



Date Mailed: August 22, 2025

Docket No.: 25-025608

Case No.: [REDACTED]

Petitioner: [REDACTED]

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।

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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.

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HEARING DECISION

On July 14, 2025, Petitioner [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on August 19, 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 appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Family Independence Manager Robert Villas appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 19-page packet of documents provided by the Department was admitted into evidence 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 is not married.
2. Petitioner owns a home located at [REDACTED] in Iron Mountain.
3. Petitioner decided to purchase a new home because Petitioner uses a wheelchair, and she had difficulty using her wheelchair at her home on [REDACTED] [REDACTED]
4. Petitioner took out a home equity loan on her home on [REDACTED] [REDACTED] to purchase a new home.
5. Petitioner purchased a new home located at [REDACTED] in Iron Mountain.
6. Petitioner moved into the home on [REDACTED], and Petitioner placed the home on [REDACTED] up for sale with a realtor.

7. Petitioner has not sold the home on [REDACTED] yet.
8. The Department discovered that Petitioner owned two properties, so the Department reviewed Petitioner's case to redetermine her eligibility.
9. The Department determined that Petitioner was eligible to have one property excluded as a countable asset as her principal place of residence.
10. The Department determined that Petitioner's principal place of residence was the property on [REDACTED], so the Department determined that the value of the property on [REDACTED] should be excluded as a countable asset.
11. The Department determined that the property on [REDACTED] [REDACTED] was a countable asset, and the Department determined that the countable amount of the property was \$[REDACTED] in equity.
12. Prior to the Department's determination, Petitioner had full-coverage Medicaid through the Disabled Adult Child program, and Petitioner had type QMB Medicare Savings Program coverage.
13. The Department determined that Petitioner's countable assets exceeded the limit for Petitioner to be eligible for Disabled Adult Child Medicaid and Medicare Savings Program coverage.
14. The Department determined that Petitioner was ineligible for Disabled Adult Child Medicaid and Medicare Savings Program coverage, effective April 1, 2025.
15. On April [REDACTED] 2025, the Department mailed a health care coverage determination notice to Petitioner to notify her that she was only eligible for limited-coverage Medicaid through Plan First, effective April 1, 2025.
16. Petitioner requested a hearing to dispute the Department's decision.

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. The Medical Assistance 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 Medical Assistance program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-112k.

In this case, the Department determined that Petitioner had countable assets that exceeded the limit for her to be eligible for Disabled Adult Child Medicaid and Medicare Savings Program coverage. The Department determined that Petitioner had countable assets exceeding the applicable asset limits because Petitioner owned a second home that had an equity value of \$ [REDACTED]. The issue here is whether the Department properly determined that Petitioner's countable assets exceeded the applicable asset limits for Petitioner to be eligible for Disabled Adult Child Medicaid and Medicare Savings Program coverage.

Both the Disabled Adult Child Medicaid and the Medicare Savings Program have asset limits. The asset limit for Disabled Adult Child Medicaid is \$2,000.00 for an unmarried individual. BEM 400 (March 1, 2025), p. 9. The asset limit for Medicare Savings Program coverage is \$9,660.00 for an unmarried individual. *Id.* at 8. Countable assets cannot exceed the applicable limit. *Id.* at 2. In general, an asset is countable if it is available and not specifically excluded as countable by policy. *Id.* Available means that someone in the Medicaid client's group has the legal right to use or dispose of the asset. *Id.* at 10.

For real property, there is a homestead exclusion. The homestead exclusion excludes the property where a Medicaid client lives. *Id.* at 36. A Medicaid client is only eligible to have one property excluded. *Id.* When a Medicaid client has more than one home, the Department only excludes the Medicaid client's principal place of residence. *Id.* The countable value of a property that is not excluded is the equity value of the property. *Id.* at 34.

Based on the evidence presented, the Department properly determined that Petitioner's countable assets exceeded the limit for her to be eligible for Disabled Adult Child Medicaid and Medicare Savings Program coverage. The Department properly excluded Petitioner's home on W E Street as her principal place of residence in accordance with BEM 400, the Department properly determined that Petitioner's home on [REDACTED] [REDACTED] was a countable asset in accordance with BEM 400, and the Department properly determined that the countable value of the property on [REDACTED] [REDACTED] was the equity value of \$ [REDACTED] in accordance with BEM 400. Petitioner's countable assets of \$ [REDACTED] exceeded the asset limits for Petitioner to be eligible for Disabled Adult Child Medicaid and Medicare Savings Program coverage.

When the Department determines that a Medicaid client has assets that exceed the applicable limit, the Department must close the client's Medicaid. *Id.* at 7. The Department acted in accordance with BEM 400 when it closed Petitioner's Disabled Adult Child Medicaid and Medicare Savings Program coverage because the Department properly determined that Petitioner's assets exceeded the applicable limit for those programs. Accordingly, the Department's decision is affirmed.

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 its policies and the applicable law when it determined Petitioner's Medicaid eligibility.

IT IS ORDERED that the Department's decision is **AFFIRMED**.



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. 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

DICKINSON COUNTY DHHS
1401 CARPENTER AVE
IRON MOUNTAIN, MI 49801
MDHHS-
UPSCHEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]