



Date Mailed: December 8, 2025

Docket No.: 25-036512

Case No.: [REDACTED]

Petitioner: [REDACTED]

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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 përktheni dokumentin.

[REDACTED]
MI [REDACTED]

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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 December 3, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Shana Powell, Assistance Payments Worker.

ISSUES

Did the Department properly deny Petitioner's application for Medicare Savings Program (MSP) benefits?

Did the Department fail to process Petitioner's application for Medical Assistance (MA) 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. On [REDACTED] 2025, Petitioner submitted an application for MA and MSP benefits (Exhibit A, pp. 7-13).
2. Petitioner was not married.
3. Petitioner had unearned income in the form of Retirement, Survivors and Disability Insurance (RSDI) income in the gross amount of \$[REDACTED].
4. On September 22, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice informing him that his application for MSP benefits was denied (Exhibit A, pp. 22-24).
5. On October 8, 2025, Petitioner submitted a request for hearing.
6. On October 14, 2025, and November 26, 2025, the Department sent Petitioner Verification Checklists (VCLs) requesting verification of Petitioner's checking and savings accounts.

7. As of the date of the hearing, Petitioner's MA benefit application was pending.

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.

In this case, Petitioner submitted an application for MSP benefits. The Department testified that Petitioner's MSP benefit application was denied due to excess income.

MSP are SSI-related MA categories. There are three MSP categories: Qualified Medicare Beneficiaries (QMB); Specified Low-Income Medicare Beneficiaries (SLMB); and Additional Low Income Beneficiaries (ALMB). BEM 165 (January 2018), 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. BEM 165, pp. 1-2. Income eligibility for MSP benefits exists when net income is within the limits in RFT 242 or 247. The Department is to determine countable income according to the SSI-related MA policies in BEM 500 and 530, except as otherwise explained in BEM 165. RFT 242, pp1-2; BEM 165, pp. 7-8.

Effective April 1, 2025, for QMB, the monthly income limit for a group size of one is \$1,325, which is 100 percent of the Federal Poverty Level, plus the \$20 disregard. RFT 242, p. 1. For SLMB the monthly income limit for Petitioner's group size of one is \$1,585, which is 120 percent of the Federal Poverty Level, plus the \$20 disregard. RFT 242, p. 2. For ALMB, the monthly income limit for Petitioner's group size of one is \$1,781, which is 135 percent of the Federal Poverty Level, plus the \$20 disregard. RFT 242, pp. 1-3. RFT 242, p. 3. Additionally, the Non-Categorically Eligible Michigan Beneficiary (NMB) category provides MSP benefits for individuals who have excess income or assets. BEM 165, p. 1. The NMB category is only for individuals who are receiving full coverage MA benefits.

At the hearing, Petitioner conceded that his gross RSDI benefit amount is \$ [REDACTED]. Petitioner argued that the Department should consider the amount he pays for his

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Medicare Part B premium. However, per policy, the Department is to consider gross income. Petitioner's gross income exceeds the limit for all MSP benefit categories. Additionally, Petitioner is not eligible for full coverage MA benefits, and therefore, cannot receive MSP benefits under the NMB category. Therefore, the Department acted in accordance with policy when it determined Petitioner was not eligible for MSP benefits.

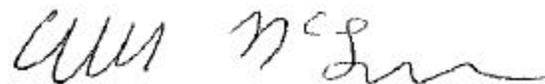
The Department testified that Petitioner's MA benefit case was pending asset verification. The Department testified that VCLs were sent to Petitioner on October 14, 2025, and November 26, 2025, requesting verification of Petitioner's checking and savings accounts.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (April 2017), p. 1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information. BAM 115 (October 2017), p. 15. For MA cases, the Department must certify program approval or denial of the application within 45 days. BAM 115, p. 16. Exceptions include: (i) 15 days for all pregnant Medicaid applicants; (ii) 30 days for Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) applicants (iii) 60 days for SDA applicants; (iv) 90 days for MA categories in which disability is an eligibility factor; and (v) the SOP can be extended 60 days from the date of deferral by the Medical Review Team. BAM 115, p. 15.

The Department conceded that Petitioner submitted the requested verifications the day prior to the scheduled hearing. However, the SOP for an MA application where disability is a factor is 90 days. As of the date of the hearing, it had not been 90 days since Petitioner submitted his application on [REDACTED] 2025. Therefore, the Department did not fail to timely process Petitioner's MA 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 determined Petitioner's MSP eligibility and processed his MA application. Accordingly, the Department's decision is **AFFIRMED**.



**ELLEN MCLEMORE
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. 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.



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