



Date Mailed: October 27, 2025
Docket No.: 25-034155
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 27, 2025

Docket No.: 25-034155

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 20, 2025. Petitioner appeared and was represented by Alecia Knott, Service Provider with Bridging Community. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Angela Ware, Eligibility Specialist.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) Program 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. On June [REDACTED] 2025, the Department received Petitioner's completed Redetermination.
2. Petitioner is not married, age [REDACTED] and a Medicare recipient.
3. Petitioner receives \$[REDACTED] per month in Retirement Survivors Disability Insurance (RSDI) benefits.
4. Petitioner receives a pension of \$[REDACTED] per month.
5. On July [REDACTED] 2025, the Department issued a Health Care Coverage Determination Notice (HCCDN) to Petitioner informing him that effective August 1, 2025, he was eligible for Plan First (PF) and Medicare Savings Program (MSP)-Specified Low-Income Medicare Beneficiary (SLMB) coverage and that effective September 1, 2025, he was eligible for MA with a deductible of \$[REDACTED]
6. Petitioner was enrolled in the Group 2-Aged, Blind, Disabled (G2S) MA category.

-
7. On September 8, 2025, the Department received Petitioner's request for hearing disputing the Department's determination of MA eligibility, specifically PF and G2S with the deductible.
-

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.

In this case, Petitioner disputes the Department's determination of MA eligibility for herself. The Department determined Petitioner was eligible for MA Group 2-Aged, Blind, Disabled (G2S) with a deductible of \$ [REDACTED]

MA is available (i) under SSI-related categories to individuals who are aged (65 or older), blind or disabled (you do not have to be an Supplemental Security Income (SSI) recipient to be eligible for MA under this category), (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 (January 2024), p. 1; BEM 124 (July 2023), p. 1. HMP is a MAGI-related MA category that provides MA coverage to individuals who (i) are 19 to 64 years of age; (ii) have income under the MAGI methodology at or below 133% of the federal poverty level (FPL); (iii) do not qualify for or are not enrolled in Medicare; (iv) do not qualify for or are not enrolled in other MA programs; (v) are not pregnant at the time of application; and (vi) are residents of the State of Michigan. BEM 137, p. 1; 42 CFR 435.603.

Because Petitioner is eligible for Medicare and age [REDACTED] and there was no evidence that he is the parent or caretaker of a minor child, he is potentially eligible for MA under an SSI-related category. In determining the SSI-related MA category he is eligible to receive, MDHHS must determine his MA fiscal group size and net income. As an unmarried individual, he has a fiscal group size for SSI-related MA purposes of one. BEM 211 (October 2023), pp. 5-8.

The AD-Care program, an SSI-related MA category, requires that net group income cannot exceed one hundred percent of the federal poverty level or by looking to the income limits seen in RFT 242, \$1,304.17 for a group size of one effective April 1, 2025. BEM 163, pp. 1-2; RFT 242 (April 2025), p. 1.

Countable income is calculated by adding the amounts of income actually received or reasonably anticipated within the month. BEM 530 (April 2020), p. 2. RSDI is considered countable income. BEM 503 (July 2025), pp. 30-31. Countable RSDI for fiscal group members is the gross amount for the previous December when the month being tested is January, February, or March. BEM 503, pp. 30-31. Federal law requires the cost-of-living (COLA) increase received in January for RSDI benefits to be disregarded for these three months. *Id.* For all other months countable RSDI is the gross amount for the month being tested. *Id.* Petitioner has gross RSDI of \$[REDACTED]. Petitioner also has a pension, and the gross benefit is considered unearned income, \$[REDACTED]. BEM 503, p. 29. Next, \$20.00 is subtracted for the general exclusion and his Net Income is \$[REDACTED]. BEM 541 (January 2025), p. 3. No evidence was presented of any expenses for child support, work-related expenses, nor guardianship or conservator expenses. BEM 541, pp. 1-7. Therefore, his net income is greater than the net income limit. Petitioner is not eligible for the full coverage AD-Care program.

