**Date Mailed:** June 3, 2025 **Docket No.:** 25-012959

Case No.: Petitioner:

# **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 May 8, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Megan Sterk, Hearing Facilitator. Department Exhibit 1, pp. 1-21 was received and admitted.

# <u>ISSUE</u>

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 February 2025, Petitioner applied for MA.
- 2. Petitioner receives \$ in social security benefits.
- 3. On April 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing him that he was approved for MA-G2S with a \$ deductible and Medicare Cost Share.
- 4. On April 7, 2025, Petitioner requested hearing disputing the determination of his MA benefit and deductible amount.

### **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.

#### **DEDUCTIBLE**

Deductible is a process which allows a client with excess income to become eligible for Group 2 MA if sufficient allowable medical expenses are incurred. Active Deductible Open an MA case without ongoing Group 2 MA coverage on Bridges as long as: • The fiscal group has excess income, and • At least one fiscal group member meets all other Group 2 MA eligibility factors. Such cases are called active deductible cases. Periods of MA coverage are added each time the group meets its deductible. BEM 545

In this case, Petitioner receives \$ in social security. After subtracting \$375 for the protected income level, Petitioner has \$ improved remaining which is the deductible amount. The calculation of Petitioner's deductible amount was proper and correct and consistent with Department policy. BEM 541

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**.

Ammich 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. 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.

Respondent
ALLEGAN COUNTY DHHS
3255 122ND AVE STE 300
ALLEGAN, MI 49010
MDHHS-ALLEGANHEARINGS@MICHIGAN.GOV

SCHAEFERM

**EQADHEARINGS** 

**BSC3HEARINGDECISIONS** 

**MOAHR** 

Via First Class Mail:

**Petitioner**