



Date Mailed: March 7, 2025  
Docket No.: 24-038189  
Case No.: [REDACTED]  
Petitioner: [REDACTED]

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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 উকুমেন্ট। দয়া করে কেউ দার্শাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

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 përktheni dokumentin.

## 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 6, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Ashley Zielinski. Department Exhibit 1, pp. 1-32 was received and admitted.

## ISSUE

Did the Department properly deny Petitioner's Medical Assistance (MA) application due to excess income and failure to return requested verifications?

## 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 [REDACTED] 2024, Petitioner applied for MA.
2. On November 25, 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she was approved for MA- Plan First.

3. On December 27, 2024, a Verification Checklist was sent to Petitioner requesting verification of bank account.
4. On December 30, 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that MA Plan First closed for failing to return verifications.
5. On December 30, 2024, Petitioner requested hearing disputing the denial and closure of MA.
6. Petitioner was receiving \$ [REDACTED] in social security benefits and \$ [REDACTED] in unemployment benefits per month.

### **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.

#### **Income Eligibility**

Income eligibility exists when net income does not exceed the Group 2 needs in BEM 544. Apply the MA policies in BEM 500, 530, 540 (for children) or 541 (for adults), and 544 to determine net income. If the net income exceeds Group 2 needs, MA eligibility is still possible per BEM 545. BEM 166

Send a negative action notice when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130

In this case, Petitioner had social security income of \$ [REDACTED] and unemployment benefits of \$ [REDACTED] in the month of application. Petitioner had \$ [REDACTED] monthly unearned income. The income limit for MA-AdCare is \$1,275, therefore, Petitioner is over the limit for MA-AdCare. With regard to the closure of MA Plan First, Petitioner was sent a verification checklist requesting verification of a bank account. Petitioner submitted a document but it did not have the required information that the Department

needed to verify the bank account. Petitioner was clearly instructed regarding what was required and she failed to provide the required information prior to the deadline. Therefore, the closure of MA Plan First was proper and correct and consistent with Department policy. BAM 130

### **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 Department policy when it denied Petitioner's MA-AdCare application and closed Petitioner's MA Plan First benefit.

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

*Aaron McClinton*  
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://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. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed. 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](mailto: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.

**Via Electronic Mail:**

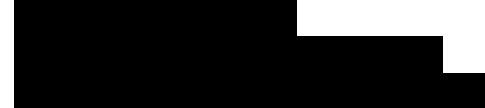
**Respondent**

MACOMB COUNTY DHHS MT  
CLEMENS DIST 12  
44777 N GRATIOT AVE STE A  
CLINTON TOWNSHIP, MI 48036  
**MDHHS-MACOMB-12-**  
**HEARINGS@MICHIGAN.GOV**

**Interested Parties**  
EQAD HEARINGS  
M. SCHAEFER  
BSC4

**Via First Class Mail:**

**Petitioner**

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