



Date Mailed: January 13, 2026

Docket No.: 25-036504

Case No.: [REDACTED]

Petitioner: [REDACTED]

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।

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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 December 16, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Emily Williamson, Hearing Facilitator. Department Exhibit 1, pp. 1-38 was received and admitted.

ISSUE

Did the Department properly determine Petitioner's Medicaid Assistance (MA) eligibility and deductible amount and eligibility for State Emergency Relief (SER) and eligibility for the Medicare Savings Program?

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 October [REDACTED] 2025, a Health Care Coverage Determination Notice was issued to Petitioner informing her that she was not eligible for the Medicare Savings Program.
2. Petitioner receives \$ [REDACTED] per month in income from a disability pension. (Ex. 1, p.27)
3. On October [REDACTED] 2025, Petitioner requested hearing disputing Medicaid, Medicare Savings Program and State Emergency Relief.

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.

Targeted Population

The Healthy Michigan Plan (HMP) provides health care coverage for individuals who: • Are 19-64 years of age. • Do not qualify for or are not enrolled in Medicare. • Do not qualify for or are not enrolled in other Medicaid programs. • Are not pregnant at the time of application. • Meet Michigan residency requirements. • Meet Medicaid citizenship requirements. • Have income at or below 133 percent Federal Poverty Level (FPL). BEM 137

INCOME LIMIT FOR ENERGY AND WATER/SEWER SERVICES (Effective 10/01/2025)

Family Size 150% Federal Poverty Level/Month 1 \$1956. ERM 208

DEPARTMENT POLICY

MA Only

Medicare Savings Programs (MSP) are SSI-related MA categories. They are neither Group 1 nor Group 2. This item describes the categories that make up the Medicare Savings Programs. The categories are: 1. Qualified Medicare Beneficiaries (QMB). This is also called full-coverage QMB and just QMB. Program group type is QMB. 2. Specified Low-Income Medicare Beneficiaries (SLMB). This is also called limited-coverage QMB and SLMB. Program group type is SLMB. 3. QI Additional Low-Income Medicare Beneficiaries (ALMB). This is also referred to as ALMB and as just Q1. Program group type is ALMB. 4. Non-Categorically Eligible Michigan Beneficiaries (NMB). There are both similarities and differences between eligibility policies for the categories. Benefits among the categories also differ. Income is the major determiner of category. QMB Net income cannot exceed 100% of poverty. SLMB Net income is over 100% of poverty, but not over 120% of poverty. ALMB (QI) Net income is over 120% of poverty, but not over 135% of poverty. NMB Income and assets above allowed ALMB limits but have full coverage Medicaid with Medicare part A/B entitlement. BEM 165

In this case, Petitioner receives \$ [REDACTED] in disability pension income per month. (Ex. 1, p.27) That income information was provided by Petitioner in her application and she also provided a printout from her pension system. (Ex. 1, p. 27) The income limit for the Medicare Savings Program is \$1,781. The income limit for full coverage Medicaid for a household of 1 is \$1,270. The income limit for State Emergency Relief for energy is \$1956. Therefore, Petitioner is over the income limit for the Medicare Savings Program, full coverage Medicaid and State Emergency Relief. ERM 208, BEM 165, BEM 137

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With regard to Petitioner's deductible Medicaid. After subtracting \$20 for the unearned income exclusion and the \$408 protected income level, from Petitioner's income of \$[REDACTED] then \$[REDACTED] remains. That was the deductible 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 in accordance with Department policy when it determined Petitioner's MA eligibility and deductible amount and when in denied Petitioner's SER and Medicare Savings Program benefit.

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. 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://rs.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.

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Via Electronic Mail:

Respondent
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HEARINGS@MICHIGAN.GOV**



Via First Class Mail:

