



Date Mailed: December 12, 2025
Docket No.: 25-038927
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
[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.

Date Mailed: December 12, 2025

Docket No.: 25-038927

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 November 26, 2025. Petitioner appeared and was unrepresented but had her daughter Aneesah Marks appear as a witness. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Caitlin Dodge, Family Independence Manager.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) Program and Medicare Savings Program (MSP) 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 August [REDACTED] 2025, the Department received an application for MA benefits.
2. On August [REDACTED] 2025, the Department issued a Verification Checklist (VCL) to Petitioner requesting verification of her checking account by September 9, 2025.
3. On September [REDACTED] 2025, the Department issued a Health Care Coverage Determination Notice (HCCDN) to Petitioner informing her that her MA MSP application had been denied effective August 1, 2025 for being over the income limit and not returning the bank account verification. However, the Department had received the verification timely.
4. Petitioner receives \$ [REDACTED] in Retirement Survivors Disability Insurance (RSDI) benefits per month and has a Medicare Part B premium of \$ [REDACTED] per month.
5. On October [REDACTED] 2025, the Department received Petitioner's request for hearing disputing the Department's determination of MA eligibility.
6. A new HCCDN was issued to Petitioner on October [REDACTED] 2025 denying MSP benefits because she was over the income limit and placing her in the Group 2-

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Aged, Blind, Disabled (G2S) MA category with a deductible of \$1,721.00 per month.

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] and ineligible for MSP benefits because her income exceeded the income limits.

MA is available (i) under SSI-related categories to individuals who are aged (65 or older), blind or disabled, (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 there was no evidence that she was the parent or caretaker of a minor child, she was potentially eligible for MA under an SSI-related category. In determining the SSI-related MA category she was eligible to receive, MDHHS must determine her MA fiscal group size and net income. As an unmarried individual, she 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

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income limits seen in RFT 242, \$1,305.00 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 and pensions are 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.* In 2025, Petitioner had gross RSDI of \$██████████. Next, \$20.00 is subtracted for the general exclusion and their Net Income is \$██████████ (rounded to the nearest dollar). 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, Petitioner's 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 Petitioner's 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 ██████████ County and has a group size of one; therefore, she is in shelter area VI, and her PIL is \$408.00. RFT 200 (April 2017), p. 3; RFT 240 (December 2013), p. 1. Thus, if her monthly net income (less allowable needs deductions) is in excess of \$408.00, she 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 \$408.00.

As discussed above, Petitioner's net income was \$██████████. In calculating the deductible, allowances are made for health insurance premiums and remedial services. BEM 544, pp. 1-2. Petitioner is responsible for her Medicare Part B premiums totaling \$██████████ (rounded up to the nearest dollar) 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 and premiums are subtracted to reach a deductible of \$1,721.00. The Department properly calculated Petitioner's G2S deductible.

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Petitioner was also denied MSP eligibility. The MSP is divided into four categories subcategories. BEM 165 (July 2024), p. 1. Qualified Medicare Beneficiary (QMB) is the full coverage MSP. BEM 165, p. 1. Specified Low-Income Medicare Beneficiary (SLMB) is a limited coverage MSP. *Id.* The third MSP category is the Additional Low-Income Medicare Beneficiary (ALMB). *Id.* The fourth category is Non-Categorically Eligible Michigan Beneficiaries (NMB) which provides coverage when income and assets are above the allowed limits for ALMB but the client has full coverage MA benefits with Medicare Part A and/or B entitlement. BEM 165, p. 1. QMB pays for Medicare premiums, coinsurances, and deductibles. BEM 165, p. 2. SLMB pays Medicare Part B premiums. *Id.* ALMB pays for Medicare Part B premiums if funding is available. *Id.* NMB pays the Medicare Part A and B premiums for full coverage MA beneficiaries not otherwise eligible for MSP.

Income determines placement in the programs. BEM 165, p. 1. For QMB, net income cannot exceed 100% of the federal poverty level, the same as AD-Care. *Id.* SLMB is available for individuals whose income is over 100% of the federal poverty level, but not more than 120% of the federal poverty level. *Id.* ALMB is available to those whose income exceeds 120% of the federal poverty level but does not exceed 135%. *Id.* The 2025 federal poverty level and income limit for ALMB for a one-person household is \$1,761.00 per month. RFT 242 (April 2025), p. 1; BEM 211, p. 8. NMB is available to those with income greater than the ALMB limit but who have full coverage MA benefits (i.e. if Petitioner meets her deductible, she would be eligible for MSP benefits).

MSP income eligibility calculations follow the same rules as AD-Care, therefore Petitioner's net income is \$2,206.00 and her income exceeds the income limit for QMB, SLMB, and ALMB. At this time, Petitioner has not submitted verification of any medical expenses nor has she met her deductible. Therefore, she is not eligible for NMB. The Department properly denied Petitioner's MSP application.

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 and MSP eligibility.

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



**AMANDA MARLER
ADMINISTRATIVE LAW JUDGE**

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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://irs.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:

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