Since Petitioner has excess income for eligibility under the AD-Care program, the full coverage SSI-related MA program, an evaluation of her eligibility for MA coverage under the Group 2-Aged, Blind, Disabled (G2S) follows. Group 2 provides MA coverage with a deductible. BEM 105, p. 1. The deductible is the amount that the client's net income (less any allowable deductions) exceeds the applicable Group 2 MA protected income level (PIL). PIL is a set allowance for non-medical need items such as shelter, food, and incidental expenses. BEM 544 (January 2020), p. 1. It is based on the client's MA fiscal group size and the county in which the client resides. *Id.* Petitioner resides in Wayne County and has a group size of one; therefore, he is in shelter area IV, and his PIL is \$375.00. RFT 200 (April 2017), p. 3; RFT 240 (December 2013), p. 1. Thus, if the monthly net income (less allowable needs deductions) is in excess of \$375.00, he is eligible for MA assistance under the G2S program with a deductible equal to the amount of income remaining after the appropriate and allowed deductions which are greater than \$375.00.

As discussed above, Petitioner's net income was \$[REDACTED]. In calculating the deductible, allowances are made for health insurance premiums and remedial services. BEM 544, pp. 1-2. Petitioner is not responsible for his Medicare Part B premium because he is an active MSP-SLMB recipient and there was no evidence presented of other insurance premiums. No evidence was presented as to any current remedial services which help the client to produce the maximum reduction of physical and mental limitations and restore an individual to their best possible functional level. BEM 544, p. 2. It includes at a minimum basic self-care and rehabilitation training to teach and reinforce dressing, grooming, eating, bathing toileting, etc. *Id.* Because there were no verifications of current remedial service expenses, they are not considered here and the

25-034155

PIL is subtracted to reach a deductible of \$[REDACTED]. The Department properly determined Petitioner's MA G2S eligibility with a deductible of \$[REDACTED].

If Petitioner submits verification of remedial services, home help services, policy provides that when personal care services (defined in Exhibit ID of BEM 545) equal or exceed the group's excess income (the deductible) for the month tested, income eligibility exists for the entire month but Petitioner would still be responsible for his deductible. Income eligibility may be ongoing unless a change is projected; see Exhibit II in BEM 545. BEM 545, pp. 1-4. Exhibit ID of BEM 545 indicates that allowable medical expenses include amounts the medical group incurs for personal care services. Personal care expenses are incurred monthly regardless of when services are paid for. The list of allowable personal care services is identified in BEM 545, pp. 22-23 and if available, the Department can use the verifications obtained by the Adult Services specialist for the Home Help eligibility determination. Clients with excess income for MA and receiving personal care Home Help Services (HHS) may be eligible for ongoing MA coverage which can be authorized or continued at the client's requested option, provided all conditions outlined in BEM 545 Exhibit II are met, under the personal care option. See BEM 545, at pp. 23-26.

Finally, the Department determined that Petitioner was eligible for PF-MA. PF-MA is a MAGI-related limited coverage Medicaid group available to any United States citizen or individual with an immigration status entitling them to full Medicaid coverage (not emergency services only (ESO)) residing in Michigan whose fiscal group's MAGI income does not exceed 195% of the federal poverty level (FPL), or \$39,858.00, and meets the other eligibility criteria. BEM 124 (July 2023), p. 1. There are no age or gender restrictions to PF-MA eligibility. BEM 124, p. 1. PF provides MA coverage for family planning services. See <https://www.michigan.gov/mdhhs/assistance-programs/healthcare/adults/planfirst>. The Department properly determined Petitioner's PF eligibility.

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 MA eligibility.

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



AMANDA MARLER
ADMINISTRATIVE LAW JUDGE

25-034155

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
WAYNE-SOUTHWEST-DHHS
2524 CLARK ST
DETROIT, MI 48209
**MDHHS-WAYNE-41-
HEARINGS@MICHIGAN.GOV**

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]