



Date Mailed: November 4, 2025
Docket No.: 25-030310
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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

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Docket No.: 25-030310

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; 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 hearing was held by telephone on October 9, 2025. Petitioner was represented by her attorney, Radu Iacoban (P72819). Neither the Department of Health and Human Services (Department), nor an attorney on their behalf, appeared at the hearing.

The Department's 32-page hearing packet was admitted into evidence as Petitioner's Exhibit 1.

ISSUE

Did the Department properly determine Petitioner's and her family members' Medicaid (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. On March 28, 2025, the Department received a completed redetermination application for MA from Petitioner for herself; her husband [REDACTED] (Spouse); and their five minor children (Children): [REDACTED] (AM), [REDACTED] (EM), [REDACTED], [REDACTED], and [REDACTED]. Petitioner reported that she and Spouse were tax filers, had no assets, and that the only income in the household was \$ [REDACTED] per week from Spouse's employment. (Exhibit 1, pp. 15 – 21).
1. On March 31, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice (HCCDN) that:
 - a. Approved AM and EM for full coverage MA for April 2025 only, and
 - b. Denied Petitioner, AM, and EM for MA effective May 1, 2025, for failure to return verification of income.

(Exhibit 1, pp. 26 – 29).

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2. On May 5, 2025, the Department sent Petitioner a Verification Checklist (VCL) that requested Petitioner provide verification of:
 - a) Petitioner's and Spouse's checking account,
 - a) Petitioner's and Spouse's other self-employment income, and
 - b) Petitioner's savings/Christmas club account,to the Department by May 15, 2025. (Exhibit 1, pp. 22 – 23).
 3. On June 20, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice (HCCDN) that denied Petitioner for MA effective August 1, 2025, because she was not under 21, pregnant, or a caretaker of a minor child; and not over 65, blind, or disabled. (Exhibit 1, pp. 30 – 32).
 4. On August 16, 2025, the Department received a request for hearing from Petitioner, disputing the Department's determination regarding Petitioner's MA eligibility. (Exhibit 1, pp. 3 – 5).
 5. On September 18, 2025, Petitioner appointed her attorney to represent her in this matter.

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.

Petitioner requested a hearing on August 16, 2025, to dispute the Department's denial of MA coverage. On June 20, 2025, the Department denied Petitioner for MA effective August 1, 2025, because she was not under 21, pregnant, or a caretaker of a minor child; and not over 65, blind, or disabled. At the beginning of the hearing, Petitioner's counsel clarified that Petitioner's dispute concerned MA coverage for herself, Spouse, and Children.

As a preliminary matter, a client's request for hearing must be received in the Department's local office within 90 days of the date of the written notice of case action, which includes a HCCDN. BAM 600 (June 2024), p. 6. Clients may also request a hearing regarding any delay by the Department to take action within the standard of promptness. BAM 600, p. 5. Because Petitioner's request for hearing was received by the Department on August 16, 2025, and no additional evidence beyond Petitioner's Exhibit 1 was available during the hearing, this decision will address only HCCDNs sent, or actions taken, by the Department on or after May 18, 2025, the date 90 days prior to Petitioner's request for hearing was received by the Department.

Under federal law, an individual is entitled to the most beneficial category, which is the one that results in a) eligibility, b) the least amount of excess income, or c) the lowest cost share. BEM 105 (January 2024), p. 2. All MA category options must be considered in order for the Petitioner's right of choice to be meaningful. BEM 105, p. 2. 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, p. 1; BEM 137 (January 2024), p. 1. Individuals who do not qualify for one of the foregoing coverages may qualify for Plan First Family Planning (PFFP), which is a limited coverage MA category, and a client may be approved for PFFP only or in conjunction with other MA coverage. BEM 124 (July 2023), p. 1.

Petitioner's MA eligibility

As of June 20, 2025, the date of the most recent HCCDN included in Exhibit 1, Petitioner was 37 years old (Exhibit 1, pp. 9, 16) and the caretaker of Children; and there was no evidence that she is blind, disabled, or pregnant. Therefore, Petitioner is potentially eligible for full-coverage HMP, Group 2 Caretaker (G2C) MA, and/or PFFP MA coverage. However, the evidence established that the Department denied Petitioner for MA effective August 1, 2025, because she was not under 21, pregnant, or a caretaker of a minor child; and not over 65, blind, or disabled.

Because the Department was not present to explain why it denied Petitioner MA effective August 1, 2025, the Department failed to establish that it acted in accordance with Department policy when it determined Petitioner was not eligible for MA.

Spouse and Children's MA eligibility

As of May 18, 2025, the date 90 days prior to Petitioner's request for hearing, Spouse was ■ years old (Exhibit 1, pp. 9, 16) and the caretaker of Children; and there was no evidence that he is blind, disabled, or pregnant. Therefore, Spouse is potentially eligible for full-coverage HMP, G2C MA, and/or PFFP MA coverage.

As of May 18, 2025, Children were all at least 1 year old and under the age of 19. (Exhibit 1, pp. 9, 16). Therefore, they were each potentially eligible for full-coverage MI Child, Healthy Kids MA, or Group 2 Persons Under Age 21 (G2U) MA.

However, Petitioner's counsel reported that Spouse and Children did not have MA coverage, and the Department did not appear at the hearing to dispute his representation. There was also no evidence that the Department properly approved or denied Spouse or Children for MA. Therefore, the Department failed to establish that it acted in accordance with Department policy with regard to any determination of Spouse's and Children's MA eligibility.

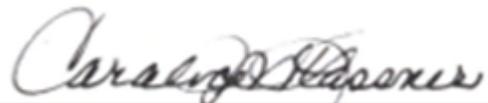
DECISION AND ORDER

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 denied Petitioner MA effective August 1, 2025, and when it determined Spouse's or Children's MA eligibility on or after May 18, 2025.

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. Redetermine Petitioner's eligibility for MA effective August 1, 2025;
1. Redetermine Spouse's and Children's individual eligibility for MA on and after May 18, 2025;
2. If eligible, provide Petitioner with the most beneficial MA coverage she is eligible to receive effective August 1, 2025;
3. If eligible, provide Spouse and Children with the most beneficial MA coverage they are each eligible to receive on and after May 2025; and
4. Notify Petitioner of its decision in writing.



CARALYCE M. LASSNER
ADMINISTRATIVE LAW JUDGE

25-030310

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

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