



Date Mailed: February 6, 2026
Docket No.: 25-043418
Case No.: [REDACTED]
Petitioner: [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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Docket No.: 25-043418

Case No.: [REDACTED]

Petitioner: [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 January 8, 2025. Petitioner appeared unrepresented. Lutrina Webster, Eligibility Specialist, appeared on behalf of the Michigan Department of Health and Human Services (MDHHS or Department). MDHHS' Hearing Packet was admitted into evidence at the hearing as MDHHS Exhibit A, pp. 1-39.

During the hearing, Petitioner requested additional time to submit evidence to the Michigan Office of Administrative Hearings and Rules (MOAHR). MDHHS had no objection and waived all violations of statutory and policy timeliness standards. The record was held open until January 16, 2026. On January 12, 2026 and January 13, 2026, MOAHR received documents from Petitioner, which were admitted into evidence as Petitioner Exhibit 1, pp. 1-7 and Petitioner Exhibit 2, pp. 1-4, respectively.

ISSUE

Did MDHHS properly determine Petitioner's eligibility for Medicaid (MA) coverage?

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 was an ongoing recipient of Medicaid (MA) through the MI Choice Waiver Program, beginning August [REDACTED] 2022 (Exhibit A, p. 6).
2. On March [REDACTED] 2025, MDHHS received information from the Detroit Area on Aging that Petitioner was disenrolled from the MI Choice Waiver Program, effective March [REDACTED] 2025 (Exhibit A, p. 17). Effective March [REDACTED] 2025, Petitioner's MI Choice Waiver enrollment was transferred to the Senior Alliance.
3. On April [REDACTED] 2025, MDHHS sent Petitioner a Health Care Coverage Determination Notice indicating that she was approved for MA with a \$[REDACTED] monthly deductible, effective June 1, 2025 ongoing (Exhibit A, p. 7). Petitioner had 90 days, or until July 23, 2025, to dispute that determination (Exhibit A, p. 10).

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4. Effective June █ 2025, Senior Alliance disenrolled Petitioner from the MI Choice Waiver program because it alleged that she was not in compliance with the procedures related to Home and Community Based Services.
 5. In September 2025, Petitioner met the monthly deductible amount for MA and was approved for full-coverage MA for that month.
 6. Effective November █ 2025, Petitioner was re-enrolled in the MI Choice Waiver Program.
 7. On November 12, 2025, Petitioner requested a hearing.

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). MA is also known as Medical Assistance. BEM 105 (January 2024), p. 1.

Medicaid (MA) 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. MDHHS administers MA pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, Petitioner was disenrolled from the MI Choice Waiver Program from June 1, 2025 to October 31, 2025. During that time, Petitioner was approved for Group 2 Aged, Blind, Disabled (G2S) MA with a monthly deductible of \$█. Given that the corresponding determination regarding Petitioner's MA eligibility was made on April █ 2025, Petitioner had 90 days, or until July █ 2025, to dispute that determination (Exhibit A, p. 10). A client or AHR has 90 calendar days from the date of the written notice of case action to request a hearing. BAM 600 (June 2024), p. 6. No evidence was presented to show that Petitioner requested a hearing regarding the April █ 2025 determination on or before July █ 2025. Therefore, the hearing request on that issue was untimely and the undersigned Administrative Law Judge lacks jurisdiction to address whether MDHHS made the proper determination regarding Petitioner's MA eligibility on April █ 2025.

For the months that Petitioner was approved for G2S MA with a monthly deductible, Petitioner alleged that MDHHS did not properly determine whether she met her deductible during the months of August and October 2025. MDHHS determined that Petitioner met her deductible in September 2025 but did not meet the deductible during the other months.

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MA includes several sub-programs or categories. BEM 105, p. 1. To receive MA under a Supplemental Security Income (SSI)-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* MA eligibility for children under 19, parents or caretakers of children, pregnant or recently pregnant women, former foster children, MOMS, MICHild, Flint Water Group and Healthy Michigan Plan (HMP) is based on Modified Adjusted Gross Income (MAGI) methodology. *Id.* The terms Group 1 and Group 2 relate to financial eligibility factors. *Id.* For Group 1, net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. *Id.* The income limit, which varies by category, is for nonmedical needs such as food and shelter. *Id.* Medical expenses are not used when determining eligibility for MAGI-related and SSI-related Group 1 categories. *Id.* For Group 2, eligibility is possible even when net income exceeds the income limit. *Id.* This is because incurred medical expenses are used when determining eligibility for Group 2 categories. *Id.* Group 2 categories are considered a limited benefit because a deductible is possible. *Id.*

G2S MA is an SSI-related MA category available to a person who is aged (65 or older), blind, or disabled. BEM 166 (April 2017), p. 1. Income eligibility exists when net income does not exceed the Group 2 needs in BEM 544. *Id.* If net income exceeds the Group 2 needs, MA eligibility is still possible with a deductible. *Id.* Plan First MA is a MAGI-related limited coverage MA category, that covers services related to family planning and reproductive health. To be eligible for Plan First, a person must meet all non-financial eligibility factors, and their income cannot exceed 195% of the Federal Poverty Level (FPL). BEM 124 (July 2023), p. 1

Deductible is a process which allows a client with excess income to become eligible for Group 2 MA if sufficient allowable medical expenses are incurred. BEM 545 (July 2022), p. 10. Meeting a deductible means reporting and verifying allowable medical expenses that equal or exceed the deductible amount for the calendar month tested. *Id.*, p. 11. Medical expenses can be used as old bills to meet a client's deductible if they meet certain criteria. *Id.*, pp. 20-21.

Petitioner provided documentation to show that she incurred medical expenses in August, September and October 2025. MDHHS determined that Petitioner met the deductible in September 2025, but not in August or October 2025. However, it is unclear from the record when Petitioner submitted the medical bills to MDHHS and whether the medical bills Petitioner provided to MOAHR were all the medical bills that she had for those months. Given Petitioner's credible testimony that she provided medical bills to MDHHS to meet the deductible amount, MDHHS was required to request additional verifications if the information that she provided was incomplete or unclear, pursuant to policies in BAM 130 (May 2024). No evidence was presented to show that MDHHS attempted to verify Petitioner's medical bills. Therefore, the record shows that MDHHS did not demonstrate that it properly determined Petitioner's eligibility for MA in August and October 2025.

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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 MDHHS failed to satisfy its burden of showing that it acted in accordance with Department policy when it determined Petitioner's eligibility for full-coverage MA in August and October 2025. Accordingly, the Department's decision is **AFFIRMED IN PART** with respect to MA eligibility in September 2025 and **REVERSED IN PART** with respect to MA eligibility in August and October 2025.

MDHHS IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Redetermine whether Petitioner met the MA deductible in August and October 2025, requesting additional verifications, as necessary;
2. If Petitioner met the deductible in August and October 2025, provide Petitioner with full-coverage MA for those months; and
3. Notify Petitioner of its decision(s) in writing.



**LINDA JORDAN
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.

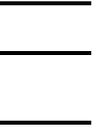
Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation 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.

Via Electronic Mail:

Respondent
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Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]