

Date Mailed: January 20, 2026

Docket No.: 25-045126

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 14, 2026. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Lori Turner.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) 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 was an ongoing MA recipient under the Group 2 SSI-related (G2S) MA program.
2. On September 3, 2025; and October 2, 2025; the Department sent Petitioner Health Care Coverage Determination Notices informing him that he was eligible for full coverage MA benefits for the months of September 2025; October 2025; and November 2025.
3. On November 18, 2025, Petitioner submitted a request for hearing disputing the Department's actions.

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 was an ongoing MA recipient under the G2S program subject to a monthly deductible. The Department sent Petitioner notices that he had met his deductible and full coverage MA benefits were activated as of the first of the month, for the entire month, for the months of September 2025; October 2025; and November 2025. Petitioner submitted a request for hearing arguing that the Department did not activate full coverage MA, as his provider was unable to bill for medical equipment.

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 (October 2018), p. 10. Meeting a deductible means reporting and verifying allowable medical expenses that equal or exceed the deductible amount for the calendar month tested. BEM 545, p. 11. The Department will count allowable expenses incurred in the month in which eligibility is being determined, whether paid or unpaid. BEM 545, p. 16. Once the client's medical expenses exceed their excess income (their deductible), the client no longer has liability, meaning they have full-coverage MA benefits for the remainder of the month. BEM 545, pp. 5-6.

The Department presented Health Care Coverage Determination Notices sent to Petitioner on September 3, 2025; and October 2, 2025; informing him that he was eligible for full coverage MA benefits for the months of September 2025; October 2025; and November 2025. The Department also stated that Petitioner was approved for full coverage MA as of the first of the month for December 2025 and January 2026. However, the Department also presented Petitioner's eligibility screen showing Petitioner had full coverage MA under the G2S program for the months of September 2025, October 2025, and December 2025, but for November 2025, and January 2026, Petitioner's eligibility is showing only as under the Plan First MA program. The Department testified that it was unsure if Petitioner's MA benefits had been mistakenly reverted from full coverage MA benefits during those months to the limited coverage Plan First MA program. Therefore, the Department failed to establish that it properly determined Petitioner's MA benefit eligibility.

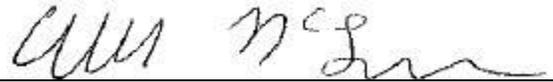
DECISION AND ORDER

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it determined Petitioner's MA eligibility.

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

THE DEPARTMENT 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. Review Petitioner's MA eligibility during the period of October 1, 2025, through January 31, 2026;
2. Provide Petitioner full coverage MA benefits under the G2S MA category as of the first of the month for the months of October 1, 2025, through January 31, 2026; and
3. Notify Petitioner of its MA decision in writing.



**ELLEN MCLEMORE
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://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-GREENFIELD/JOY-DHHS
8655 GREENFIELD RD
DETROIT, MI 48228
MDHHS-WAYNE-17-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner
[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]