



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
SUZANNE SONNEBORN  
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA  
DIRECTOR

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Date Mailed: September 16, 2024  
MOAHR Docket No.: 24-009145  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Danielle R. Harkness**

**HEARING DECISION**

On July 17, 2024, Petitioner, ██████████, requested a hearing to dispute a Medical Assistance (MA) determination. As a result, a hearing was scheduled to be held on September 11, 2024. 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. The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent, Michigan Department of Health and Human Services (Department), had Melissa Stanley, Hearing Facilitator, appear as its representative.

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

**ISSUE**

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA) and Medicare Savings Program (MSP) 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. In ██████████ 2024, a redetermination for MA was mailed to Petitioner.
2. On April 9, 2024, the Department mailed a health care coverage determination notice to Petitioner to notify Petitioner that Petitioner was eligible for Plan First MA, which is a Modified Adjusted Gross Income (MAGI)-related limited MA coverage.
3. On June 7, 2024, the Department mailed a Verification Checklist to Petitioner to determine eligibility for Petitioner's FAP benefits.

4. On June 7, 2024, the Department mailed a health care coverage determination notice to Petitioner to notify Petitioner that Petitioner was ineligible for MSP coverage beginning May 1, 2024, because Petitioner did not provide proof of information to the Department as instructed.
5. On July 2, 2024, the Department mailed a verification checklist to Petitioner to obtain information to redetermine Petitioner's eligibility for Medicare cost share coverage. The verification checklist instructed Petitioner to provide a current statement from Petitioner's bank or financial institution or a completed Verification of Assets form. The verification checklist instructed Petitioner to provide the proofs or call the Department by July 12, 2024.
6. On July 17, 2024, 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 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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Persons may qualify for MA under more than one MA category. The Federal law gives them the right to the most beneficial category or the category that results in eligibility and the least amount of excess income or the lowest cost share. Additionally, a person may be eligible for MSP coverage in addition to regular MA benefits. BEM 105 and 165.

The Department must periodically redetermine or renew a client's eligibility for active programs. BAM 210 (January 1, 2024), p. 1. The redetermination/renewal process includes a thorough review of all eligibility factors. Benefits stop at the end of the benefit period unless a renewal is completed, and a new benefit period is certified. *Id.* at 4.

Verification is usually required by the Department at the time of application/redetermination and for a reported change. BAM 130 (May 1, 2024), p. 1. The Department must tell a client what verification is required, how to obtain it, and the due date. *Id.* at 3. The Department must allow the client 10 calendar days to provide requested verification. *Id.* at 8. The client must obtain the verification, but the local office must assist if the client needs it and asks for help. *Id.* Verifications are only considered

timely if they are received by the due date. *Id.* The Department must send a Negative Action Notice when the client refuses to provide the verification, or the client has failed to provide the verification by the due date. *Id.*

In this case, the Department determined Petitioner was only eligible for Plan First MA. Further, the Department found Petitioner ineligible for MSP coverage because Petitioner failed to provide requested verifications. Petitioner refuted the Department's determination because Petitioner did not receive a request for verifications from the Department.

The Department's hearing summary packet included verification checklists mailed on June 7, 2024, and July 2, 2024; however, no evidence was provided to show the Department properly requested verifications and that Petitioner failed to cooperate in providing needed verification prior to issuing the June 7, 2024, health care coverage determination notice. Accordingly, the Department failed to meet its burden of going forward and establishing that it properly determined Petitioner's eligibility for MA and MSP coverage.

### **DECISION AND ORDER**

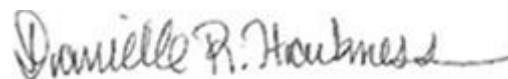
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department failed to act in accordance with its policies and the applicable law when it determined Petitioner's eligibility for MA and MSP coverage.

IT IS ORDERED that 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. The Department shall redetermine Petitioner's MA and MSP eligibility consistent with this decision. The Department shall begin to implement this decision within 10 days of the date of mailing of this decision and order.

DH/pt



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**Danielle R. Harkness**  
Administrative Law Judge

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**Via-Electronic Mail:**

**DHHS**  
Elisa Daly  
Saginaw County DHHS  
411 East Genesee  
Saginaw, MI 48607  
**MDHHS-Saginaw-Hearings@michigan.gov**

**Interested Parties**  
BSC2  
M. Schaefer  
EQAD  
MOAHR

**Via-First Class Mail:**

**Petitioner**  
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[REDACTED]  
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