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LARA
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Date Mailed: August 26, 2025
Docket No.: 25-024193
Case No.: ▮▮▮▮▮▮
Petitioner: ▮▮▮▮▮▮ ▮▮▮▮▮▮

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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 lutem, kini dikë ta përktheni dokumentin.

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 Amy Doyle, Hearing Facilitator. Department Exhibit 1, pp. 1-38 was received and admitted.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) and Medicare Cost Share benefits?

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 May █ 2025, a Verification Checklist was sent to Petitioner requesting verification of checking and savings account.

2. On May █ 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing him that he was approved for Plan First and household member ████ ████████ is eligible for full coverage MA.

3. Petitioner informed the Department that his wife moved out. Petitioner's Medicare Cost Share was changed to QMB and his deductible was reduced.

4. On June ██ 2025, Petitioner requested hearing disputing the determination of his Medicaid and Medicare Cost Share benefits.

5. Petitioner receives $█████ in social security benefits per month.

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, with regard to Petitioner's MA-G2S deductible amount, Petitioner receives $▨ in social security benefits. After subtracting $20 for the unearned income general exclusion, $185 for insurance premiums and $375 for the protected income limit, which leaves $▨ which is the deductible amount. This was the amount determined by the Department and it was proper and correct and consistent with Department policy. BEM 545

With regard to Peittioner's Medicare Cost Share, Petitioner has unearned income of $▨ from social security. After subtracting the $20 unearned income exclusion, Petitioner has $▨ in countable income. The income limit for Medicare Cost Share, QMB is $1,763. Petitioner is under the income limit and therefore the determination of QMB is proper and correct and consistent with Department policy. BEM 165

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 MA and Medicare Cost Share benefits.

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

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25-024193

Via Electronic Mail: **Respondent**
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Via First Class Mail: **Petitioner**
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