



**Date Mailed:** August 12, 2025

**Docket No.:** 25-024746

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

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

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**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

### **HEARING DECISION**

On June 24, 2025, Petitioner [REDACTED] [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on August 7, 2025. Public assistance hearings are held pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner's authorized hearing representative, [REDACTED], appeared for Petitioner. Respondent Michigan Department of Health and Human Services (Department) had Assistance Payments Worker Marcella Towns appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. An 11-page packet of documents provided by the Department was admitted collectively as Exhibit A.

### **ISSUE**

Did the Department properly determine Petitioner's Medicaid eligibility?

### **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 has Medicaid with a monthly deductible.
2. Petitioner receives home help services.
3. Medicaid only covers Petitioner's home help services after Petitioner has met his monthly deductible.
4. In April 2025, the Department began requiring Petitioner to submit proof that he met his deductible each month. Petitioner previously had ongoing Medicaid coverage.
5. In April 2025, Petitioner submitted a deductible report to the Department to show the expenses that Petitioner incurred towards his deductible in April. The deductible report had one expense listed. The expense had a service date of April

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1, 2025, it listed the provider as [REDACTED], it stated it was for medically necessary home care, it stated that Petitioner was charged \$[REDACTED] and it stated that Petitioner paid \$[REDACTED] Petitioner also provided a \$[REDACTED] receipt for incontinence pads.

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6. The Department reviewed the deductible report that Petitioner submitted, and the Department determined that it did not contain sufficient information for the Department to apply the \$[REDACTED] expense towards Petitioner's deductible. The Department determined that Petitioner's provider would need to provide detailed verification of the expense, including the dates of service, the charge, and the services rendered.
7. The Department has not found that Petitioner has met his deductible for April 2025 yet.
8. The Department found that Petitioner met his deductible for May 2025.
9. The Department has not found that Petitioner has met his deductible for June 2025, July 2025, or August 2025 yet. The Department is in the process of determining whether the verification of the medical expenses that Petitioner submitted for those months contains sufficient information for the Department to apply the expenses towards Petitioner's deductible.
10. Petitioner requested a hearing because the Department has not been applying his medical expenses towards his deductible, and his provider has not been paid for the home help services she has been providing. Petitioner would like to have ongoing Medicaid coverage.

### **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).

Medicaid is known as Medical Assistance (MA). The 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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, Petitioner wants ongoing Medicaid coverage. Petitioner had ongoing Medicaid coverage until April 2025. While Petitioner had ongoing Medicaid coverage, the Department subtracted his deductible from the Department's payment for his home

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help services. Starting in April 2025, the Department changed his Medicaid from ongoing Medicaid coverage. As a result, Petitioner had to submit monthly expense reports to show that he met his deductible each month. This has caused Petitioner problems obtaining Medicaid coverage for his home help services. Petitioner would like to change back to ongoing Medicaid coverage like he had until April 2025.

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Ongoing Medicaid coverage is available to clients who have excess income and receive home help services, provided that these four conditions are met: (1) the client must meet all non-financial eligibility factors and all financial eligibility factors; (2) the client must have an active home help services case; (3) the amount approved for home help services must exceed the client's excess income; and (4) the client must agree to pay his excess income to his provider. BEM 545 (July 1, 2022), pp. 23-25. The Department is required to discuss this option with Medicaid clients who are potentially eligible. *Id.* at 23-24.

In this case, the Department did not discuss this option with Petitioner, so the Department did not act in accordance with BEM 545. Therefore, the Department's decision is reversed. The Department must discuss Petitioner's option for ongoing Medicaid coverage and allow Petitioner to choose this option.

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## **DECISION AND ORDER**

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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 did not act in accordance with its policies and the applicable law when it determined Petitioner's Medicaid eligibility.

**IT IS ORDERED** that the Department's decision is **REVERSED**. The Department must discuss Petitioner's option for ongoing Medicaid coverage pursuant to Exhibit II of BEM 545, and the Department must allow Petitioner to choose the option. The Department must begin implementing this decision within 10 days from the mailing date of this hearing decision.



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**JEFFREY KEMM**  
**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](http://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

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**Petitioner**

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