



**Date Mailed:** November 7, 2025  
**Docket No.:** 25-036146  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED] [REDACTED]

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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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### **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 30, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Avery Smith, Eligibility Specialist. Interpretation services were provided by Ksenia Bagaeva.

### **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. Petitioner and her husband had previously been enrolled in MA Group 2-Aged, Blind, Disabled (G2S) with a deductible.
2. On August [REDACTED] 2025, Petitioner submitted a redetermination for MA benefits.
3. Petitioner is a recipient of Retirement Survivors Disability Insurance (RSDI) benefits in the amount of \$[REDACTED] per month.
4. Petitioner's husband is an RSDI recipient in the amount of \$[REDACTED] per month.
5. Petitioner and her husband are recipients of the Medicare Savings Program (MSP) under the Specified Low-Income Medicare Beneficiary (SLMB) category.
6. On September [REDACTED] 2025, the Department issued a Health Care Coverage Determination Notice (HCCDN) to Petitioner informing her that she and her husband were eligible for MA with a deductible of \$[REDACTED] per month effective October 1, 2025, in addition to Plan First (PF).

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7. On October 3, 2025, the Department received Petitioner's request for hearing disputing the Department's determination of MA eligibility.
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### **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 and her husband. 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 and her husband are eligible for Medicare, and there was no evidence that they are the parent or caretaker of a minor child, they are potentially eligible for MA under an SSI-related category. In determining the SSI-related MA category they are eligible to receive, MDHHS must determine their MA fiscal group size and net income. As a married individual, they have a fiscal group size for SSI-related MA purposes of two. BEM 211 (October 2023), pp. 5-8.

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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, \$1,763.00 for a group size of two effective April 1, 2025. BEM 163, pp. 1-2; RFT 242 (April 2025), p. 1.

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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 (October 2025), pp. 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. 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] and her husband's is \$[REDACTED]. Next, \$20.00 is subtracted for the general exclusion and their 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, their net income is greater than the net income limit. They are not eligible for the full coverage AD-Care program.

Since Petitioner and her husband have 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 and her husband reside in Oakland County and have a group size of two; therefore, they are in shelter area VI, and their PIL is \$541.00. RFT 200 (April 2017), p. 3; RFT 240 (December 2013), p. 1. Thus, if their monthly net income (less allowable needs deductions) is in excess of \$541.00, they are 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 \$541.00.

As discussed above, Petitioner's and her husband'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 and her husband are not responsible for their Medicare Part B premium because they are active MSP-SLMB recipients, and there was no evidence presented of other insurance premiums. No evidence was presented as to any 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 remedial service expenses, they are not considered here, and the PIL is subtracted to reach a deductible of

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\$ [REDACTED] The Department properly determined Petitioner's MA G2S eligibility with a deductible of \$ [REDACTED]  
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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 and her husband'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 and her husband's MA eligibility.

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



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**AMANDA MARLER**  
**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.

**Via Electronic Mail:**

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**Petitioner**

[REDACTED]  
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