not meet the criteria for MA-DAC.
  7. Petitioner's SSI ended in March 1981.

### **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.

### **DEPARTMENT POLICY**

#### **MA Only**

This is an SSI-related Group 1 MA category. MA is available to a person receiving disabled adult children's (DAC) (also called Childhood Disability Beneficiaries' or CDBs') RSDI benefits under section 202(d) of the Social Security Act if he or she: 1. Is age 18 or older; and 2. Received SSI; and 3. Ceased to be eligible for SSI on or after July 1, 1987, because he became entitled to DAC RSDI benefits under section 202(d) of the Act or an increase in such RSDI benefits; and 4. Is currently receiving DAC RSDI benefits under section 202(d) of the Act; and Note: To receive DAC RSDI a person must have a disability or blindness that began before age 22. 5. Would be eligible for SSI without such RSDI benefits. The Social Security Administration notifies central office when SSI terminates for a person meeting the criteria in 1-4 above. Notification is via a

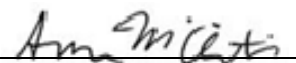
code on State Data Exchange (SDX) tapes. Central office sends a memo (see EXHIBIT I) to the appropriate local office. See SSI TERMINATIONS in BEM 150. All eligibility factors must be met in the calendar month being tested. If the month being tested is an L/H month and eligibility exists, go to BEM 546 to determine the post-eligibility patient-pay amount. BEM 158

In this case, Petitioner's SSI ended in March 1981. BEM 158 requires that an individual's SSI ended after July 1, 1987, in order to be eligible for DAC-MA. Therefore, Petitioner is not eligible for DAC-MA; BEM 158. Petitioner's representatives argued at the hearing that Petitioner met the other criteria under BEM 158 but it was explained that Petitioner needed to meet all the criteria and she did not. Therefore, the determination that Petitioner was not eligible for DAC MA was proper and correct and consistent with Department policy.

### **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 determined Petitioner's MA and Medicare Cost Share eligibility.

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

  
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**AARON MCCLINTIC**  
**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.

**Via Electronic Mail:**

**Respondent**  
OTTAWA COUNTY DHHS  
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**MDHHS-OTTAWA-  
HEARINGS@MICHIGAN.GOV**

**Interested Parties**  
EQAD HEARINGS  
M. SCHAEFER  
BSC3

**Via First Class Mail:**

**Petitioner**

[REDACTED]

**Authorized Hearing Rep**

[REDACTED]