



Date Mailed: September 8, 2025
Docket No.: 25-027610
Case No.: [REDACTED]
Petitioner: [REDACTED]



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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; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on September 3, 2025. Petitioner appeared and represented herself. The Department of Health and Human Services (MDHHS) was represented by Michael Fritze, Family Independence Manager, and Nakiya Brantley, Assistance Payments Worker.

ISSUE

Did MDHHS properly close Petitioner's minor child's, [REDACTED] (Son), Medical Assistance/Medicaid (MA) case?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Son was an ongoing recipient of MA coverage.
2. On April 2, 2025, Petitioner submitted a redetermination of MA coverage to MDHHS reporting that she is employed at [REDACTED] (Employer) and unearned income (Exhibit A, pp. 8-19).
3. On May 12, 2025, MDHHS issued a Healthcare Coverage Determination Notice, informing Petitioner that Son is no longer eligible for MA coverage due to excess income, effective June 1, 2025 (Exhibit A, pp. 28-32).

25-027610

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4. On July 25, 2025, MDHHS received a timely submitted hearing request from Petitioner, disputing the closure of Son's MA case (Exhibit A, pp. 3-5).
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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).

Medical Assistance (MA)

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.

Petitioner provided MDHHS income information from her Employer following submission of her redetermination form. MDHHS then used said income information to review Petitioner's MA eligibility. MDHHS is required to evaluate each change reported and determine if it affects eligibility. BAM 220 (November 2023), p. 1. MDHHS concluded that Son is no longer eligible for MA coverage due to excess income. Petitioner disputes the closure of Son's MA case.

Medicaid eligibility for children under 19 years old, is based on Modified Adjusted Gross Income (MAGI) methodology. BEM 105 (January 2024), p. 1. Petitioner receives income from employment and unearned income. Upon review of the paystubs provided, the household monthly earned income totaled \$ [REDACTED] for April 2025 (see Exhibit A, pp. 22-27). Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility, the least amount of excess income or the lowest cost share. BEM 105, p. 3. Son is a minor child and is potentially eligible for coverage under Low Income Families (LIF), Other Healthy Kids (OHK), the Healthy Kids Expansion (HKE), MiChild, or G2U. BEM 105, p. 4.

LIF eligibility is a MAGI-related eligibility subgroup. Children with Income under 54% of the federal poverty level (FPL) will be considered LIF eligible. BEM 110 (April 2018), p. 1. The 2025 FPL (federal poverty level) for a group size of two is \$21,150 or \$1,763.00 monthly. 54% of the FPL for a household size of two is \$952.00 monthly.¹ Since Petitioner's monthly amount is over 54% of FPL, Son is not eligible for LIF MA coverage.

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

MiChild is a MAGI-related Medicaid Expansion program for children who are under 19 years of age, who are not enrolled in comprehensive health insurance, and household income is under 212% of the FPL. BEM 130 (January 2024), p. 1. 212% of the 2025 FPL for a group size of two is \$3,737.00. Since Petitioner's monthly amount is over 212% of FPL, Son is not eligible for MiChild MA coverage.

OHK and HKE are two programs in the MAGI U-19 Medicaid category. OHK and HKE are available to children under the age of 19 whose household income does not exceed 160% of FPL. Both programs are defined by age, household income, and whether the child has other comprehensive insurance. BEM 131 (January 2022), p. 1. 160% of the 2025 FPL for a group size of two is \$2,820.00. Since Petitioner's monthly amount is over 160% of FPL, Son is not eligible for OHK or HKE MA coverage.

As Petitioner has excess income for LIF, MiChild, OHK, HKE eligibility, Son could potentially be eligible for MA coverage under the G2U MA program deductible program, which provides for MA coverage subject to a monthly deductible for individuals with excess income. In such cases, the client is eligible for MA coverage with a deductible, with the deductible equal to the amount the individual's net income (countable income minus allowable income deductions) exceeds the applicable Group 2 MA protected income level (PIL), which is based on the client's shelter area (county in which the client resides) and fiscal group size. BEM 135, p. 2; BEM 544 (July 2013), p. 1; RFT 240 (December 2013), p. 1. In this case, MDHHS did not evaluate whether Son was eligible for G2U coverage when issuing the Healthcare Coverage Determination on May 12, 2025. At that time, MDHHS closed Son's MA case. MDHHS then later determined that Son was eligible for G2U MA coverage with a \$3,520.00 deductible. At the time of the hearing request, MDHHS had closed Son's MA case without determining if he was eligible for G2U. Therefore, MDHHS did not act in accordance with Department policy when it closed Son's MA case.

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 did not act in accordance with Department policy when it closed Son'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 redetermination to determine the most beneficial category of coverage for Son in accordance with policy and consistent with this hearing decision;

25-027610

2. If Son is eligible for MA benefits, provide coverage to Son for any MA that he was eligible to receive but did not from June 1, 2025 ongoing;
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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