



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

MARLON BROWN  
DIRECTOR

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Date Mailed: November 27, 2024  
MOAHR Docket No.: 24-010776  
Agency No.: ██████████  
Petitioner: ██████ ██████

**ADMINISTRATIVE LAW JUDGE: Colleen Lack**

**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 October 31, 2024, from Lansing, Michigan. ██████ ██████ the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Caleb Nygren, Hearing Facilitator (HF).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-50.

**ISSUE**

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA), specifically the Medicare Savings Program (MSP)?

**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 May █ 2024, Petitioner submitted a Redetermination. (Exhibit A, pp. 9-15)
2. On May █ 2024, a Verification Checklist was issued to Petitioner requesting verification of credit union accounts with a due date of May 30, 2024 needed to determine Petitioner's eligibility for MA and the MSP. (Exhibit A, pp. 16-17)

3. On May ■ 2024, a Health Care Coverage Determination Notice was issued to Petitioner approving limited coverage MA under the Plan First category effective August 1, 2023. (Exhibit A, pp. 18-21)
4. On June ■ 2024, an Asset Detection was returned to the Department finding three active savings accounts with Elga Credit Union. (Exhibit A, pp. 22-24)
5. On June ■ 2024, a Health Care Coverage Determination Notice was issued to Petitioner denying MSP benefits effective July 1, 2024, based on a failure to return the requested asset verifications. (Exhibit A, pp. 25-29)
6. On July ■ 2024, a Verification Checklist was issued to Petitioner requesting verification of federal income tax refund as well as credit union accounts needed to determine Petitioner's eligibility for MA. (Exhibit A, pp. 30-31)
7. On September ■ 2024, Petitioner applied for MA and the MSP. (Exhibit A, pp. 32-44)
8. On September 13, 2024, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, pp. 5-7)

### **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.

In general, verification is to be obtained when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. The Department must tell the client what verification is required, how to obtain it, and the due date. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification despite a reasonable effort, the Department should use the best available information. If no evidence is available, the Department is to use their best judgment. BAM 130, May 1, 2024, pp. 1-4.

For MA, the Department must allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. If the client cannot provide the verification despite a reasonable effort, the Department can extend the time limit up to two times when specific conditions are met. These conditions include that the customer/authorized representative need to make the request. An extension should not automatically be given. Verifications are considered timely if received by the date they are due. The Department is to send a case action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, pp. 8-9

In this case, a Verification Checklist was issued to Petitioner on May ■ 2024, requesting verification of credit union accounts. (Exhibit A, pp. 16-21). On June ■ 2024, a Health Care Coverage Determination Notice was issued to Petitioner denying MSP benefits effective July 1, 2024, based on a failure to return the requested asset verifications. (Exhibit A, pp. 25-29).

Petitioner indicated that he was out of town in May 2024 taking care of family members in Kentucky. (Petitioner Testimony).

The Department's determination to close Petitioner's MSP benefits must be upheld. The Department sends a request for verifications to the current address on file. There was no evidence that the Department received any response from Petitioner by the due date, such as a request for an extension or assistance obtaining the verifications. A closure of benefits was in accordance with the BAM 130 policy when the Department did not receive any response to the verification checklist and the time period given had elapsed.

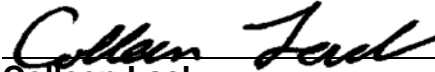
As discussed, as of the hearing date the Department was continuing to process Petitioner's recent MA and MSP application, and Petitioner submitted the needed verifications. If they have not already done so, written notice of the new eligibility determination should be issued by the Department.

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 determined Petitioner's eligibility for MA, specifically the MSP.

**DECISION AND ORDER**

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

CL/dm

  
Colleen Lack  
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**  
Janice Collins  
Genesee County DHHS Union St  
District Office  
**MDHHS-Genesee-UnionSt-  
Hearings@michigan.gov**

**SchaeferM**

**EQADHearings**

**BSC2HearingDecisions**

**MOAHR**

**Via-First Class Mail :**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]