Michigan Office of Administrative Hearings and Rules
P.O. Box 30639
Lansing, MI 48909

Date Mailed: February 2, 2026
Docket No.: 25-046303
Case No.: [redacted]
Petitioner: [redacted]

[redacted] MI [redacted]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

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

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

这是一份重要的法律文件。请让别人翻译文件。

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

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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 telephone hearing was held on January 29, 2026. Petitioner [redacted] appeared on Petitioner's own behalf. [redacted] appeared as a witness for Petitioner. The Department of Health and Human Services (Department) was represented by Amy Miller, Eligibility Specialist.

A 16-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

ISSUE

Did the Department properly find Petitioner ineligible for full-coverage MA (Medical Assistance) through the HMP (Healthy Michigan Program) beginning December 1, 2025?

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 received full-coverage MA through the HMP until November 30, 2025.

2. On October 27, 2025, Petitioner submitted paycheck history verifications from April 1, 2024, to October 13, 2025.

3. The Department updated Petitioner's income based on a September 19, 2025, paycheck of $[redacted] and an October 3, 2025, paycheck of $[redacted].

4. On October 28, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner finding Petitioner ineligible for full-coverage MA effective December 1, 2025.

5. The Department determined that Petitioner's annual income exceeded the limit to be eligible for full-coverage MA through the HMP beginning December 1, 2025.

6. On November 26, 2025, Petitioner requested a hearing to dispute the Department's determination.

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 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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, the Department determined that Petitioner is ineligible for full-coverage MA through the HMP beginning December 1, 2025. Petitioner disputes the Department's calculation of Petitioner's income.

Based on the evidence and testimony in this matter the Department failed to show how Petitioner's income was budgeted prior to the issuance of the October 28, 2025, Healthcare Coverage Determination Notice. Therefore, the Department has not met its burden of going forward and establishing that Petitioner is ineligible for full-coverage MA through the HMP beginning December 1, 2025.

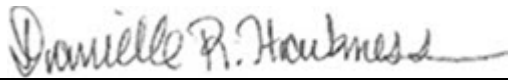
DECISION AND ORDER

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 did not act in accordance with its policies and the applicable law when it determined Petitioner's MA eligibility beginning December 1, 2025.

IT IS ORDERED the Department's decision is **REVERSED**.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE THE ORDER WAS ISSUED:

1. Re-determine Petitioner's MA eligibility beginning December 1, 2025, in accordance with Department policy.



DANIELLE R. HARKNESS
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. 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**
ISABELLA COUNTY DHHS
1919 PARKLAND DR
MT PLEASANT, MI 48858
MDHHS-ISABELLA-HEARINGS@MICHIGAN.GOV

Via First Class Mail: **Petitioner**
[redacted]
[redacted] MI [redacted]