



Date Mailed: August 22, 2025

Docket No.: 25-026079

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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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.

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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 August 18, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Cetena Cook, Eligibility Specialist.

ISSUES

Did the Department properly deny Petitioner's Medical Assistance/Medicaid application?

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 [REDACTED] 2025, Petitioner applied for MA coverage. Petitioner reported that her household consists of her husband, [REDACTED] (Husband), and herself. Petitioner is under [REDACTED] years old. Petitioner reports that she has a disability. Petitioner reported that Husband has a checking account and a savings account at both [REDACTED] and [REDACTED]. Petitioner receives Retirement, Survivors, Disability Insurance (RSDI) and Husband receives RSDI and income from a pension (Exhibit A, pp. 6-21).
2. On June 20, 2025, MDHHS issued a Healthcare Coverage Determination Notice to Petitioner, informing her that she was no longer eligible for MA due to excess income, effective April 1, 2025 (Exhibit A, pp. 22-27).
3. On July 11, 2025, MDHHS received Petitioner's timely submitted hearing request disputing the closure of her MA case (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.

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.

In this case, Petitioner reported on her initial application that the Social Security Administration did not find that she was disabled. As Petitioner is not aged, blind, or disabled, is not under 19 years old, pregnant or recently pregnant, and does not care for any minor children, MDHHS properly considered her eligibility for MA under the HMP program. HMP is a MAGI program. There is no asset test for MAGI-related Medicaid categories. BEM 400 (March 2025), p. 3. Therefore, while MDHHS requested verifications of Husband's assets on July 16, 2025 (see Exhibit A, pp. 28-29), that information was not needed to determine Petitioner's eligibility for HMP 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.

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- Meet Medicaid citizenship requirements.
- Have income at or below 133 percent Federal Poverty Level (FPL).

BEM 137 (January 2024), p. 1.

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. The 2025 FPL (federal poverty level) for a group size of two is \$21,150.00 or \$1,763.00 monthly. 133% of the FPL for a household size of two is \$28,130.00 annually or \$2,344.00 monthly.¹ Since Petitioner and Husband are married and file taxes jointly, Husband's income is considered in determining Petitioner's eligibility for MA. BEM 211 (October 2023), p. 2. MDHHS did not present the income information used to determine that Petitioner is over the income limit for HMP. MDHHS testified that Petitioner's MA case was closed due to failure to return verification of assets and failure to return medical documentation requested. Additionally, MDHHS continues to consider Petitioner's adult son and his income in determining Petitioner's ongoing eligibility, as noted on the Healthcare Coverage Determination Notice issued on June 20, 2025. MDHHS has failed to satisfy its burden that they acted in accordance with policy in closing Petitioner's MA case due to excess income.

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 that it acted in accordance with Department policy when it closed Petitioner's MA case.

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. Reprocess Petitioner's MA case to determine the most beneficial category of coverage for Petitioner in accordance with policy and consistent with this hearing decision;
2. If Petitioner is eligible for MA benefits, provide coverage to Petitioner for any MA that she was eligible to receive but did not from April 1, 2025 ongoing;

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

3. Notify Petitioner of its decision in writing.



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, **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.

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Via Electronic Mail:

Respondent

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