



Date Mailed: November 6, 2025
Docket No.: 25-032093
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI

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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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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. After due notice, a telephone hearing was held on October 15, 2025. Petitioner represented herself. The Department was represented by Amber Gibson.

ISSUE

Did the Department of Health and Human Services (Department) properly determine Petitioner's eligibility for Medical Assistance (MA)?

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 recipient of Medical Assistance (MA) under the Freedom To Work (FTW) category.
2. Petitioner is eligible for Medicare.
3. Petitioner's employment stopped in August of 2023.
4. Petitioner receives Retirement, Survivors, and Disability Insurance (RSDI) totaling \$ [REDACTED] based on disability and as a survivor. Exhibit A, p 14.
5. On August 13, 2025, the Department notified Petitioner that she was eligible for Medical Assistance (MA) with a \$1,333 monthly deductible and that she was not eligible for the Medicare Savings Program (MSP) effective September 1, 2025. Exhibit A, p 15.
6. On August 15, 2025, the Department received Petitioner's request for a hearing protesting the level of Medical Assistance (MA) that she is receiving. 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 through 42 USC 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 through 42 CFR 420.25. The Department administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.103 through MCL 400.112k of the Social Welfare Act, MCL 400.1 *et seq.*

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 or the least amount of excess income. Department of Health and Human Services Bridges Eligibility Manual (BEM) 105 (January 1, 2024), p 2.

The Healthy Michigan Plan (HMP) is a category of Medical Assistance (MA) that provides health care coverage for individuals who are 19 to 64 years of age and do not qualify for Medicare or another Medicaid program. Department of Health and Human Services Bridges Eligibility Manual (BEM) 137 (January 1, 2024), p 1.

Petitioner is eligible for Medicare, and she is not eligible for MA benefits under the Healthy Michigan Program.

Petitioner was previously enrolled in the Freedom To Work (FTW) category of MA, a category available to disabled individuals who are employed. Petitioner's employment stopped in August of 2023. Individuals are allowed to continue their participation in the Freedom To Work category for up to a 24 month temporary break from employment. Department of Health and Human Services Bridges Eligibility Manual (BEM) 174 (October 1, 2024), p 1.

Petitioner has not been employed for 24 months, and she is no longer eligible for the FTW category because she is not employed or on a temporary break from work.

The AD-CARE program is a category of Medical Assistance (MA) that provides health care coverage to individuals who are aged or disabled and have an income that does not exceed the federal poverty level. Department of Health and Human Services Bridges Eligibility Manual (BEM) 163 (July 1, 2017), p 1.

Petitioner receives social security benefits exceeding the federal poverty level for a single individual in 2025, which is \$1,304 per month. Therefore, Petitioner is not eligible for the AD-CARE category.

A review of Petitioner's case reveals that the Department budgeted correct amount of income received by the Petitioner. Petitioner's "protected income level" is \$408, and this amount cannot be changed either by the Department or by this Administrative Law Judge. Department of Human Services Reference Table Manual (RFT) 240 (December 1, 2013), p 1. Department's determination that the Petitioner has a \$1,333 deductible per month she must meet in order to qualify for MA for any medical expenses above is therefore correct.

Petitioner credibly testified that her caseworker said that her case was going to be trouble. Petitioner alleges that this is evidence that her caseworker improperly determined her eligibility for MA benefits based on this comment.

The context of this hearsay statement cannot be determined, but the hearing record supports the finding that Petitioner's eligibility for MA benefits was determined in accordance with Department policy. Further, a complaint as to alleged misconduct or mistreatment by a state employee shall not be considered through the administrative hearing process but shall be referred to the department personnel director. Mich Admin Code, R 792.11002.

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 the most beneficial category of Medical Assistance (MA) that Petitioner is currently eligible for.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.



KEVIN SCULLY
ADMINISTRATIVE LAW JUDGE
Michigan Office of Administrative
Hearings and Rules (MOAHR)

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://irs.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
INGHAM COUNTY DHHS
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