



Date Mailed: April 9, 2025

Docket No.: 25-009841

Case No.: [REDACTED]

Petitioner: [REDACTED]

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

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[REDACTED]

### **HEARING DECISION**

On February 28, 2025, Petitioner [REDACTED] [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on April 3, 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 herself. Respondent Michigan Department of Health and Human Services (Department) had Assistance Payments Supervisor Brooke Deja appear as its representative. Neither party had any additional witnesses.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 24-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:

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1. Petitioner is not married.
  2. Petitioner is a resident of Berrien County.
  3. Petitioner's date of birth is February ■ 1960.
  4. Petitioner receives a gross benefit of \$■■■■ per month from Social Security RSDI.
  5. Petitioner had full-coverage Medicaid through the Healthy Michigan Plan.
  6. In January 2025, the Department reviewed Petitioner's case and determined that Petitioner needed to apply for Medicare coverage.
  7. On January ■ 2025, the Department mailed a verification checklist to Petitioner to notify her that she needed to provide the Department with proof of her Medicare application by January 17, 2025.
  8. On January ■ 2025, Petitioner applied for Medicare coverage.
  9. Petitioner currently has Medicare Part B coverage.
  10. Petitioner does not pay any health insurance premiums.
  11. Petitioner does not pay for remedial services.
  12. On February ■ 2025, the Department mailed a health care coverage determination notice to Petitioner to notify her that she was ineligible for Medicaid coverage, effective February 1, 2025, because she did not provide the Department with proof that she applied for Medicare.
  13. Petitioner requested a hearing to dispute the Department's decision.
  14. On April ■ 2025, Petitioner provided the Department with proof that she applied for Medicare.
  15. The Department redetermined Petitioner's Medicaid eligibility, and the Department determined that Petitioner was eligible for Medicaid with a monthly deductible, effective February 1, 2025. The Department also determined that Petitioner was eligible for type SLMB Medicare Savings Program (MSP) coverage.

### **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).

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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 Healthy Michigan Plan. In order for a client to be eligible for full-coverage Medicaid through the Healthy Michigan Plan, the client must not be qualified for Medicare coverage. BEM 137 (January 1, 2024), p. 1. Petitioner became qualified for Medicare coverage in February 2025 because she turned 65 years old in February 2025. As a result, Petitioner became ineligible for full-coverage Medicaid through the Healthy Michigan Plan. Thus, the Department properly determined that Petitioner was ineligible for full-coverage Medicaid starting in February 2025.

Full-coverage Medicaid is also 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 her Social Security RSDI was \$[REDACTED] 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 determined that Petitioner was ineligible for full-coverage Medicaid through the AD Care program, the Department properly determined that the best Medicaid coverage that she 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 her deductible through the end of the month.

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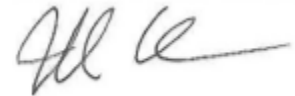
The Department also determined that Petitioner was eligible for Medicare Savings Program (MSP) coverage. Medicare Savings Program coverage is a type of Medicaid that helps pay costs that are not covered by Medicare. There are three basic types of MSP coverage: QMB, SLMB, and ALMB. BEM 165 (July 1, 2024), p. 1. QMB pays for Medicare premiums, Medicare coinsurances, and Medicare deductibles. *Id.* at 2. SLMB only pays Medicare Part B premiums. *Id.* ALMB only pays Medicare Part B premiums if there is sufficient funding available. *Id.* Thus, QMB is the best coverage, SLMB is the next best coverage, and ALMB is the lowest level of coverage.

The type of MSP coverage a client is eligible for is determined based on income. The income limit for QMB is the same as for full-coverage Medicaid through the AD Care program. *Id.* at 1. The income limit for SLMB is 120% of the FPL. *Id.* The income limit for ALMB is 135% of the FPL. Petitioner's countable income of \$██████████ per month was 109% of the FPL. Thus, the Department properly determined that Petitioner was eligible for type SLMB MSP coverage.

### **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**.



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**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), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](http://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.

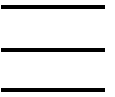
Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation 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:**

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**MOAHR**

**Via First Class Mail:**

**Petitioner**

