

Michigan Office of Administrative Hearings and Rules
P.O. Box 30639
Lansing, MI 48909



Date Mailed: June 26, 2025

Docket No.: 25-017427

Case No.: [REDACTED]

Petitioner: [REDACTED]

JOLANDA RODARTE-MARTINDELCAMPO
300 KENNELLY RD APT 325
SAGINAW, MI 48609

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.

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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 June 5, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Melissa Stanley, Hearing Facilitator. Department Exhibit 1, pp. 1-29 was received and admitted.

ISSUE

Did the Department properly deny Petitioner's Medicare Cost Share application because she was over the asset limit?

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 April [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she was denied for Medicare Cost Share because she was over the asset limit.
2. Petitioner's name was on an account with [REDACTED] Bank that showed a balance of \$[REDACTED] Petitioner receives per month [REDACTED] from the social security administration. The Department found this asset to have a countable amount of \$[REDACTED]
3. Petitioner's name was also on a savings account with [REDACTED] Bank that showed a most recent balance of \$[REDACTED] as of September 2024.
4. The Department determined that Petitioner had \$[REDACTED] in liquid assets.

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5. On April 28, 2025, Petitioner requested hearing disputing the denial of Medicare Cost Share.
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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.

Asset Limits for Medicare Savings Program and Certain Other SSIRelated MA Categories

For FTW and MSP the new asset limit is effective January 1, 2025. For individuals eligible for MA under BEM 106, 132, 135, 155, 157, 158, 163, 164, 165, 166, 167, 170, 171, 172, the new increased asset limit is effective February 1, 2025. For these groups asset eligibility in any month prior to February 2025 is limited to the \$2000-\$3000. For an asset group of one: • \$9660 effective January 1, 2025. • \$9430 effective January 1, 2024. • \$9,090 effective January 1, 2023. • \$8,400 effective January 1, 2022. • \$7,970 effective January 1, 2021. • \$7,860 effective January 1, 2020. BEM 400

In this case, Petitioner's name was on an account with Independent Bank that showed a balance of \$[REDACTED] Petitioner receives per month \$[REDACTED] from the social security administration. The Department found this asset to have a countable amount of \$[REDACTED] after her social security benefit was subtracted out. Petitioner's name was also on a savings account with Independent Bank that showed a most recent balance of \$[REDACTED] as of September 2024. The total amount of assets attributed to Petitioner was \$[REDACTED] The asset limit for Medicare Cost Share is \$9,660. Therefore, Petitioner is over the asset limit and the denial due to excess assets was proper and correct and consistent with Department policy. BEM 400

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 Department policy when it denied Petitioner's Medicare Cost Share application due to excess assets.

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



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.

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Via Electronic Mail:

Respondent
SAGINAW COUNTY DHHS
411 E GENESEE AVE
PO BOX 5070
SAGINAW, MI 48607
**MDHHS-SAGINAW-
HEARINGS@MICHIGAN.GOV**

Via First Class Mail:

Petitioner

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