



**Date Mailed:** October 28, 2025  
**Docket No.:** 25-031754  
**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।

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

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.

**Date Mailed:** October 28, 2025

**Docket No.:** 25-031754

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED] [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 October 1, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Michelle Morley. Department Exhibit 1, pp. 1-28 was received and admitted.

### **ISSUE**

Did the Department properly determine Petitioner's Medical Assistance (MA) eligibility and deductible amount?

### **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 June [REDACTED] 2025, Petitioner submitted redetermination paperwork.
2. On August [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she was eligible for MA-G2S with a \$[REDACTED] deductible. (Ex. 1, pp.18-24)
3. On August [REDACTED] 2025, Petitioner requested hearing disputing the determination of MA eligibility and deductible amount.
4. Petitioner receives \$[REDACTED] per month in social security benefits.
5. Petitioner receives \$[REDACTED] per month in rental 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.

### **RULES FOR MA GROUP 2 INCOME ELIGIBILITY**

Use the following rules to determine MA Group 2 income eligibility. The individual must be given the most advantageous use of their old bills (also known as incurred expenses). The individual may request coverage for the current month, up to six future months (see eligibility based on old bills in this item), and for any prior months. 1. Use the budgeting rules in BEM 530. Determine income eligibility in calendar month order, starting with the oldest calendar month. 2. Use BEM 546 to determine the post-eligibility patient-pay amount (PPA) for each L/H month that a beneficiary is Group 2 eligible. 3. Determine Medicare Savings Program eligibility separately for Group 2 beneficiaries entitled to Medicare Part A (see BEM 165). 4. Request information about all medical expenses incurred during and prior to each month with excess income. 5. Notify the group of the outcome of each determination. NOTIFICATION explains which forms to use and when. BEM 545

In this case, Petitioner receives \$[REDACTED] in social security benefits and \$[REDACTED] in rental income. After subtracting the \$20 unearned income disregard and deductions and disregard for the rental income, Petitioner has \$[REDACTED] in net income. After subtracting the protected income amount of \$350 from the net income of \$[REDACTED] Petitioner has \$[REDACTED] remaining which is the deductible amount. This was the amount determined by the Department and it was proper and correct and consistent with Department policy.

---

## **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 Medicaid eligibility and deductible amount.

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](https://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.

25-031754

**Via Electronic Mail:**

**Respondent**  
OGEMAW COUNTY DHHS  
444 E HOUGHTON AVE  
WEST BRANCH, MI 48661  
**MDHHS-GR8NORTH-  
HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]