



Date Mailed: April 1, 2025

Docket No.: 25-009202

Case No.: [REDACTED]

Petitioner: [REDACTED]

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**

On [REDACTED], 2025, Petitioner [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on March 27, 2025. Public assistance hearings are held 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; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented himself. Respondent Michigan Department of Health and Human Services (Department) had Assistance Payments Supervisor Jennifer Richard appear as its representative. Neither party had any additional witnesses.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 27-page packet of documents provided by the Department was admitted collectively as Exhibit A.

### **ISSUE**

Did the Department properly determine Petitioner's Medicaid eligibility?

### **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 not married.
  2. Petitioner is a resident of Kent County.
  3. Petitioner is disabled.
  4. In March 2025, Petitioner began receiving Social Security RSDI benefits. Petitioner receives a gross benefit of [REDACTED] per month.
  5. Before Petitioner began receiving Social Security RSDI benefits, Petitioner had been receiving Social Security SSI benefits. Petitioner received Social Security SSI benefits from October 2022 through February 2025. Petitioner's Social Security SSI benefits stopped when his Social Security RSDI benefits began.
  6. Petitioner does not have Medicare coverage.
  7. Petitioner does not pay any health insurance premiums.
  8. Petitioner had full-coverage Medicaid through March 2025.
  9. In February 2025, the Department reviewed Petitioner's case and redetermined his Medicaid eligibility.
  10. The Department determined that the best Medicaid coverage that Petitioner was eligible for was Medicaid with a monthly deductible.
  11. On March 4, 2025, the Department mailed a health care coverage determination notice to Petitioner to notify him that he was eligible for Medicaid with a \$2,368.00 monthly deductible, effective April 1, 2025.

### **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).

Medicaid is known as Medical Assistance (MA). The 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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Full-coverage Medicaid is available to eligible individuals through the AD Care program. In order for a client to be eligible for full-coverage Medicaid through the AD Care program,

---

---

the client must be aged or disabled, and the client's group's net income must not exceed 100% of the Federal Poverty Level (FPL). BEM 163 (July 1, 2017), pp. 1-2. For AD Care, the client's group size consists of the client and the client's spouse. BEM 211 (October 1, 2023), p. 8. In this case, Petitioner's group size consists of one because Petitioner does not have a spouse. The FPL for a group size of one in 2025 is \$15,060.00. 90 FR 5917 (January 17, 2025). The applicable FPL is equal to a monthly income of \$1,255.00.

When group members receive income from Social Security RSDI, the gross amount received from RSDI is countable. BEM 163 at 2. However, \$20.00 is disregarded from unearned income such as Social Security RSDI income. BEM 541 (January 1, 2024), p. 1. In this case, Petitioner received [REDACTED] per month from Social Security RSDI. After the \$20.00 disregard, the countable amount of his Social Security RSDI was \$2,759.00 per month. Petitioner's countable Social Security RSDI was over the income limit for full-coverage Medicaid through the AD Care program. Thus, the Department properly determined that Petitioner was ineligible for full-coverage Medicaid through the AD Care program.

Since the Department found Petitioner ineligible for full-coverage Medicaid through the AD Care program, the Department properly determined that the best Medicaid coverage that he was eligible for was Medicaid with a monthly deductible. Medicaid with a monthly deductible is known as Group 2 Medicaid. Group 2 Medicaid is available to clients who are aged or disabled and ineligible for full-coverage Medicaid through the AD Care program. BEM 166 (April 1, 2017), p. 1. Group 2 Medicaid eligibility is determined on a monthly basis. In general, Group 2 Medicaid provides coverage from the date a client met his deductible through the end of the month.

A client's deductible is determined by calculating the client's net income and then subtracting the client's needs as defined by BEM 544. *Id.* at 2. Thus, the first step is determining a client's net income. A client's net income is a client's countable income as defined by policy. BEM 530 (April 1, 2020), p. 2. In this case, Petitioner's countable income is [REDACTED] as discussed above.

The next step is determining a client's needs as defined by BEM 544. A client's needs as defined by BEM 544 consists of: (1) a protected income level set by policy, (2) the cost of health insurance premiums, and (3) the cost of remedial services. BEM 544 (January 1, 2020), pp. 1-2. The applicable protected income limit for Kent County is only \$391.00 per month for a single individual. RFT 200 (April 1, 2017) and RFT 240 (December 1, 2013). Petitioner did not pay any health insurance premiums or costs of remedial care, so Petitioner's needs are limited to the \$391.00 protected income limit.

The Department properly determined Petitioner's deductible when the Department determined that Petitioner's monthly deductible was \$2,368.00. Petitioner's net income was [REDACTED], and his needs as defined by BEM 544 were \$391.00. Petitioner's net income of [REDACTED] minus his needs of \$391.00 equals his monthly deductible of [REDACTED].

\_\_\_\_\_  
\_\_\_\_\_

**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 its policies and the applicable law when it determined Petitioner's Medicaid eligibility.

**IT IS ORDERED:** the Department's decision is **AFFIRMED**.



---

**JEFFREY KEMM**  
**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),

25-009202

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**  
KENT COUNTY DHHS  
121 MARTIN LUTHER KING JR ST SE  
STE 200  
GRAND RAPIDS, MI 49507  
**MDHHS-KENT-HEARINGS@MICHIGAN.GOV**

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

**Via First Class Mail:**

**Petitioner**  
[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]