



Date Mailed: March 28, 2025

Docket No.: 25-008792

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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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 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 26, 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 with his spouse, [REDACTED]. Respondent Michigan Department of Health and Human Services (Department) had Assistance Payments Supervisor Stacy Smith appear as its representative. Neither party had any additional witnesses.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 68-page packet of documents provided by the Department was admitted collectively as Exhibit A.

ISSUE

Did the Department properly close Petitioner's and his spouse's Medicaid?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

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1. On November 22, 2024, Petitioner submitted a redetermination form to the Department to renew his eligibility for Food Assistance Program (FAP) benefits.
 2. On December 11, 2024, the Department reviewed an asset detection report that contained unreported financial accounts, and the Department determined that it needed to obtain additional information about the accounts from Petitioner to determine Petitioner's eligibility.
 3. On December 11, 2024, the Department mailed a verification checklist to Petitioner to obtain additional information to determine Petitioner's eligibility. The verification checklist instructed Petitioner to provide the Department with proof of bank accounts and wages. The Department instructed Petitioner to provide the Department with the proof by December 23, 2024.
 4. Petitioner responded to the Department's verification checklist by providing the requested information as instructed, but the Department determined that it needed additional information, so the Department mailed a message to Petitioner.
 5. On January 3, 2025, the Department mailed a message to Petitioner to instruct him to provide proof of accounts at Navy Federal Credit Union for accounts ending in [REDACTED] and [REDACTED]. The Department instructed Petitioner to provide the Department with verification of the accounts or proof of closure. The Department instructed Petitioner to provide the Department with the proof by January 13, 2025.
 6. Petitioner contacted Navy Federal Credit Union in an attempt to obtain the required proof for the Department, but Petitioner was unable to obtain it by the due date. Petitioner kept the Department updated regarding Petitioner's progress.
 7. On January 21, 2025, Petitioner provided the Department with a letter from Navy Federal Credit Union about an account ending in [REDACTED].
 8. On January 24, 2025, the Department mailed a health care coverage determination notice to Petitioner to notify him that Petitioner and his spouse were ineligible for Medicare Savings Program coverage because Petitioner did not provide the Department with proof as instructed.
 9. Petitioner requested a hearing to dispute the Department's decision.
 10. On March 6, 2025, Petitioner provided the necessary proof to the Department. The Department has not processed it yet because Petitioner had a pending hearing request.

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

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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 the Department's decision to close his and his spouse's Medicare Savings Program (MSP) coverage. Medicare Savings Program is a type of Medicaid that helps cover costs that are not covered by Medicare. The Department closed Petitioner's and his spouse's MSP coverage because the Department determined that Petitioner did not provide verification as instructed. Thus, the issue is whether the Department properly closed Petitioner's and his spouse's MSP coverage for not providing verification 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 Navy Federal Credit Union accounts, and Petitioner did not provide the verification as instructed. Since Petitioner did not provide the verification 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 Petitioner and his spouse were ineligible for MSP coverage. Thus, the Department acted in accordance with BAM 130 when it sent the March 6, 2025, health care coverage determination notice to Petitioner. Therefore, The Department's decision is affirmed.

Although the Department's decision to find Petitioner and his spouse ineligible for MSP coverage is affirmed, Petitioner has since provided the Department with the required verification, so the Department should process it and redetermine Petitioner's and his spouse's eligibility for 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 acted in accordance with its policies and the applicable law when it closed 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

BARRY COUNTY DHHS
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**MDHHS-ALLEGAN-
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Interested Parties

BSC3
M. SCHAEFER
EQAD
MOAHR

Via First Class Mail:

Petitioner

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