



**Date Mailed:** February 5, 2026  
**Docket No.:** 25-041270  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

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

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**Case No.:** [REDACTED]

**Petitioner:** [REDACTED] [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 January 15, 2026. Petitioner represented himself. The Department was represented by Rachel Meade.

### **ISSUE**

Did the Department of Health and Human Services (Department) properly determine the level of Medical Assistance (MA) that Petitioner is eligible for?

### **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 November [REDACTED] 2024, the Department received Petitioner's application for assistance. Exhibit A, p 9.
2. On December [REDACTED] 2024, Petitioner reported to the Department that he was unable to work but had not applied for social security benefits. Exhibit A, p 18.
3. On December [REDACTED] 2024, the Department notified Petitioner that he was eligible for Medical Assistance (MA) under the Healthy Michigan Plan (HMP). Exhibit A, p 25.
4. On September [REDACTED] 2025, the Department received Petitioner's Redetermination form. Exhibit A, p 29.
5. On his September [REDACTED] 2025, Redetermination form, the Petitioner reported that he was disabled and receiving Social Security benefits and Medicare. Exhibit A, pp 30-33.
6. On September [REDACTED] 2025, the Department notified Petitioner that he was not eligible for Medical Assistance (MA). Exhibit A, pp 48-49.
7. Petitioner receives monthly Retirement, Survivors, and Disability Insurance (RSDI) in the gross monthly amount of \$[REDACTED] Exhibit A, p 64.

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8. Petitioner receives monthly Sick and Accident Insurance in the gross monthly amount of \$█████ Exhibit A, p 63.
  9. On October █████ 2025, the Department notified Petitioner that he was eligible for Medical Assistance (MA) with a \$█████ monthly deductible. Exhibit A, p 56.
  10. On October 30, 2025, the Department received Petitioner's request for a hearing protesting the level of Medical Assistance (MA) that he is eligible for. Exhibit A, pp 4-8.
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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).

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.*

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.

The income limit to participate in the Healthy Michigan Plan (HMP) is 133% of the federal poverty level. Department of Health and Human Services Reference Table Manual (RFT) 246 (April 1, 2014), p 1.

Petitioner was approved for MA benefits under the Healthy Michigan Program (HMP). Later, he reported to the Department that he had been approved for social security benefits based on disability and that he was eligible for Medicare.

As a Medicare recipient, Petitioner is no longer eligible for HMP benefits. Further, Petitioner's monthly social security payments exceed 133% of the federal poverty level for a household of one, and he would not be eligible for HMP benefits based on his gross income.

The Department notified Petitioner that he was no longer eligible for HMP benefits but then examined his eligibility under other categories.

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's monthly social security payment exceeds the federal poverty level, and he is not eligible for benefits under the AD-CARE category, which does not have a monthly spenddown.

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 \$[REDACTED] 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 \$[REDACTED] deductible per month she must meet in order to qualify for MA for any medical expenses above is therefore correct.

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 eligible for based on his current gross income.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.



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**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](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://rs.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]