



Date Mailed: March 19, 2025

Docket No.: 25-003629

Case No.:

Petitioner:

«RECIP\_FULL\_NAME»

«RECIP\_ADD0»

«RECIP\_ADD1»

«RECIP\_ADD2»

«RECIP\_CITY», «RECIP\_SPCODE»

«RECIP\_POSTAL»

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।

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 18, 2025. Petitioner was represented by his son and power of attorney [REDACTED]. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Jennifer Richard. Department Exhibit 1, pp. 1-54 was received and admitted.

### **ISSUE**

Did the Department properly deny Petitioner's Long Term Care Medicaid (MA-LTC) application for failing to provide asset 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 Long Term Care Medicaid with a request for retroactive coverage back to August 2024. Petitioner's Power of Attorney and son [REDACTED] signed the application and stated that his address was [REDACTED]. (Ex. 1, p. 21) Petitioner's son also signed the Asset Declaration and listed the same address.

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2. The Department should have begun sending correspondence to Petitioner's power of attorney on October 28, 2024.
  3. On October 29, 2024, a Verification Checklist was sent to [REDACTED] requesting verification of liquid assets and life insurance policy. (Ex. 1, pp. 39-40)
  4. Petitioner's Power of Attorney and son [REDACTED] credibly testified at the hearing that he did not receive the October 29, 2024, Verification Checklist.
  5. On November 12, 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing him that he was denied MA-LTC for failing to verify assets.
  6. On [REDACTED] 2024, Petitioner applied for MA-LTC
  7. On January 13, 2025, Petitioner requested a hearing disputing the denials of his 3 previous MA-LTC applications.

### **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.

#### **Obtaining Verification**

##### **All Programs**

Tell the client what verification is required, how to obtain it, and the due date; see Timeliness of Verifications in this item. Use the DHS-3503, Verification Checklist (VCL), to request verification. BAM 130

##### **Medicaid**

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. Refer to policy in this item for citizenship verifications. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to two times. At renewal if an individual is required to return a pre-populated renewal form,

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allow 30 calendar days for the form to be returned. At application, renewal, ex parte review, or other change, explain to the client/authorized representative the availability of your assistance in obtaining needed information. Extension may be granted when the following exists:

- The customer/authorized representative need to make the request. An extension should not automatically be given.
- The need for the extension and the reasonable efforts taken to obtain the verifications are documented.
- Every effort by the department was made to assist the client in obtaining verifications.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or MI Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day. Send a case action notice when: The client indicates refusal to provide a verification, or the time period given has elapsed. Only adequate notice is required for an application denial. Timely notice is required to reduce or terminate benefits. BAM 130

In this case, Petitioner applied for MA-LTC on [REDACTED] 2024, with a request for retroactive coverage back to August 2024. The following day a Verification Checklist was sent to Petitioner at the nursing home where he was receiving care. Petitioner was incapacitated. Petitioner's Power of Attorney and son [REDACTED] signed the application and listed his address as [REDACTED]. The Verification Checklist should have been sent to [REDACTED] at that address. Petitioner's authorized representative was not given an opportunity to provide required verifications. Therefore, the denial for failing to verify assets was improper and incorrect. 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 did not act in accordance with Department policy when it denied Petitioner's MA-LTC application for failing to verify assets.

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:

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1. Reinstate and reprocess Petitioner's [REDACTED] 2024, MA-LTC application giving Petitioner an opportunity to provide all required verifications.
  2. Active MA-LTC coverage if Petitioner is found to be eligible.

*Aaron McClinton*

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**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](https://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](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. 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  
121 MARTIN LUTHER KING JR ST SE  
STE 200  
GRAND RAPIDS, MI 49507  
**MDHHS-KENT-  
HEARINGS@MICHIGAN.GOV**

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**Interested Parties**

EQAD HEARINGS  
M. SCHAEFER  
BSC3

**Via First Class Mail:**

**Petitioner**

[REDACTED]

**Authorized Hearing Rep**

[REDACTED]