



Date Mailed: April 11, 2025  
Docket No.: 25-009499  
Case No.: [REDACTED]  
Petitioner: [REDACTED]

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هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি উকুমেন্ট। দয়া করে কেউ দার্শাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

## 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 April 9, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Sunshine Simonson, Eligibility Specialist.

The 20-page hearing packet was admitted as MDHHS Exhibit A.

## ISSUE

Did MDHHS properly determine Petitioner's Medical Assistance/Medicaid (MA) coverage to be under the limited coverage Plan First 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. Petitioner was an ongoing MA recipient.
2. On December 26, 2024, MDHHS received Petitioner's Semi-Annual Contact Review of MA benefits. Petitioner is under age [REDACTED] years old. Petitioner is not

disabled. Petitioner does not receive Social Security benefits. Petitioner is unmarried and has no tax dependents.

3. Petitioner received earned income working as an [REDACTED] (Exhibit A, pp. 10-11).
4. On January 22, 2025, MDHHS issued a Healthcare Coverage Determination Notice, stating that Petitioner is eligible for limited coverage Plan First MA, effective March 1, 2025 (Exhibit A, pp. 13-15).
5. On February 26, 2025, MDHHS received Petitioner's timely submitted hearing request disputing that she no longer has full coverage MA (Exhibit A, pp. 3-5).

### **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.

Upon reviewing Petitioner's eligibility criteria, MDHHS concluded that Petitioner was no longer eligible for full coverage MA due to excess income but is eligible for limited coverage Plan First MA. Petitioner disputes that she no longer has full MA coverage.

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, and (iii) to individuals who meet the eligibility criteria for Healthy Michigan Plan (HMP) coverage. 42 CFR 435.911; 42 CFR 435.100 to 435.172; BEM 105 (January 2024), p. 1; BEM 137 (January 2024), p. 1. If an individual is unable to receive MA under an SSI-related category, because no individual is aged (65 or older), blind, disabled, or entitled to Medicare or formerly blind or disabled, then MDHHS must review the household's eligibility based on Modified Adjusted Gross Income (MAGI) methodology for MA coverage under the MAGI categories: children under 19, parents or caretakers of children, pregnant or recently pregnant women, former foster children, MOMS, MIChild, Flint Water Group and HMP. Under federal law, an individual eligible under more than one MA category must have eligibility determined for the category selected and is entitled to the most beneficial

coverage available, which is the one that results in eligibility and the least amount of excess income or the lowest cost share. BEM 105, p. 2; 42 CFR 435.404.

The Healthy Michigan Plan (HMP) is based on Modified Adjusted Gross Income (MAGI) methodology. 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, p. 1 (Emphasis Added).

Petitioner is under █ years old, is not considered disabled, does not receive Social Security benefits, and does not care for any minor children. Therefore, MDHHS properly evaluated Petitioner's eligibility under HMP. Petitioner meets all non-financial factors for HMP eligibility. MDHHS determined that Petitioner does not qualify for HMP since the household's income exceeds the income limit. Household size or group composition for MAGI-related categories follows tax filer and tax dependent rules. The household for a tax filer, who is not claimed as a tax dependent, consists of the individual, individual's spouse, and tax dependents. BEM 211 (October 2023), pp. 1-2. In this case, Petitioner would be considered a household size of one since she is not married and has no tax dependents. Petitioner confirmed this is accurate. The 2025 FPL (federal poverty level) for a group size of one is \$15,650 of \$1,304.00 monthly. 133% of the FPL for a household size of one is \$20,815 annually or \$1,735.00 monthly.<sup>1</sup>

MDHHS testified that they used Petitioner's income information that she receives working as an █, retrieved from the Consolidated Inquiry database (see Exhibit A, pp. 10-11). Petitioner receives \$█ in gross monthly income. Since Petitioner's monthly gross income exceeds 133% of the FPL, MDHHS properly determined that Petitioner is no longer eligible to receive full coverage MA under HMP.

Plan First Medicaid 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 residing in Michigan. The fiscal group's net income cannot exceed

<sup>1</sup> <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references>

195 percent of the federal poverty level. BEM 124 (July 2023), p. 1. 195% of the FPL is \$30,518.00 or \$2,543.00 monthly. Since Petitioner's income is below this amount, she is eligible for Plan First limited coverage MA.

**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 coverage.

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



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**DANIELLE NUCCIO**  
**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](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:**

**Respondent**

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

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\_\_\_\_\_  
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**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]