



**Date Mailed:** November 13, 2025  
**Docket No.:** 25-033793  
**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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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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**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 15, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Amber Gibson, Hearing Facilitator. Department Exhibit 1, pp. 1-24 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 April [REDACTED] 2025, Petitioner submitted redetermination paperwork.
2. On June [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she was eligible for MA with a \$[REDACTED] deductible and her daughter was eligible for MA with a \$[REDACTED] deductible.
3. On September 2, 2025, Petitioner requested hearing disputing the determination of her MA eligibility and deductible amount.
4. Petitioner earns \$[REDACTED] per month in employment income.
5. Petitioner receives \$[REDACTED] per month in child support.

### **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

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Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

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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.

### **Medicaid (MA) Only**

This item completes the Group 2 MA income eligibility process. Income eligibility exists for the calendar month tested when:

- There is no excess income.
- Allowable medical expenses (defined in EXHIBIT I) equal or exceed the excess income. When one of the following equals or exceeds the group's excess income for the month tested, income eligibility exists for the entire month:
- Old bills (defined in EXHIBIT IB).
- Personal care services in client's home, (defined in Exhibit ID), Adult Foster Care (AFC), or Home for the Aged (HA) (defined in EXHIBIT ID).
- Hospitalization (defined in EXHIBIT IC).
- Long-term care (defined in EXHIBIT IC).

When one of the above does not equal or exceed the group's excess income for the month tested, income eligibility begins either:

- The exact day of the month the allowable expenses exceed the excess income.
- The day after the day of the month the allowable expenses equal the excess income.

In addition to income eligibility, the fiscal group must meet all other financial eligibility factors for the category processed. However, eligibility for MA coverage exists only for qualified fiscal group members. A qualified fiscal group member is an individual who meets all the nonfinancial eligibility factors for the category processed. BEM 545 (July 2022)

In this case, Petitioner earns \$[REDACTED] per month in employment income and receives \$[REDACTED] per month in child support. After taking into consideration Petitioner's dependents, Petitioner has \$[REDACTED] net income. After subtracting the protected income level of \$408 for a group size of 1 from the \$[REDACTED] net income, \$[REDACTED] remains which is the deductible amount. This amount was determined by the Department, and it was proper and correct and consistent with Department policy. BEM 545

With regard to Petitioner's daughter [REDACTED] [REDACTED] \$[REDACTED] of her mother's income is attributed to her along with \$[REDACTED] from child support. [REDACTED] [REDACTED] has \$[REDACTED] net income. After subtracting the protected income level of \$541 for a group size of 2 from the \$[REDACTED] net income, \$[REDACTED] remains which is the deductible amount. This amount was determined by the Department, and it was proper and correct and consistent with Department policy. BEM 545

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## **DECISION AND ORDER**

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The Administrative Law Judge, based on the above Findings of Facts 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 eligibility and deductible amount.

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



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**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](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

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.

25-033793

**Via Electronic Mail:**

**Respondent**  
INGHAM COUNTY DHHS  
5303 S CEDAR ST  
PO BOX 30088  
LANSING, MI 48911  
**MDHHS-INGHAM-  
HEARINGS@michigan.gov**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]