



Date Mailed: March 3, 2026

Docket No.: 25-048457

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

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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; 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 February 5, 2026. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Kaylie Polk, Hearing Facilitator. Department Exhibit 1, pp. 1-31 was received and admitted.

ISSUE

Did the Department properly close Petitioner’s Healthy Michigan Plan Medical Assistance (MA-HMP) due to excess income?

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 October [REDACTED] 2025, Petitioner submitted redetermination paperwork.
2. Petitioner earns \$[REDACTED] per month in employment income from his job with [REDACTED].
3. Household member [REDACTED] receives \$[REDACTED] in social security income per month.
4. On November [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his MA-HMP would be closing effective January 1, 2026 due to excess income.
5. On December 22, 2025, Petitioner requested hearing disputing the closure of MA.

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.

Targeted Population

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. • Have income at or below 133 percent Federal Poverty Level (FPL). BEM 137

In this case, Petitioner earns \$ [REDACTED] monthly in employment income. Household member [REDACTED] receives \$ [REDACTED] in social security income per month. The total household monthly income is \$ [REDACTED]. The monthly income limit for a group size of 2 for the HMP is \$2,344. Therefore, Petitioner is over the income limit for HMP and the closure was proper and correct and consistent with Department policy. BEM 137

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 closed Petitioner's MA-HMP case due to excess income.

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



AARON MCCLINTIC
ADMINISTRATIVE LAW JUDGE

25-048457

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://irs.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.

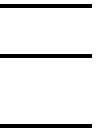
Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation 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
BAY COUNTY DHHS
1399 W CENTER RD
ESSEXVILLE, MI 48732
**MDHHS-BAY-
HEARINGS@MICHIGAN.GOV**



Via First Class Mail:

Petitioner

[REDACTED]
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