

**Date Mailed:** January 15, 2026

**Docket No.:** 25-037729

**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 December 17, 2025. Petitioner appeared and was unrepresented. [REDACTED] father, appeared as a witness for Petitioner. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Amy Hovey, Eligibility Lead Worker (ELW).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-43.

### **ISSUE**

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

### **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 and other benefits for herself. Petitioner reported income from employment with [REDACTED] working an average of 35 hours per week and earning [REDACTED] per hour. Petitioner indicated her income did not change from month to month. (Exhibit A, pp. 9-17)
2. During an August 18, 2025 interview, Petitioner indicated her income from the last 30 days was expected to continue. (Exhibit A, p. 38)
3. An employment verification documented Petitioner's earnings. The Department utilized earned income from pay dates August 8, 2025 (66.3 hours, [REDACTED] and August 22, 2025 (73.2 hours, [REDACTED] for determining income for current and ongoing eligibility. (Exhibit A, pp. 29-33; ELW Testimony)
4. The Department determined that Petitioner's income exceeded the limit for a household size of one for MA-HMP of [REDACTED] (ELW Testimony)

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5. On August 18, 2025, a Health Care Coverage Determination Notice was issued indicating full coverage MA was approved for Petitioner under the Healthy Michigan Plan (MA-HMP) category for the months of May 2025 through July 2025, and that Petitioner was only eligible for limited coverage under the Plan First (PF) category effective August 1, 2025. (Exhibit A, pp. 26-28)
  6. On October 7, 2025, Petitioner filed a hearing request contesting the MA eligibility 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. 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. 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, January 1, 2024, p. 1.

Petitioner was only potentially eligible for full coverage MA under the Healthy Michigan Plan (MA-HMP) category based on the available information. For example, there was no evidence that Petitioner was under age 19 or 21, aged, disabled (See BEM 260, January 1, 2023), blind, pregnant, or a caretaker relative for a child in the home.

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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.

Medicaid eligibility is determined on a calendar month basis. Unless policy specifies otherwise, circumstances that existed, or are expected to exist, during the calendar month being tested are used to determine eligibility for that month. When determining eligibility for a future month, assume circumstances as of the processing date will continue unchanged unless you have information that indicates otherwise. BEM 105, January 1, 2024, p. 2. This is consistent with 42 CFR § 435.603(h), which states that financial eligibility for Medicaid for applicants must be based on current monthly household income and family size.

The 2025 FPL for the 48 contiguous states and the District of Columbia for a group size of one was a monthly income of [REDACTED]

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

In this case, the Department determined that Petitioner was not eligible for MA under the MA-HMP category based on income exceeding the program limit as of August 1, 2025. On [REDACTED] 2025, Petitioner applied for MA and other benefits for herself. Petitioner reported income from employment with [REDACTED] working an average of 35 hours per week and earning [REDACTED] per hour. Petitioner indicated her income did not change from month to month. (Exhibit A, pp. 9-17). During an August 18, 2025 interview, Petitioner indicated her income from the last 30 days was expected to continue. (Exhibit A, p. 38). An employment verification documented Petitioner's earnings. The Department utilized earned income from pay dates August 8, 2025 (66.3 hours, [REDACTED] and August 22, 2025 (73.2 hours, [REDACTED] for determining income for current and ongoing eligibility. (Exhibit A, pp. 29-33; ELW Testimony). The Department determined that Petitioner's income exceeded the limit for a household size of one for MA-HMP of [REDACTED] (ELW Testimony). Accordingly, on August 18, 2025, a Health Care Coverage Determination Notice was issued indicating full coverage MA was approved for Petitioner under the MA-HMP category for the months of May 2025 through July 2025, and that Petitioner was only eligible for limited coverage under the Plan First (PF) category effective August 1, 2025. (Exhibit A, pp. 26-28).

Petitioner explained that she has two chronic health conditions and while her work offers insurance, she has endless medical bills. Petitioner spends a lot of money paying off medical bills. (Petitioner Testimony). Petitioner's father indicated Petitioner does not even have enough money for her food. (Father Testimony).

It was noted that after the hearing request was filed, a change with income was reported and verified. Petitioner was approved for full coverage MA-HMP as of September 1, 2025. (Exhibit A, p. 1; ELW Testimony).

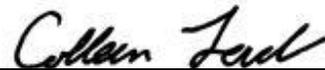
This Administrative Law Judge must review the Department's determination under the existing policies and has no authority to change or make any exceptions to the applicable policies, which include the income limit for MA-HMP.

Overall, the evidence shows that the Department properly determined that at the time of the August 18, 2025 determination, Petitioner was not eligible for MA-HMP based on her income at that time exceeding program limits. However, the Department properly redetermined Petitioner's eligibility for MA on her current income when the change with income was reported and verified.

### **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 Petitioner's eligibility for MA based on the income at the time of the August 18, 2025 determination.

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



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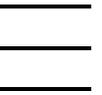
**COLLEEN LACK**  
**ADMINISTRATIVE LAW JUDGE**

**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](https://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](mailto: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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**Via First Class Mail:**

**Petitioner**

[REDACTED]

[REDACTED]

[REDACTED] MI [REDACTED]