



Date Mailed: March 10, 2026
Docket No.: 26-001995
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.

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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]

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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 12, 2026. Petitioner appeared along with household member [REDACTED] [REDACTED]. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Rachel Meade, Hearing Facilitator. Department Exhibit 1, pp. 1-136 was received and admitted.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) eligibility and program type?

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 December [REDACTED] 2025, Petitioner applied for MA.
2. On December [REDACTED], 2025, Petitioner applied for MA.
3. On December [REDACTED] 2025, a Verification Checklist was sent to Petitioner requesting verification of income.
4. On January 2, 2026, Petitioner requested a hearing contesting the determination of MA.
5. On January [REDACTED] 2026, a Benefit Notice was sent to Petitioners informing that they are eligible for MA-TMA is approved for household members [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] for January 2026 through August 2026.
6. Petitioner's household income was \$[REDACTED] for tax year 2024. (Ex. 1, p.62)

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, ██████████ testified at hearing that Petitioner's self employment income for tax year 2024 was \$██████████ and her self employment income for 2024 was \$██████████. The income limit for the Healthy Michigan Plan for a household of 3 is \$35,444. Therefore, Petitioner's are under the income limit for MA-HMP and they should have been approved for that program. BEM 137 At hearing, the Department representative could not explain why Petitioner was approved for Transitional Medicaid instead of MA-HMP. ██████████ testified at hearing that they had previously been receiving MA-HMP and their circumstances have not changed.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it determined Petitioner's MA eligibility and program type.

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. Activate MA-HMP coverage for the household back to December 2025 and ongoing.



AARON MCCLINTIC
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://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

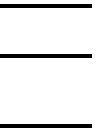
26-001995

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Via Electronic Mail:

Respondent
JACKSON COUNTY DHHS
301 E LOUIS GLICK HWY
JACKSON, MI 49201
**MDHHS-JACKSON-
HEARINGS@MICHIGAN.GOV**



Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]