



Date Mailed: August 15, 2025
Docket No.: 25-021364
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED] MI [REDACTED]

This is an important legal document. Please have someone translate the document.

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

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ 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.

Date Mailed: August 15, 2025

Docket No.: 25-021364

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 July 17, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Marcella Towns, Assistance Payments Worker (APW).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-15.

ISSUE

Did the Department properly determine Medical Assistance (MA) eligibility for Petitioner's daughter?

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's daughter, [REDACTED] (CMR) was receiving MA under the Group 2 Under Age [REDACTED] category (MA-G2U). (Exhibit A, p. 1)
2. CMR turned age [REDACTED] on [REDACTED] 2025. (Exhibit A, p. 1)
3. The Department determined that CMR was no longer eligible for MA under the G2U category based on her age, and she was not eligible for any other MA category. (Exhibit A, pp. 1 and 12-13)
4. On May 7, 2025, a Health Care Coverage Determination Notice was issued to Petitioner stating CMR was not eligible for MA effective June 1, 2025. (Exhibit A, pp. 12-15)
5. On May 28, 2025, Petitioner filed a hearing request contesting the Department's determination. (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.

The Medicaid program comprise several sub-programs or categories. BEM 105 (January 1, 2024) p. 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. Medicaid 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 is based on Modified Adjusted Gross Income (MAGI) methodology. BEM 105, p. 1.

In general, the terms Group 1 and Group 2 relate to financial eligibility factors. For Group 1, net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. The income limit, which varies by category, is for nonmedical needs such as food and shelter. Medical expenses are not used when determining eligibility for MAGI-related and SSI-related Group 1 categories. For Group 2, eligibility is possible even when net income exceeds the income limit. This is because incurred medical expenses are used when determining eligibility for Group 2 categories. Group 2 categories are considered a limited benefit as a deductible is possible. BEM 105, p. 1.

Group 2 Under 21 is a non-MAGI MA category. BEM 105, p. 2. Medicaid is available to a person who is under age 21 and meets the eligibility factors in this item. All eligibility factors must be met in the calendar month being tested. BEM 132 (April 1, 2018) pp. 1-2.

Healthy Michigan Plan (MA-HMP) is based on Modified Adjusted Gross Income (MAGI) methodology. The MA-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; and have income at or below 133 percent Federal Poverty Level (FPL). BEM 137 (January 1, 2024) p. 1.

For MAGI related MA categories, such as HMP, the group composition follows tax filer and tax dependent rules. BEM 211 (October 1, 2023) p. 1.

The 2025 FPL for the 48 contiguous states and the District of Columbia for a group size of two is an annual income of \$21,150.00. 133% of the FLP would be an annual income of \$28,129.50 for a group size of two. Divided by 12, this equates to a monthly income of \$2,344.12.

The Department counts the gross wage amount as earned income. BEM 501, January 1, 2024, p. 7.

In this case, Petitioner's daughter CMR was receiving MA under the Group 2 Under Age category (MA-G2U). (Exhibit A, p. 1). However, CMR turned age 21 on May 19, 2025. (Exhibit A, p. 1). Accordingly, CMR was no longer eligible for MA-G2U.

The Department then reviewed MA eligibility under any other category. CMR was only potentially eligible for full coverage MA under the HMP category based on the available information. For example, there was no evidence that CMR was under age 19 or 21, aged, disabled, blind, pregnant, or a caretaker relative for a child in the home.

MA-HMP is a MAGI related category. CMR is a dependent on Petitioner's taxes, therefore for MA-HMP her group size is two, Petitioner and CMR. (Exhibit A, pp. 1 and 11). Petitioner's monthly wages were calculated to be \$3,554.00. (Exhibit A, pp. 1 and 11). This exceeds the limit for MA-HMP for a group size of two.

On May 7, 2025, a Health Care Coverage Determination Notice was issued to Petitioner stating CMR was not eligible for MA effective June 1, 2025. (Exhibit A, pp. 12-15).

Petitioner did not dispute that her income exceeded the monthly limit for MA-HMP for a group size of two. Petitioner wanted to confirm her son's income had not been included in the determination for CMR. (Petitioner Testimony). The APW confirmed that the son's income was not included when MA eligibility was determined for CMR. However, it was noted that CMR could apply for MA for herself due to her age. (APW Testimony).

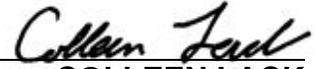
Overall, the evidence shows that the Department properly determined that CMR was no longer eligible for MA.

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 MA eligibility for Petitioner's daughter.

25-021364

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



COLLEEN LACK
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-INKSTER-DHHS
26355 MICHIGAN AVE
INKSTER, MI 48141

MDHHS-WAYNE-19-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

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