



Date Mailed: April 18, 2025

Docket No.: 25-009206

Case No.: [REDACTED]

Petitioner: [REDACTED]

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هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

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 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 April 2, 2025. Petitioner appeared and was represented by [REDACTED] her daughter who she appointed on the record as her authorized hearing representative (AHR). The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Priya Johnson, Assistance Payment Supervisor.

### **ISSUE**

Did the Department properly determine Petitioner's eligibility for Medicaid?

### **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 [REDACTED] years old.
2. On [REDACTED] 2025, Petitioner applied for Medicaid health care coverage, noting in her application that she was not responsible for Part B Medicare premiums. (Exhibit A, pp.10-15)

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3. On January 8, 2025, the Department sent Petitioner a Verification Checklist (VCL) in connection with determining her eligibility for Medicaid, requesting by January 21, 2025 proof that she had applied for Medicare with the Social Security Administration (SSA). (Exhibit A, pp. 16-17)
  4. Petitioner did not request extension of the VCL due date and did not provide proof of any application with SSA for Medicare by January 21, 2025.
  5. On January 27, 2025, the Department sent Petitioner a Health Care Determination Notice (HCCDN) notifying her that her application for Medicaid was denied because she failed to show proof that she had applied for Medicare with SSA. (Exhibit A, pp. 18-20)
  6. On February 28, 2025, the Department received Petitioner's request for hearing disputing the denial of Medicaid.

### **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.

Although at the commencement of the hearing, the AHR indicated that Petitioner disputed the denial of Medicare Savings Program (MSP) benefits, as the hearing progressed, it was clarified that the issue in dispute was the Department's denial of Petitioner's application for Medicaid health insurance coverage. The Department testified that Petitioner's Medicaid application was denied because Petitioner had not shown that she had applied for Medicare.

The Medicaid program is intended to ensure that essential health care services are made available to those who otherwise could not afford them. BEM 105 (January 2024), p. 1. Department policy provides that, as a condition of eligibility Medicaid, individuals must apply for any state and/or federal benefits for which they may be eligible. BEM 270 (January 2025), p. 1. An individual applying for Medicaid is required to apply for coverage under Medicare Part A, B and/or D with the federal Social Security

Administration (SSA) if it is likely that the individual would meet the eligibility criteria for any or all those programs. BEM 270, p. 1; BEM 257 (June 2024), p. 1. Because eligibility for Emergency Services Only (ESO) Medicaid coverage precludes any likely eligibility for Medicare or other federal benefits, individuals who have ESO only coverage do not need to apply for Medicare even if age 65 years or older. BEM 270, pp. 1-2.

Here, after Petitioner applied for Medicaid, the Department sent Petitioner a VCL on January 8, 2025 requesting proof by January 21, 2025 that she had applied for Medicare with SSA. After the Department did not get the requested verification, the Department sent Petitioner the January 27, 2025 HCCDN notifying her that her Medicaid application was denied because she had not provided the requested verification.

At the hearing, the AHR did not dispute that Petitioner had not provided verification to the Department of her application for Medicare, but she explained that Petitioner was not eligible for Medicare. With her request for hearing, Petitioner included a letter dated January 27, 2025 from SSA that stated that, because she did not have adequate work credits, Petitioner was not eligible for Medicare. (Exhibit A, pp. 8-9) The letter implies that Petitioner did in fact apply for Medicare with SSA. However, there is no evidence that Petitioner notified the Department of her Medicare application and, because the letter from SSA is dated the same day as the HCCDN, the Department did not have a copy of the letter in its possession before it denied Petitioner's Medicaid application. Because Petitioner did not timely notify the Department that she had applied for Medicare and the Department was not aware that Petitioner was ineligible for, or unlikely to be eligible for, Medicare at the time it processed Petitioner's Medicaid application, the Department acted in accordance with policy when it denied Petitioner's Medicaid application.

Petitioner is advised to reapply for Medicaid and include the SSA letter notifying her of her ineligibility for Medicare with her application.

### **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 denied Petitioner's Medicaid application.

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

  
ALICE C. ELKIN  
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:**

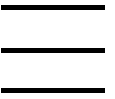
**Respondent**

OAKLAND COUNTY DHHS - SOUTHFIELD DIST

25620 W 8 MILE RD

SOUTHFIELD, MI 48033

**MDHHS-OAKLAND-6303-HEARINGS@MICHIGAN.GOV**



**Interested Parties**

BSC4

M SCHAEFER

EQAD

MOAHR

**Via First Class Mail:**

**Petitioner**

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

**Authorized Hearing Representative**

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