



Date Mailed: April 24, 2025

Docket No.: 25-009015

Case No.: [REDACTED]

Petitioner: [REDACTED]

«RECIP\_FULL\_NAME»

«RECIP\_ADD0»

«RECIP\_ADD1»

«RECIP\_ADD2»

«RECIP\_CITY», «RECIP\_SPCODE»

«RECIP\_POSTAL»

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

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheti 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 27, 2025. Petitioner appeared and was represented by his Authorized Hearing Representative (AHR) [REDACTED]. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Ryane McArthur, Assistance Payments Worker and Lora Giles, Assistance Payments Supervisor.

### **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 previously a recipient of MA benefits under the full coverage Ad-Care category and full coverage Medicare Savings Program (MSP) benefits under the Qualified Medicare Beneficiaries (QMB) category.
2. On or around May 16, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice (Notice) advising that effective June 1, 2024, Petitioner was approved for limited coverage MA under the Plan First category. The Notice advised

Petitioner that he was ineligible for MSP benefits effective June 1, 2024, because he failed to return verification of his bank checking account. (Exhibit A, pp. 7-11)

3. The Department asserted that Petitioner's Ad-Care MA and QMB MSP benefits were terminated effective May 31, 2024, and his MA coverage transferred to the Plan First category effective June 1, 2024.
4. On or around December 7, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice advising that effective December 1, 2024, he was ineligible for MSP benefits because he failed the cost sharing requirements and does not meet basic criteria.
  - a. The Department did not present any evidence that Petitioner failed to meet basic criteria to receive MSP benefits, as he was enrolled in Medicare, according to the SOLQ.
5. On or around [REDACTED] 2025, Petitioner submitted an application for Food Assistance Program (FAP) and MA benefits.
  - a. The Department asserted that because Petitioner had an active MA case under the Plan First category, it did not reprocess his MA eligibility in connection with the [REDACTED] 2025, application.
6. On or around February 19, 2025, Petitioner requested a hearing disputing the Department's actions with respect to his MA benefits.

### **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, Petitioner disputed the Department's actions with respect to the MA program and the Department's determination that he was eligible for MA benefits under the limited coverage Plan First category. It was established that effective June 1, 2024, Petitioner's MA benefits were transferred from the full coverage Ad-Care category to the limited coverage Plan First category and that effective June 1, 2024, his MSP benefits under the QMB category were terminated. Because Petitioner's request for hearing was not received until February 19, 2025, and the Department notified Petitioner of the change in his coverage with the issuance of the May 16, 2024, Notice, the hearing request to dispute the change in coverage and termination of MSP benefits going back to June 1, 2024, is untimely, as it was filed more than 90 days after the Notice. See BAM 600. However, after some inquiry by the undersigned, it was also established that the Department had taken subsequent negative actions on Petitioner's MA and MSP cases that occurred within the 90 day period prior to the hearing request.

The Department representative testified that on or around December 7, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice advising that effective December 1, 2024, he was ineligible for MSP benefits because he failed the cost sharing requirements and does not meet basic criteria. It was unclear whether the issuance of this Notice and the eligibility determination were made in connection with a new request or application for MSP benefits. However, the Department did not present any evidence that Petitioner failed to meet basic criteria to receive MSP benefits, as he was enrolled in Medicare, according to the SOLQ. Thus, the Department will be ordered to redetermine Petitioner's MSP benefits effective December 1, 2024.

Additionally, the Department representative testified that on or around [REDACTED] 2025, Petitioner submitted an application for Food Assistance Program (FAP) and MA benefits. Although there was some testimony regarding an appointment for an application interview, the Department asserted that because Petitioner had an active MA case under the Plan First category, it did not reprocess his MA eligibility in connection with the [REDACTED] 2025,

application. There was no evidence that an eligibility determination notice was issued regarding the MA program as it related to the [REDACTED] 2025, application and further, no evidence that the Department redetermined Petitioner's MA eligibility under the most beneficial category effective January 1, 2025, as required. Thus, the Department will be ordered to review Petitioner's MA eligibility effective January 1, 2025.

### **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 did not act in accordance with Department policy when it processed Petitioner's MA and MSP benefits.

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 MSP eligibility under the most beneficial category for December 1, 2024, ongoing;
2. Redetermine Petitioner's MA eligibility under the most beneficial category for January 1, 2025, ongoing;
3. If eligible, provide Petitioner with MSP coverage under the most beneficial category, that he was entitled to receive but did not from December 1, 2024, ongoing;
4. If eligible, provide Petitioner with MA coverage under the most beneficial category, that he was entitled to receive but did not from January 1, 2025, ongoing; and
5. Notify Petitioner and his AHR in writing of its decision.



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**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](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. 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. 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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REDFORD, MI 48239

**MDHHS-WAYNE-15-GREYDALE-HEARINGS@MICHIGAN.GOV**

**Interested Parties**

BSC4  
M SCHAEFER  
EQAD  
MOAHR

**Via First Class**  
**Mail:**

**Petitioner**

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

**Authorized Hearing Rep**

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