



Date Mailed: August 28, 2025

Docket No.: 25-024161

Case No.: [REDACTED]

Petitioner: [REDACTED] [REDACTED]

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

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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 lутем, кини дикë та пëркtheni dokumentin.

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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 July 29, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Rachel Meade, Hearing Facilitator. Sondra McGlade Long Term Care Specialist also appeared and testified for the Department. Department Exhibit 1, pp. 1-78 was received and admitted.

### **ISSUE**

Did the Department properly determine Petitioner's Long-Term Medicaid (MA-LTC) patient pay amount and home maintenance disregard for June 2025?

### **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, Petitioner submitted an Admission Notice with a Date of Admission of April [REDACTED] 2025.
2. On April [REDACTED] 2025, Petitioner submitted an application for Long Term Care Medicaid.
3. On April [REDACTED] 2025, a Verification Checklist was sent to Petitioner requesting verification of health insurance cards and premiums amounts and clarification of deposit transfers.
4. On May [REDACTED] 2025, a Verification Checklist was sent to Petitioner requesting verification of donations from an outside group.
5. On May [REDACTED] 2025, Petitioner submitted a written statement regarding donations from an outside group.

6. On May █ 2025, a Health Care Coverage Determination Notice was issued to Petitioner informing her that she was approved for Medicare Savings Program NMB and MA-LTC effective April 1, 2025, with a patient pay amount of \$0.
7. On May █ 2025, Petitioner submitted an Admission Notice with an April █ 2025, admission date.
8. On May █ 2025, Petitioner submitted an Admission Record, a Home Maintenance Disregard, a rent statement and a physician statement.
9. On May █ 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she was eligible for MA-LTC with a \$█ patient pay amount.
10. On May █ 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she was eligible for MA-LTC with a \$█ patient pay amount.
11. On June █ 2025, a Health Care Coverage Determination was sent to Petitioner informing her that she was eligible for MA-LTC with an \$█ patient pay amount.
12. Petitioner's pay \$█ for rent.
13. Petitioner receives \$█ in unearned income from social security.
14. Long Term Care Specialist Sondra McGlade testified at hearing that the home maintenance disregard is \$█ per month irrespective of a recipient's shelter obligation or income.

#### **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.

#### **PATIENT-PAY AMOUNT**

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The post-eligibility patient-pay amount is total income minus total need. Total income is the client's countable unearned income plus his remaining earned income; see Countable Income in this item. Total need is the sum of the following when allowed by later sections of this item:

- Patient allowance.
- Home maintenance disregard.
- Community spouse income allowance.
- Family allowance.
- Children's allowance.
- Health insurance premiums.
- Guardianship/conservator expenses.

## **HOME MAINTENANCE DISREGARD**

Medicaid beneficiaries who will be residents of a long-term care facility for less than six L/H months may request a disregard to divert income for maintenance of their home for a maximum of six months. Beneficiaries who have been or are expected to remain in long term care for longer than six months do not meet the criteria for this disregard. The PPA will be reduced when all of the following are true:

- A physician has certified the beneficiary is medically likely to return home in less than six months from the date of admission.
- The request is being made for an individual who is a current Medicaid beneficiary and responsible for a patient pay amount.
- The beneficiary is a current resident of a long-term care facility.
- The beneficiary has a legal obligation to pay housing expenses and has provided verification of the expenses. The housing expenses must be in the beneficiary's name. A foreclosure, eviction or bankruptcy proceedings must not have begun.
- The home is not occupied by a community spouse or children eligible for a family allowance income deduction.
- The written or verbal request is being made by the beneficiary or an individual authorized to act on behalf of the Medicaid beneficiary.

The effective date of the disregard is the first day of Medicaid eligibility as a nursing facility resident. The disregard is for a maximum of six months but may be granted multiple times if the total months do not exceed six months. BEM 546

In this case, Petitioner was in long term care from April 4<sup>th</sup> through June 30, 2025. Petitioner was approved for MA-LTC with zero patient pay amount from April 4<sup>th</sup> through May 31, 2025. This was in error but the Department did not seek to correct that error at hearing.

The only month Petitioner's Patient Pay Amount is in dispute was June 2025. For June 2025, Petitioner was receiving \$ [REDACTED] in unearned income from social security. Petitioner received \$ [REDACTED] home maintenance disregard and \$ [REDACTED] patient allowance, leaving \$ [REDACTED] \$ [REDACTED] was Petitioner's patient pay amount for June 2025. BEM 546

Petitioner's home maintenance disregard was \$ [REDACTED] based on policy and not based on a calculation according to the testimony of Long-Term Care Specialist Sondra McGlade. Petitioner did not present any testimony or evidence to refute that contention.

## **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 determined Petitioner's home maintenance disregard and patient pay amount for June 2025.

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](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**  
JACKSON COUNTY DHHS  
301 E LOUIS GLICK HWY  
JACKSON, MI 49201  
**MDHHS-JACKSON-**  
**HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]