



Date Mailed: August 1, 2025

Docket No.: 25-022095

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

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someone translate the document.

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এটি একটি গুরুত্বপূর্ণ জাইনি ডকুমেন্ট। দয়া করে কেউ
দ্বারা 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
lутем, кини дикë та пëркtheni dokumentin.

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Petitioner: [REDACTED] [REDACTED]

HEARING DECISION

On June 5, 2025, Petitioner [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on July 29, 2025. Public assistance hearings are held pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Eligibility Specialist Colleen McKenna appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 34-page packet of documents provided by the Department was admitted collectively as Exhibit A.

ISSUE

Did the Department properly deny Petitioner's Medicaid application?

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 April [REDACTED] 2025, Petitioner applied for Medicaid, and Petitioner reported in her application that she was employed by [REDACTED]
2. On April [REDACTED] 2025, the Department mailed a verification checklist to Petitioner to obtain additional information from Petitioner to determine her Medicaid eligibility. The verification checklist instructed Petitioner to provide the Department with proof of her income for the past 30 days by May 1, 2025.
3. Petitioner received the Department's verification checklist, and Petitioner attempted to respond as instructed. Petitioner gathered the information and mailed it to the Department.
4. The verification that Petitioner attempted to mail to the Department was not returned to her as undeliverable, but the Department did not receive it.

5. On May 2, 2025, the Department mailed a health care coverage determination notice to Petitioner to notify her that she was ineligible for Medicaid because Petitioner did not provide the Department with verification as instructed.
6. Petitioner requested a hearing to dispute the Department's determination.

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).

Medicaid is known as Medical Assistance (MA). The 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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, Petitioner requested a hearing to dispute the Department's decision to deny her Medicaid application. The Department denied Petitioner's Medicaid application because the Department determined that Petitioner did not provide verification as instructed. Thus, the issue is whether the Department properly denied Petitioner's Medicaid application for not providing verification as instructed.

Verification is usually required by the Department at the time of application/redetermination and for a reported change. BAM 130 (May 1, 2024), p. 1. The Department must tell a client what verification is required, how to obtain it, and the due date. *Id.* at 3. The Department must allow the client 10 calendar days to provide requested verification. *Id.* at 8. The client must obtain the verification, but the local office must assist if the client needs it and asks for help. *Id.* Verifications are only considered timely if they are received by the due date. *Id.* The Department must send a negative action notice when the client refuses to provide the verification, or the client has failed to provide the verification by the due date. *Id.*

Based on the evidence presented, the Department properly instructed Petitioner to provide verification of her income, and Petitioner did not provide the verification as instructed. Although Petitioner asserted that she provided the verification as instructed, the Department did not receive it, and it was Petitioner's responsibility to ensure the Department received her verification. Petitioner did not establish that she provided the verification as instructed. Since Petitioner did not provide the verification as instructed, the Department was required to send a negative action notice to Petitioner, which meant that the Department was required to notify Petitioner that her Medicaid application was denied. Thus, the Department acted in accordance with BAM 130 when

it sent the May 2, 2025, health care coverage determination notice to Petitioner. Therefore, The Department's decision is affirmed. Petitioner may reapply for Medicaid.

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 its policies and the applicable law when it denied Petitioner's Medicaid application.

IT IS ORDERED that the Department's decision is **AFFIRMED**.



JEFFREY KEMM
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
MIDLAND COUNTY DHHS
1509 WASHINGTON STE A
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Via First Class Mail:

Petitioner
[REDACTED]
[REDACTED]
[REDACTED]