



**Date Mailed:** March 2, 2026

**Docket No.:** 25-043415

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

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

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

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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; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via video conference on February 25, 2026. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Melissa Bennett, Eligibility Specialist.

### **ISSUE**

Did the Department properly determine Petitioner's eligibility for Medicaid (MA) coverage?

### **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 MA Healthy Michigan Plan (HMP).
2. Petitioner receives Retirement, Survivors and Disability Insurance (RSDI) income of \$ [REDACTED] per month.
3. On July [REDACTED] 2025, Petitioner had spine surgery.
4. On August [REDACTED], 2025, the Department received Petitioner's MA renewal. Exhibit A, pp. 6-10.
5. On August [REDACTED] 2025, the Department sent Petitioner a Health Care Coverage Determination Notice (HCCDN) that informed Petitioner he was eligible for Group 2 SSI-related MA (G2S) with a monthly deductible of \$ [REDACTED] effective October 1, 2025 ongoing. Exhibit A, p. 22.
6. On September [REDACTED] 2025, Petitioner turned [REDACTED] years old.
7. On October [REDACTED] 2025, Petitioner's HMP coverage ended and G2S coverage began.
8. On November [REDACTED] 2025, the Department submitted a help desk ticket regarding Petitioner's July 2025 HMP coverage.

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9. On November 17, 2025, the Department received Petitioner's request for hearing that disputed his MA coverage for July 1 to July 31, 2025. 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).

Petitioner's request for hearing disputed the Department's actions regarding his MA coverage. Petitioner clarified that he did not dispute the Department's approval of G2S coverage with a monthly deductible of \$ [REDACTED] effective October 1, 2025 ongoing. Petitioner disputed the Department's actions regarding his HMP coverage for July 1 to July 31, 2025.

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.

In this case, Petitioner disputed the Department's actions regarding his HMP coverage from July 1 to July 31, 2025. Petitioner explained that he had surgery on [REDACTED] 2, 2025 and his health plan did not pay the medical bill because Petitioner allegedly did not have MA coverage in July 2025.

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, (iii) to individuals who meet the eligibility criteria for Healthy Michigan Plan (HMP) coverage, which is limited to individuals aged 18 to 64, and (iv) to individuals who meet the eligibility criteria for Plan First Family Planning (PFFP) coverage. 42 CFR 435.911; 42 CFR 435.100 to 435.172; BEM 105 (January 2024), p. 1; BEM 137 (January 2024), p. 1; BEM 124 (July 2023), p. 1. Under federal law, an individual eligible under more than one MA category must have eligibility determined for the category selected and is entitled to the most beneficial coverage available, which is the one that results in eligibility and the least amount of excess income or the lowest cost share. BEM 105, p. 2; 42 CFR 435.404.

After reviewing Petitioner's MA coverage at the hearing, the Department testified that Petitioner had HMP coverage from July 2025 through October 1, 2025. HMP is a Modified Adjusted Gross Income (MAGI)-related MA category that provides MA

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coverage to individuals who (i) are 19 to 64 years of age; (ii) have income under the MAGI methodology at or below 133% of the federal poverty level (FPL); (iii) do not qualify for or are not enrolled in Medicare; (iv) do not qualify for or are not enrolled in other MA programs; (v) are not pregnant at the time of application; and (vi) are residents of the State of Michigan. BEM 137, p. 1; 42 CFR 435.603.

At the time of Petitioner's July 2025 surgery, the Department testified that Petitioner had HMP coverage. The Department also testified that case notes indicated that in July 2025, Petitioner's HMP coverage closed due to a "mid-month transfer to another group," but was then reinstated for the month of July and continued through October 1, 2025. The Department acknowledged that it did not issue a HCCDN to Petitioner regarding the closure. Despite the Department's records reflecting that Petitioner's HMP coverage was active for July 2025 through October 1, 2025, Petitioner testified that he was told by his health plan that he did not have coverage for the month of July 2025 and that the medical bill, which had been submitted to the Department twice, remained unprocessed.

As an initial matter, the Department will evaluate each change reported and entered in the system to determine if it affects eligibility. BAM 220 (October 2025), p. 1. Upon certification of eligibility results, the Department automatically notifies the client in writing of positive and negative actions by generating the appropriate notice of case action. BAM 220, p. 2. A negative action is a Department action to deny an application or to reduce, suspend or terminate a benefit. BAM 220 (October 2025), p.1. Negative actions include medical coverage cancellation or reduction. BAM 220, p. 12. Negative changes and case closures require a DHS-1606 Health Coverage Notice (HCCDN). BAM 220, p. 23. The client has 90 calendar days from the date of the written notice of case action to request a hearing. BAM 600 (July 2025), p. 6.

Here, Petitioner was an ongoing recipient of HMP and there was no change reported regarding Petitioner's eligibility for MA coverage. Based on the evidence presented, there was no reason to close Petitioner's HMP coverage in July 2025. Further, the Department did not provide Petitioner notice of the negative action or inform him of the right to request a hearing to dispute the Department's action. Because the Department is required to provide notice of negative action, the Department did not act in accordance with Department policy when it closed Petitioner's HMP coverage in July 2025 and failed to provide Petitioner notice of the closure.

The Department also testified that it reinstated Petitioner's HMP coverage for July 1 to July 31, 2025 and that the coverage continued until October 1, 2025. Reinstatement restores a closed program to active status without completion of a new application. BAM 205 (January 2022), p. 1. Closed programs may be reinstated for any of the following reasons including, but not limited to, when a program is closed in error, closed because correct information not entered, a timely hearing request and a hearing decision ordered reinstatement. BAM 205, p. 1. The Department will determine eligibility and the amount of program benefits for the month of reinstatement and any months during which the

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program was closed, as if the program had not been closed. BAM 205, p. 2. Once the reinstatement is certified, any and all benefits due to the client will be issued. *Id.*

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Although the Department testified that it reinstated HMP coverage for July 1 to July 31, 2025, Petitioner's medical bill incurred on July █ 2025 was not processed and, as of the date of the hearing, remained unpaid. At the hearing, the Department acknowledged that it needed help desk assistance to determine why HMP coverage was showing as active but the medical bill had not been processed. Because reinstatement requires the Department to treat the client as if the program had not been closed and issue any and all benefits due to the client, the Department did not act in accordance with Department policy when it did not process Petitioner's July █ 2025 medical bill.

Because the Department did not provide notice of its negative action regarding Petitioner's MA coverage and the evidence presented regarding Petitioner's outstanding medical bill indicated that that the reinstatement of HMP coverage was not correctly processed, the Department did not act in accordance with Department policy when it determined Petitioner's eligibility for MA coverage for July 1 to July 31, 2025.

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## DECISION AND ORDER

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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 determined Petitioner's eligibility for MA coverage.

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. Reinstatement of Petitioner's HMP coverage for July 1 to July 31, 2025, in accordance with policy;
2. Issue any and all MA benefits due to Petitioner;
3. Allow Petitioner's providers to bill for medical services rendered to Petitioner from July 1, 2025 through October 1, 2025; and
4. Notify Petitioner of its decision in writing.



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**JULIA NORTON**  
**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

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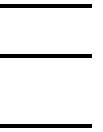
specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR \_\_\_\_\_

- 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:**

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**Via First Class Mail:**

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[REDACTED]  
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