



**Date Mailed:** July 22, 2025

**Docket No.:** 25-021079

**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।

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.

**Date Mailed:** July 22, 2025

**Docket No.:** 25-021079

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED] [REDACTED]

### **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 June 24, 2025. Petitioner was present and was represented by Catherine Johnson. [REDACTED] [REDACTED] from Eastwood Nursing Center was also present and testified. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Carly Ostland, AP Supervisor. Department Ex. 1, pp. 1-51 was received and admitted.

### **ISSUE**

Did the Department properly determine that Petitioner was not eligible for Long Term Care Medicaid (MA-LTC) because his spouse refused to verify income and 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] 2023, Petitioner was admitted to [REDACTED].
2. On January [REDACTED] 2025, Petitioner submitted an Initial Asset Assessment.
3. On February [REDACTED] 2025, a Verification Checklist was sent to Petitioner and his daughter, requesting verification of income and assets for himself and his wife [REDACTED] [REDACTED].
4. On March [REDACTED] 2025, a Benefit Notice was sent to Petitioner informing him that his Initial Asset Assessment was denied because he failed to provide verifications as requested.
5. On March [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his MA-LTC application was denied.
6. Petitioner testified at hearing that he is in touch with his wife and knows she is residing with their daughter.

---

## **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.

### **INFORMATION UNAVAILABLE**

#### **SSI-Related MA Only**

A spouse remains the applicant's spouse for Medicaid eligibility until there is a Judgement of Divorce. If the community spouse's whereabouts are unknown (a couple separated prior to the client entering an LTC/hospital setting and the client does not know where the spouse is living or how to contact the spouse), the client's countable assets are compared to the appropriate asset limit in BEM 400 to determine eligibility. Refusal of the community spouse to provide necessary information or verification about his assets results in ineligibility for the client. BEM 402, pp.11-12 (January 2025)

In this case, Petitioner acknowledged at hearing that he has been in touch with his spouse and knows her whereabouts, specifically that she is residing with their daughter. BEM 402 clearly states that "refusal of the community spouse to provide necessary information or verification about his assets results in ineligibility for the client". The Department sent a Verification Checklist to the home where Petitioner's spouse is residing and made other efforts to contact her. Petitioner's spouse refuses to provide necessary information and verifications about her assets. Therefore, the Department determination of ineligibility was proper and correct and consistent with Department policy. BEM 402

---

## **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 found that Petitioner was ineligible for MA-LTC because his spouse refused to provide necessary information and verifications.

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.

25-021079

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Via Electronic Mail:**

**Respondent**  
MARQUETTE COUNTY DHHS  
234 W BARAGA AVE  
MARQUETTE, MI 49855  
**MDHHS-**  
**906CENTRALHEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]