



Date Mailed: April 4, 2025
Docket No.: 25-006427
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।

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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 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 March 5, 2025. [REDACTED], Petitioner, and [REDACTED], wife, appeared and testified. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Lynda Brown, Hearing Facilitator (HF). George Bouharb, Eligibility Specialist, provided interpretation services.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-22.

ISSUE

Did the Department properly close Petitioner's wife's Medical Assistance (MA) benefit case?

FINDINGS OF FACT

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

1. Petitioner receives MA based on being a recipient of Social Security Administration (SSA) issued Supplemental Security Income (SSI) benefits. (HF Testimony)

2. Petitioner's spouse was receiving MA under the Healthy Michigan Plan (MA-HMP) category. (HF Testimony)
3. On [REDACTED] 2024, the Department received an application for MA for Petitioner through the Federally Facilitated Marketplace. It was reported that Petitioner was self-employed with a gross monthly income of \$[REDACTED]. (Exhibit A, pp. 6-14)
4. On December 26, 2024, a Verification Checklist was issued to Petitioner requesting current bank statements, records of self-employment for October through December 2024, and Federal Tax Return and any schedules (2024 Schedule C and 2023 return and all schedules) with a due date of January 13, 2025. (Exhibit A, pp. 15-18)
5. The Department determined that Petitioner's wife's MA would close based on the failure to return the requested verifications. (Exhibit A, p. 1; HF Testimony)
6. On February 4, 2025, a Health Care Coverage Determination notice was issued to Petitioner stating MA for Petitioner's wife would close effective March 1, 2025. (Exhibit A, pp. 18-22)
7. On February 11, 2025, Petitioner and his wife filed a hearing request contesting the closure of MA for his spouse. (Exhibit A, pp. 3-5)

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 required by policy, or 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. BAM 130, May 1, 2024, pp. 1-3.

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. 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, the Department received an application for MA for Petitioner on [REDACTED], through the Federally Facilitated Marketplace. It was reported that Petitioner was self-employed with a gross monthly income of \$[REDACTED]. (Exhibit A, pp. 6-14). Accordingly, on December 26, 2024, a Verification Checklist was issued to Petitioner requesting current bank statements, records of self-employment for October through December 2024, and Federal Tax Return and any schedules (2024 Schedule C and 2023 return and all schedules) with a due date of January 13, 2025. (Exhibit A, pp. 15-18). The Department did not receive any response to the Verification Checklist. Accordingly, the Department determined that Petitioner's wife's MA would close based on the failure to return the requested verifications. (Exhibit A, p. 1; HF Testimony),

Petitioner and his wife testified that Petitioner did not submit the [REDACTED] 2024 application through the Federally Facilitated Marketplace. When Petitioner was in the hospital, his identity was stolen. Whomever submitted that application provided inaccurate information, for example the application states Petitioner is not married and that he is self-employed. Petitioner is married and is not self-employed. Petitioner has active MA coverage, so he would not have had any reason to submit the [REDACTED] 2024 application. (Petitioner and Wife Testimony).

It is understood that the [REDACTED] 2024 application was likely the result of identity theft. However, pursuant to the BAM 130 policy, the Department is to request verification when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department properly sent the December 26, 2024 Verification Checklist when there was newly reported information indicating Petitioner was self-employed, which was previously not reported. The requested verifications were not submitted by the due date and there was no evidence that Petitioner contacted the Department to request assistance with obtaining the verifications, an extension, by the due date. The Department's determination to deny ongoing MA benefits for Petitioner's wife based on the failure to provide requested verifications was in accordance with the BAM 130 policy. If she has not already done so, Petitioner's wife may wish to reapply for MA.

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 closed Petitioner's wife's MA benefit case.

DECISION AND ORDER

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



COLLEEN LACK
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
MACOMB COUNTY DHHS WARREN
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13041 E 10 MILE RD
WARREN, MI 48089
MDHHS-MACOMB-20-
HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

[REDACTED]

[REDACTED]

[REDACTED]