

**Date Mailed:** May 30, 2025

**Docket No.:** 25-011653

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED] [REDACTED]

### **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 30, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Lynda Brown, Hearing Facilitator. Department Exhibit 1, pp. 1-36 was received and admitted.

### **ISSUE**

Did the Department properly determine Petitioner's Medicaid (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 January [REDACTED] 2025, Petitioner submitted a change report reporting that she was pregnant with an August [REDACTED] 2025, due date.
2. On February [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she is eligible for Medicaid-G2P with a \$[REDACTED] deductible.
3. On March [REDACTED] 2025, Petitioner requested hearing disputing the determination of Medicaid eligibility and deductible amount.
4. On March [REDACTED] 2025, Petitioner's household income was reviewed and Petitioner's deductible increased to \$[REDACTED]
5. Petitioner and her husband have 3 children in their household.
6. The budget provided by the Department showed a group size of 3. The Department representative agreed at hearing that Petitioner's household is a group of 5.

25-011653

---

---

## **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 Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

### **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, the budget provided by the Department showed a household size of 3. Petitioner and her husband have 3 children in their household, therefore the correct household size is 5. The Department representative agreed at hearing that Petitioner's group size should be 5. Petitioner's deductible amount needs to be recalculated to reflect the correct household size.

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 failed to provide sufficient proof to establish that the determination of Petitioner's Medicaid eligibility and deductible amount was consistent with Department policy.

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

**DECISION AND ORDER**

Accordingly, the Department's determination is REVERSED.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Redetermine and recalculate Petitioner's Medicaid eligibility and deductible amount based on a household size of 5.
2. Issue a Healthcare Coverage Determination Notice informing Petitioner what her MA eligibility and deductible amount is.



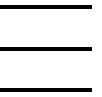
\_\_\_\_\_  
**AARON MCCLINTIC**  
**ADMINISTRATIVE LAW JUDGE**

**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:**

**Respondent**  
MACOMB COUNTY DHHS WARREN  
DIST 20  
13041 E 10 MILE RD  
WARREN, MI 48089  
**MDHHS-MACOMB-20-  
HEARINGS@MICHIGAN.GOV**

**SCHAEFERM**  
**EQADHEARINGS**  
**BSC4HEARINGDECISIONS**  
**MOAHR**

**Via First Class Mail:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]