



Date Mailed: February 12, 2026

Docket No.: 25-046724

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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Docket No.: 25-046724

Case No.: [REDACTED]

Petitioner: [REDACTED]

HEARING DECISION

On January 20, 2026, Petitioner [REDACTED] requested a hearing to dispute a Medical Assistance (MA) determination. As a result, a hearing was scheduled to be held on February 10, 2026. Public assistance hearings are held 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. Petitioner appeared and represented herself. Respondent, Department of Health and Human Services (Department), had Jarrod Swartz, Assistance Payments Supervisor, appear as its representative.

A 50-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

ISSUE

Did the Department properly determine Petitioner's MA eligibility?

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 is not married.
2. Petitioner is a resident of [REDACTED].
3. Petitioner's date of birth is [REDACTED] 1978.
4. On November 14, 2025, Petitioner submitted a letter from the Social Security Administration (SSA) stating that Petitioner is receiving Social Security Retirement, Survivors, and Disability Insurance (RSDI) income with a disability date listed, Petitioner was also notified that beginning May 2024 Petitioner's Medicare Part A coverage began and beginning November 2025 Petitioner's Medicare Part B coverage began.
5. Petitioner receives RSDI of \$ [REDACTED] per month.
6. Petitioner has Medicare coverage.

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7. The Department determined that Petitioner was ineligible for full-coverage MA because Petitioner's income exceeded the applicable limit. Therefore, the Department determined that the best MA coverage that Petitioner was eligible for was Group 2 MA with a monthly deductible.
 8. On December 2, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner to notify Petitioner that Petitioner was eligible for Group 2 MA with a monthly deductible of \$821.00 beginning December 1, 2025.
 9. On December 6, 2025, the Department's system automatically updated, and Petitioner was found eligible for Group 2 MA with a monthly deductible of \$802.00 beginning January 1, 2026.
 10. On January 20, 2026, Petitioner requested a hearing.

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.

The Healthy Michigan Plan (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.

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- Have income at or below 133 percent Federal Poverty Level (FPL).

BEM 137 (January 1, 2024), p. 1.

Based on the verification that Petitioner submitted to the Department, Petitioner qualifies for Medicare. Therefore, the Department properly determined that Petitioner is no longer eligible for full coverage through the HMP.

Since the Department found Petitioner ineligible for full-coverage MA through the HMP, the Department determined that the best MA coverage that Petitioner was eligible to receive was Group 2 MA with a monthly deductible. Group 2 is available to clients who are aged or disabled and ineligible for full-coverage MA. BEM 166 (April 1, 2017), p. 1. Group 2 MA provides health care coverage for any month that: (a) an individual's countable income does not exceed the individual's needs as defined in policy, or (b) an individual's allowable medical expenses equal or exceed the amount of the individual's income that exceeds the individual's needs. *Id.* at 2.

When group members receive income from Social Security RSDI, the gross amount received from RSDI is countable. BEM 163 p. 2. However, \$20.00 is disregarded from unearned income such as Social Security RSDI income. BEM 541 (January 1, 2023), p. 1.

In this case, Petitioner received \$ [REDACTED] in December 2025 from Social Security RSDI. After the \$20.00 disregard, the countable amount of Petitioner's Social Security RSDI is \$ [REDACTED] per month (\$ [REDACTED] - \$20.00). Petitioner received an insurance premium deduction of \$185.00 resulting in a countable income of \$ [REDACTED] (\$ [REDACTED] - \$185.00). The Department calculated Petitioner's excess income by subtracting the protected income limit of \$391.00 from Petitioner's countable monthly income. Thus, Petitioner's excess income was \$ [REDACTED] minus \$391.00 which equals an \$ [REDACTED] deductible beginning December 2025.

Beginning January 2026, Petitioner received \$ [REDACTED] from Social Security RSDI. After the \$20.00 disregard, the countable amount of Petitioner's Social Security RSDI is \$ [REDACTED] per month (\$ [REDACTED] - \$20.00). Petitioner received an insurance premium deduction of \$202.90 and a Cost of Living (COLA) exclusion of \$40.00 resulting in a countable income of \$ [REDACTED] (\$ [REDACTED] - \$202.90 - \$40.00). The Department calculated Petitioner's excess income by subtracting the protected income limit of \$391.00 from Petitioner's countable monthly income. Thus, Petitioner's excess income was \$ [REDACTED] minus \$391.00 which equals an \$ [REDACTED] deductible beginning January 2026.

Since Petitioner has a deductible, Petitioner will only be eligible for health care coverage for any month that Petitioner's allowable medical expenses equal or exceed Petitioner's deductible amount. Petitioner did not present any evidence to establish that she had

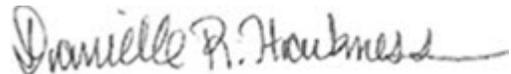
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allowable medical expenses that equaled or exceeded her monthly deductible amount. If Petitioner has outstanding medical expenses that equal or exceed her monthly deductible amount, Petitioner should provide documentation of those expenses to the Department to obtain health care coverage.

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 its policies and the applicable law when it determined Petitioner's MA eligibility.

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



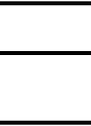
**DANIELLE R. HARKNESS
ADMINISTRATIVE LAW JUDGE**

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
KENT COUNTY DHHS
121 MARTIN LUTHER KING JR ST SE STE 200
GRAND RAPIDS, MI 49507
MDHHS-KENT-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner
[Redacted]
[Redacted]
[Redacted] MI [Redacted]