



Date Mailed: April 29, 2025

Docket No.: 25-009637

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[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।

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 April 1, 2025. Petitioner was represented by Brandon Cereska. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Sharon Wilson. Department Exhibit 1, pp. 1-38 was received and admitted.

### ISSUE

Did the Department properly deny Petitioner's Medical Assistance (MA) application for failing to verify assets?

### 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 November [REDACTED] 2024, Petitioner applied for MA with a request for retroactive coverage back to September 2024.
2. On December [REDACTED] 2024, Petitioner was approved for MA-HMP in error.

- 
- 
3. On December █ 2024, Petitioner's Authorized Representative emailed the Department requesting an explanation regarding why the coverage did not go back to September 2024.
  4. On December █ 2024, the Department responded to Petitioner's Authorized Representative explaining the error in approving Petitioner for MA-HMP and sent a Verification Checklist requesting verification of Direct Express account.
  5. On January █ 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing him that MA-HMP was closing effective February 1, 2025, that he was not eligible for the Medicare Savings Program and that he was not eligible for any MA programs because he failed to verify his Direct Express account.
  6. On February 26, 2025, Petitioner requested hearing disputing the determination of his MA eligibility.

### **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.

Send a case action notice when: • The client indicates refusal to provide a verification, or  
• The time period given has elapsed. BAM 130

#### **SDA, RCA, RMA and MA Only**

Certify program approval or denial of the application within 45 days. Bridges automatically generates the client notice. BAM 115

In this case, Petitioner was sent a verification checklist on December █ 2024, with a December 16, 2024, due date requesting verification of his Direct Express account. Verifications were not received prior to the deadline and a Health Care Coverage Determination Notice was sent on January 7, 2025, to Petitioner informing him that his application was denied for failing to verify assets. That denial was proper and correct and consistent with Department policy. BAM 130

Petitioner's Authorized Representative raised issues with regard to Petitioner's application not being processed within the 45 day standard of promptness and suggested that Petitioner would have been able to reapply with potentially eligibility back for the retro months he needed coverage for if the application had been processed promptly. Petitioner's application was filed on November 27, 2024, and the denial was issued on January 7, 2025, therefore the processing time was 41 days which is within the 45 days standard of promptness. BAM 115

**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 application for failing to verify assets.

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



---

**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.

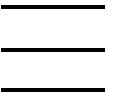
Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation 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**  
MACOMB COUNTY DHHS MT  
CLEMENS DIST 12  
44777 N GRATIOT AVE STE A  
CLINTON TOWNSHIP, MI 48036  
**MDHHS-MACOMB-12-  
HEARINGS@MICHIGAN.GOV**



**SCHAEFERM**

**EQADHEARINGS**

**BSC4HEARINGDECISIONS**

**MOAHR**

**Via First Class Mail:**

**Authorized Hearing Rep**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]