



Date Mailed: October 8, 2025
Docket No.: 25-028468
Case No.: [REDACTED]
Petitioner: [REDACTED]

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This is an important legal document. Please have someone translate the document.

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

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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Docket No.: 25-028468

Case No.: [REDACTED]

Petitioner: [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 September 10, 2025. Petitioner appeared for the hearing and was represented by [REDACTED] Authorized Hearing Representative (AHR). [REDACTED] Independent Support Coordinator with Community Living Services also appeared on Petitioner's behalf. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Michael Butler, Family Independence Manager.

ISSUE

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA) 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. Since July 2022, Petitioner has been an ongoing recipient of MA benefits under the Group 2 Aged, Blind, Disabled (G2S) category subject to a monthly deductible.
2. In connection with a redetermination, Petitioner's eligibility to receive MA benefits was reviewed.
3. On or around July 9, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice (Notice), advising that that effective May 1, 2025, he continued to be eligible and approved for MA benefits subject to a monthly deductible. The Department determined that Petitioner's MA deductible was \$1,188.
4. On or around August 4, 2025, Petitioner requested a hearing disputing the Department's actions with respect to the MA program.

CONCLUSIONS OF LAW

25-028468

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, the hearing was requested to dispute the Department's determination that Petitioner was eligible for MA subject to a monthly deductible. Petitioner's AHR asserted that Petitioner is unable to meet his monthly deductible/spenddown and argued that Petitioner is potentially eligible for MA under the Disabled Adult Child (DAC) category.

MA is available (i) under SSI-related categories to individuals who are aged (65 or older), blind or disabled, (ii) to individuals who are under age 19, parents or caretakers of children, or pregnant or recently pregnant women, (iii) to individuals who meet the eligibility criteria for Healthy Michigan Plan (HMP) coverage, and (iv) to individuals who meet the eligibility criteria for Plan First Medicaid (PF-MA) coverage. 42 CFR 435.911; 42 CFR 435.100 to 435.172; BEM 105 (January 2024), p. 1; BEM 137 (June 2020), p. 1; BEM 124 (July 2023), p. 1. Under federal law, an individual eligible under more than one MA category must have eligibility determined for the category selected and is entitled to the most beneficial coverage available, which is the one that results in eligibility and the least amount of excess income or the lowest cost share. BEM 105, p. 2; 42 CFR 435.404.

Petitioner is potentially eligible for SSI-related MA, which is MA for individuals who are blind, disabled or over age 65. BEM 105, p. 1. Individuals are eligible for Group 1 coverage, with no deductible, if their income falls below the income limit, and eligible for Group 2 coverage, with a deductible that must be satisfied before MA is activated, when their income exceeds the income limit. BEM 105, p. 1.

At the hearing, the Department representative testified that after processing Petitioner's redetermination, the Department determined that Petitioner continued to be eligible for MA under the limited coverage G2S category subject to a monthly deductible of \$1,188. The G2S category is an SSI-related Group 2 MA category, the eligibility of which must be considered only when eligibility does not exist under BEM 155 through 164, 170, or 171. BEM 166 (April 2017). The Department policy which references DAC MA eligibility is found at BEM 158 (October 2014).

DAC MA is an SSI-related Group 1 MA category and is available to a person receiving DAC (also called Childhood Disability Beneficiaries' or CDBs') RSDI benefits under section 202(d) of the Social Security Act if he or she meets **all** of the following conditions:

- is age 18 or older; and
- received SSI; and
- ceased to be eligible for SSI on or after July 1, 1987, because she became entitled to DAC RSDI benefits under section 202(d) of the Act or an increase in such RSDI benefits; and
- is currently receiving DAC RSDI benefits under section 202(d) of the Act (based on having a disability or blindness that began before age 22); and
- would be eligible for SSI without such RSDI benefits.

An individual may be receiving DAC RSDI benefits if one of the following descriptions applies:

- he has been identified as a DAC by central office or an SSI letter and the social security claim number suffix contains the letter C, which may be followed by another letter or number (CA, CB, C1, etc.).
- he is more than 19 years 2 months old and her social security claim number suffix contains the letter C, which may be followed by another letter or number (CA, CB, C1, etc.).
- he is age 18 or older, **not** a full-time student in elementary or secondary school and her social security claim number contains the letter C, which may be followed by another letter or number (CA, CB, C1, etc.).

BEM 158, pp. 1-3.

At the hearing, the Department representative testified that prior to the hearing request, the Department was not aware that Petitioner was seeking MA based on his status as a DAC. However, after receiving the hearing request, a request was made with the DAC determination unit on or around August 8, 2025, to review Petitioner's eligibility for MA as a DAC. As of the hearing date, there was no response from the DAC unit. Additionally, the Department conceded that Petitioner's MA eligibility under the DAC category was not considered prior to the processing of the redetermination and issuance of the July 9, 2025, Health Care Coverage Determination Notice and at the time of the redetermination. As referenced above, Department policy provides that persons may qualify under more than one MA category and federal law gives persons the right to the most beneficial category which is considered the category that results in eligibility, the least amount of excess income, or the lowest cost share. BEM 105, p.2. The Department must consider all of the MA category options in order for the client's right of choice to be meaningful. BEM 105, p.2.

25-028468

Therefore, because the Department did not consider Petitioner's eligibility for DAC MA prior to approving him for MA under the G2S, and, because MA benefits under the DAC are potentially more beneficial than the limited coverage G2S, the Department failed to properly process Petitioner's MA benefits and determine his eligibility for all MA categories.

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 did not act in accordance with Department policy when it processed Petitioner's MA benefits.

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Redetermine Petitioner's MA eligibility under the most beneficial category, and consider his eligibility for DAC MA for May 1, 2025, ongoing;
2. If eligible, provide MA coverage to Petitioner under the most beneficial category, that he was entitled to receive but did not from May 1, 2025, ongoing; and
3. Notify Petitioner and his AHR in writing of its decision.



ZAINAB A. BAYDOUN
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://irs.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

OAKLAND COUNTY DHHS - SOUTHFIELD DIST
25620 W 8 MILE RD
SOUTHFIELD, MI 48033
MDHHS-OAKLAND-6303-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Authorized Hearing Rep

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Petitioner

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