



Date Mailed: March 13, 2025

Docket No.: 25-007241

Case No.: [REDACTED]

Petitioner: [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।

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheti dokumentin.

HEARING DECISION

On [REDACTED], 2025, Petitioner [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on March 11, 2025. 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; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Petitioner had one witness present with her, [REDACTED] [REDACTED] provided Spanish interpretation for Petitioner. Respondent Michigan Department of Health and Human Services (Department) had Supervisor Julie Parrish appear as its representative. Neither party had any additional witnesses.

Both parties provided sworn testimony, and two exhibits were admitted into evidence. A 29-page packet of documents provided by the Department was admitted collectively as Exhibit A, and a 4-page document provided by the Department was admitted as Exhibit B.

ISSUE

Did the Department properly determine Petitioner's Medicaid 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. On January 17, 2025, Petitioner applied for Medicaid.
2. On January 17, 2025, the Department mailed a verification checklist to Petitioner (in Spanish). The verification checklist instructed Petitioner to provide the Department with verification of her income by January 27, 2025.
3. Petitioner did not provide the verification of her income by January 27, 2025.
4. On February 3, 2025, the Department mailed a health care coverage determination notice to Petitioner to notify Petitioner that she was ineligible for Medicaid because she did not provide the Department with verification of her income as instructed.
5. On February 7, 2025, Petitioner requested a hearing. Petitioner submitted verification of her income with her hearing request.
6. The Department reprocessed Petitioner's application with the verification of income that she submitted with her hearing request, and the Department approved Petitioner for emergency services only Medicaid, effective August 1, 2024, and ongoing.

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).

Medicaid is known as Medical Assistance (MA). 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.

In this case, Petitioner requested a hearing to dispute her Medicaid coverage because the Department denied her application for Medicaid. The Department properly denied Petitioner's application for Medicaid because Petitioner did not provide the Department with verification of her income as instructed.

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.*

Based on the evidence presented, the Department properly instructed Petitioner to provide verification of her income, and Petitioner did not provide verification of her income as instructed. Since Petitioner did not provide verification of her income as instructed, the Department was required to send a negative action notice to Petitioner, which meant that the Department was required to notify Petitioner that she was ineligible for Medicaid. Thus, the Department acted in accordance with BAM 130 when it sent the February 3, 2025, health care coverage determination notice to Petitioner. Therefore, The Department's decision is affirmed.

Although the Department's decision to find Petitioner ineligible for Medicaid is affirmed, the issue is moot because the Department subsequently reprocessed Petitioner's application with the verification of income that she submitted with her hearing request, and the Department approved Petitioner for emergency services only Medicaid.

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 Medicaid eligibility.

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



JEFFREY KEMM
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
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GRAND RAPIDS, MI 49507
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Interested Parties

BSC3
M. SCHAEFER
EQAD
MOAHR

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]