



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

MARLON BROWN  
DIRECTOR

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Date Mailed: October 1, 2024  
MOAHR Docket No.: 24-008607  
Agency No.: ██████████  
Petitioner: █████ █████

**ADMINISTRATIVE LAW JUDGE: Aaron McClintic**

**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; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on September 5, 2024, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Hearing Facilitator Rachel Meade. Department Exhibit 1, pp. 1-66 was received and admitted.

**ISSUE**

Did the Department properly determine Petitioner's Medical Assistance (MA) eligibility and deductible amount?

**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 April █████ 2024, Petitioner submitted redetermination paperwork.
2. On June █████ 2024, Health Care Coverage Determination Notice was sent to Petitioner informing her that effective August 1, 2024, █████ █████ was eligible for MA Plan First and MA-G2S with an \$█████ deductible and █████ █████ was eligible for MA-G2S with a \$█████ deductible.
3. On July █████ 2024, Petitioner requested hearing disputing the determination of his MA eligibility and deductible amount.
4. Petitioner earned \$█████ in employment income in July 2024.

5. Household member [REDACTED] [REDACTED] earned \$ [REDACTED] in July 2024.

### **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.

### **RULES FOR MA GROUP 2 INCOME ELIGIBILITY**

Use the following rules to determine MA Group 2 income eligibility. The individual must be given the most advantageous use of their old bills (also known as incurred expenses). The individual may request coverage for the current month, up to six future months (see eligibility based on old bills in this item), and for any prior months. 1. Use the budgeting rules in BEM 530. Determine income eligibility in calendar month order, starting with the oldest calendar month. 2. Use BEM 546 to determine the post-eligibility patient-pay amount (PPA) for each L/H month that a beneficiary is Group 2 eligible. 3. Determine Medicare Savings Program eligibility separately for Group 2 beneficiaries entitled to Medicare Part A (see BEM 165). 4. Request information about all medical expenses incurred during and prior to each month with excess income. 5. Notify the group of the outcome of each determination. NOTIFICATION explains which forms to use and when. BEM 545

In this case, with regard to the approval of MA-G2S and deductible amount calculation for [REDACTED] [REDACTED] Petitioner's household's earned income from employment was \$ [REDACTED]. After deducting the \$512 protected income level that leaves \$ [REDACTED] which is the deductible amount. This was the deductible amount determined by the Department and it was proper and correct and consistent with Department policy. BEM 545

With regard to the deductible amount for [REDACTED] [REDACTED] Petitioner's share of her own earned income from employment was \$ [REDACTED]. After deducting the \$350 protected income level that leaves \$ [REDACTED] which is the deductible amount. This was the deductible amount determined by the Department and it was proper and correct and consistent with Department policy. BEM 545

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 eligibility and deductible amount.

**DECISION AND ORDER**

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

AM/dm



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**Aaron McClintic**  
Administrative Law Judge

**NOTICE OF APPEAL**: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**Via-Electronic Mail :**

**DHHS**  
Heather Dennis  
Jackson County DHHS  
**MDHHS-Jackson-  
Hearings@michigan.gov**

**SchaeferM**

**EQADHearings**

**BSC4HearingDecisions**

**MOAHR**

**Via-First Class Mail :**

**Petitioner**

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