



Date Mailed: September 12, 2025
Docket No.: 25-025289
Case No.: [REDACTED]
Petitioner: [REDACTED]

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Docket No.: 25-025289

Case No.: [REDACTED]

Petitioner: [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 August 13, 2025. Petitioner appeared for the hearing and represented herself. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Remy Williams, Eligibility Specialist.

ISSUE

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA) and Medicare Savings Program (MSP) benefits?

FINDINGS OF FACT

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

1. Since July 2024, Petitioner has been approved for MA under the Group 2 Aged, Blind, Disabled (G2S) category.
2. On an unverified date, Petitioner was approved for MSP benefits.
3. In or around December 2024, the Department completed an asset detection report which showed that Petitioner had bank accounts that were required to be verified. (Exhibit A, pp. 8-9)
4. On or around January 8, 2025, the Department sent Petitioner a Verification Checklist (VCL) instructing her to submit proof of her checking account and savings account by January 21, 2025. (Exhibit A, pp.12-13)
5. The Department asserted that Petitioner failed to submit proof of her assets by the January 21, 2025, due date identified on the VCL.
6. There was no evidence that Petitioner requested an extension of time to submit the verifications or requested assistance with obtaining the verifications.

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7. On or around March 29, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice, advising her that effective December 1, 2024, she was ineligible for MSP benefits because she failed to return bank account asset information. (Exhibit A, pp. 13-15)
 - a. Although not reflected on the Health Care Coverage Determination Notice, the Department also closed Petitioner's MA benefits under the G2S due to a failure to verify requested asset information.
 - b. The March 29, 2025, Health Care Coverage Determination Notice advises Petitioner that she has until June 27, 2025, to request a hearing or to appeal the Department's determination.
 - c. Petitioner confirmed that she received the March 29, 2025, Health Care Coverage Determination Notice and that she did not request a hearing prior to June 27, 2025.
 8. The Department determined that Petitioner was eligible for MA under the Plan First category only, as there was no asset test.
 9. On or around May 23, 2025, Petitioner submitted a change report to the Department reporting that she had a change of address.
 10. On or around May 23, 2025, the Department sent Petitioner a Verification Checklist (VCL) instructing her to submit proof of her checking account and savings account by June 2, 2025. (Exhibit A, pp.21-22)
 11. The Department asserted that Petitioner failed to submit proof of her assets by the June 2, 2025, due date identified on the VCL.
 12. There was no evidence that Petitioner requested an extension of time to submit the verifications or requested assistance with obtaining the verifications.
 13. On or around June 17, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice, advising her that effective December 1, 2024, she was still ineligible for MSP benefits because she failed to return bank account asset information. The Department determined that Petitioner was ineligible for MA benefits under the G2S due to a failure to verify requested asset information.
 14. Petitioner continued to be eligible for MA under the Plan First category.
 15. On or around June 30, 2025, the Department received Petitioner's request for hearing, disputing the Department's actions with respect to her MA and MSP benefits.

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16. After receiving Petitioner's request for hearing, the Department issued a third VCL to Petitioner on or around July 11, 2025, instructing her to submit proof of her checking accounts and savings accounts by July 21, 2025. (Exhibit A, pp. 23-24)
 17. The Department asserted that it received verification of assets on or around July 22, 2025.
 18. On or around July 28, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice advising Petitioner that she was approved MA benefits under the G2S category subject to a monthly deductible and denied MSP benefits due to excess income. (Exhibit B)

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 this case, Petitioner requested a hearing disputing the Department's actions with respect to her MA and MSP benefits.

BAM 600, pp. 6-7 provides that a request for hearing must be received in the Department local office within 90 days of the date of the written notice of case action. The Michigan Office of Administrative Hearings and Rules (MOAHR) may grant a hearing about a denial of an application and/or supplemental payments; reduction in the amount of program benefits or service; suspension or termination of program benefits or service; restrictions under which benefits or services are provided or delay of any action beyond the standards of promptness. BAM 600, pp. 4-6.

