



Date Mailed: June 23, 2025

Docket No.: 25-015263

Case No.: [REDACTED]

Petitioner: [REDACTED]

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

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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 June 16, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Ryane McArthur, Assistance Payments Worker.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance/Medicaid (MA) coverage?

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 was an ongoing recipient of MA coverage.
2. Effective January 1, 2025, Petitioner receives \$ [REDACTED] in gross monthly Retirement, Survivors, Disability Insurance (RSDI).
3. In January 2025, Petitioner submitted a redetermination of MA to MDHHS.
4. On January [REDACTED] 2025, MDHHS issued a Healthcare Coverage Determination Notice to Petitioner, informing her that she is eligible for MA coverage under SSI-related Group 2 (G2S) MA category with a \$ [REDACTED] deductible and limited coverage Plan First MA, effective March 1, 2025. Additionally, Petitioner was approved to receive benefits under the Medicare Savings Program-SLMB (MSP), effective April 1, 2024 ongoing (Exhibit A, pp. 5-12).
5. On April 25, 2025, MDHHS received Petitioner's hearing request, disputing that she no longer has full coverage MA (Exhibit A, p. 4).

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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.

In this case, MDHHS concluded that Petitioner is eligible for G2S MA with a \$ [REDACTED] deductible and limited coverage Plan First MA. Petitioner disputes this MA coverage determination. Petitioner attributes that the change in her MA coverage is due to that she no longer pays for her Medicare Part B premium out of pocket as she has been approved for MSP benefits. As discussed further, this is not the reason that Petitioner's MA coverage has changed.

MA is available (i) under SSI-related categories to individuals who are aged (65 or older), blind or disabled, (ii) to individuals who are under age 19, parents or caretakers of children, or pregnant or recently pregnant women, and (iii) to individuals who meet the eligibility criteria for Healthy Michigan Plan (HMP) coverage. 42 CFR 435.911; 42 CFR 435.100 to 435.172; BEM 105 (January 2024), p. 1; BEM 137 (January 2024), p. 1. If an individual is unable to receive MA under an SSI-related category, because no individual is aged (65 or older), blind, disabled, or entitled to Medicare or formerly blind or disabled, then MDHHS must review the household's eligibility based on Modified Adjusted Gross Income (MAGI) methodology for MA coverage under the MAGI categories: children under 19, parents or caretakers of children, pregnant or recently pregnant women, former foster children, MOMS, MICHild, Flint Water Group and HMP. Under federal law, an individual eligible under more than one MA category must have eligibility determined for the category selected and is entitled to the most beneficial coverage available, which is the one that results in eligibility and the least amount of excess income or the lowest cost share. BEM 105, p. 2; 42 CFR 435.404.

As a disabled individual, Petitioner is potentially eligible to receive MA benefits through AD-Care. AD-Care is an SSI-related full-coverage MA program. BEM 163 (July 2017), p. 1. Effective January 1, 2025, Petitioner receives \$ [REDACTED] per month in RSDI benefits. Petitioner has no other household income. As Petitioner is not married, per policy, Petitioner's fiscal group size for SSI-related MA benefits is one. BEM 211 (July

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2019), p. 8. MDHHS gives AD-Care budget credits for employment income, and guardianship and/or conservator expenses. Petitioner did not submit that any such factors were applicable. Income eligibility for AD-Care exists when countable income does not exceed the income limit for the program. BEM 163, p. 2. The income limit for AD-Care for a one-person MA group is \$1,325.00 RFT 242 (April 2025), p. 1. Because Petitioner's monthly household income does exceed \$1,325.00, MDHHS properly determined Petitioner to be ineligible for full coverage MA benefits under AD-Care.

Petitioner may still receive MA benefits subject to a monthly deductible through a Group 2 Medicaid category. Petitioner is not the caretaker of any minor children, and therefore, does not qualify for MA through the Group 2-Caretaker MA program. Petitioner may still receive MA benefits subject to a monthly deductible through the G2S program. G2S is an SSI-related MA category. BEM 166 (April 2017), p.1. As discussed, Petitioner's SSI-related MA group size is one. Petitioner's net income is \$ [REDACTED] (gross income reduced by a \$20 disregard). BEM 541 (January 2023), p. 3. The deductible is in the amount that the client's net income (less any allowable needs deductions) exceeds the applicable Group 2 MA protected income levels (PIL); the PIL is based on the client's MA fiscal group size and the county in which she resides. BEM 105, p. 1; BEM 166, pp. 1-2; BEM 544 (January 2020), p. 1; RFT 240 (December 2013), p. 1; RFT 200 (April 2017), p. 2. The monthly PIL for Petitioner, with an MA fiscal group size of one living in Wayne County, is \$375 per month. RFT 200, p. 3; RFT 240, p. 1. Thus, if Petitioner's monthly net income (less allowable needs deductions) is in excess of \$375, then she is eligible for MA assistance under the deductible program, with the deductible equal to the amount that her monthly net income, less allowable deductions, exceeds \$375.00. BEM 545 (July 2022), pp. 2-3.

In determining the monthly deductible, net income is reduced by health insurance premiums paid by the MA group, ongoing medical expenses, guardianship or conservatorship expenses, and remedial service allowances for individuals in adult foster care or homes for the aged. BEM 544, pp. 1-3; BEM 545, pp. 1-8. MDHHS did not present a G2S budget but testified as to the calculation of Petitioner's deductible amount. Petitioner does not reside in an adult foster care home or home for the aged and does not pay for guardianship or conservatorship expenses. Therefore, MDHHS properly excluded these allowances. While Petitioner's Medicare insurance premium is paid for through the MSP and she no longer pays for her insurance premium out of pocket, MDHHS is still calculating that Petitioner's insurance premium is \$185.00. It was explained to Petitioner that due to this error, her approval for MSP benefits has not affected her MA coverage. Petitioner did not submit ongoing medical expenses for consideration to MDHHS. Petitioner was advised to submit all ongoing medical expenses in the future. Petitioner's net income of \$ [REDACTED] (\$ [REDACTED] in income - \$20 disregard - \$186 insurance premium) reduced by the \$375.00 PIL is \$ [REDACTED]. It is unclear how MDHHS determined Petitioner to be eligible for a \$ [REDACTED] deductible. Since MDHHS did not submit a G2S deductible budget for review, and conceded to an error in calculating Petitioner's deductible amount, MDHHS has failed to satisfy its

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burden that they acted in accordance with policy in calculating Petitioner's deductible amount.

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 while the Department acted in accordance with Department policy when it determined Petitioner's MA coverage to be G2S, they did not act in accordance with policy in calculating the G2S deductible amount.

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

1. Reprocess Petitioner's MA redetermination to determine the most beneficial category of coverage in accordance with policy and consistent with this hearing decision;
2. If Petitioner is eligible for MA benefits, provide coverage to Petitioner for any MA that she was eligible to receive but did not from March 1, 2025 ongoing;
3. Notify Petitioner of its decision in writing.



DANIELLE NUCCIO
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.

Via Electronic Mail:

Respondent

WAYNE-GREYDALE-DHHS

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Via First Class Mail:

Petitioner