It was established that on or around March 29, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice, advising her that effective December 1, 2024, she was ineligible for MSP benefits because she failed to return bank account asset information and transferring her MA coverage to the Plan First category. The March 29, 2025, Health Care Coverage Determination Notice advises Petitioner that she has until June 27, 2025, to request a hearing or to appeal the Department's determination. Petitioner confirmed that she received the March 29, 2025, Health Care

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Coverage Determination Notice and that she did not request a hearing prior to June 27, 2025. The Department received Petitioner's request for hearing on or around June 30, 2025. Therefore, Petitioner's request for hearing was not timely filed within 90 days of the March 29, 2025, Health Care Coverage Determination Notice and thus, the actions taken by the Department cannot be addressed with this hearing decision.

Additionally, after receiving Petitioner's request for hearing, the Department reissued a VCL to Petitioner on or around July 11, 2025, and subsequently sent Petitioner a Health Care Coverage Determination Notice advising her that she was again approved MA benefits under the G2S category subject to a monthly deductible and denying her MSP coverage effective May 1, 2025, due to excess income. Petitioner asserted that she disputed the information contained in the July 28, 2025, Health Care Coverage Determination Notice, including the MSP excess income determination and the Department's conclusion that she is eligible for MA under the G2S category. However, because the Health Care Coverage Determination Notice was issued after the June 30, 2025, request for hearing, the actions are considered subsequent negative actions that cannot be addressed with this hearing decision as Petitioner has 90 days from the date of the written notice to request a hearing. Petitioner is advised that should she dispute the information contained in the July 28, 2025, Health Care Coverage Determination Notice, she is entitled to request a new hearing in order to have that issue addressed.

Furthermore, it was established that on or around June 17, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice, advising her that effective December 1, 2024, she was still ineligible for MSP benefits because she failed to return bank account asset information. The Department determined that Petitioner was ineligible for MA benefits under the G2S due to a failure to verify requested asset information. The merits of the denial will be addressed below.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (May 2024), p. 1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. Although the client must obtain the required verification, the Department must assist if a client needs and requests help. If neither the client nor the Department can obtain the verification despite a reasonable effort, the Department is to use the best available information; and if no evidence is available, the Department is to use its best judgment. BAM 130, pp. 3-4. For MA cases, clients are given 10 calendar days (or other time limit specified in policy) to provide the verifications requested by the Department. BAM 130, pp. 7-9. If the client cannot provide the verification despite a reasonable effort, the Department is to extend the time limit to submit the verifications up to two times. BAM 130, pp. 7-9. Verifications are considered to be timely if received by the date they are due. BAM 130, pp. 7-9. The Department will send a negative action notice when the client indicates refusal to provide a verification, or the time period given has lapsed. BAM 130, pp. 8-9.

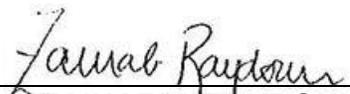
At the hearing, the Department representative testified that an asset detection report was completed and as a result, the Department was required to request verification of Petitioner's assets. The Department issued the VCL on May 23, 2025, instructing Petitioner to submit proof of her assets by June 2, 2025. The Department representative testified that because Petitioner failed to submit any verification of her bank accounts by the June 2, 2025, due date, and because asset eligibility is required for certain types of MA programs, the Petitioner was only approved for limited coverage Plan First, as that MA category did not have an asset test. The Department determined that Petitioner was ineligible for MA under the G2S and MSP because of a failure to submit requested verifications. There was no evidence that Petitioner requested an extension or additional time to submit the requested verification or that Petitioner requested assistance from the Department in obtaining the verifications that were requested. Petitioner initially asserted that she submitted the requested verifications to the Department on June 30, 2025. Later, Petitioner testified that she received the VCL on June 4, 2025, or June 5, 2025, and returned the asset verifications to the Department on either June 10, 2025, or June 12, 2025, in person at the local office. Petitioner did not identify the exact verifications submitted and did not present any documentation in support of her testimony.

Upon review, notwithstanding Petitioner's testimony during the hearing, in accordance with Department policy, Petitioner was required to timely submit verification of her bank accounts in order for the Department to review her household's asset eligibility for MA. Petitioner failed to establish that she timely submitted verification of her assets to the Department. Therefore, the Department properly issued the June 17, 2025, Health Care Coverage Determination Notice.

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 determined Petitioner's eligibility for MA and MSP benefits.

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



ZAINAB A BAYDOUN
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

WAYNE-CONNER-DHHS

4733 CONNER ST

DETROIT, MI 48215

MDHHS-WAYNE-57-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

[REDACTED]

[REDACTED]

[REDACTED] MI [REDACTED]

