



Date Mailed: November 6, 2025
Docket No.: 25-033940
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 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.

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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 October 16, 2025. Petitioner appeared for the hearing with his son, [REDACTED] and represented himself. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Melissa Williams, Eligibility Specialist. Lucy served as Polish interpreter.

ISSUE

Did the Department properly deny Petitioner's application for Medical Assistance (MA) 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. On or around [REDACTED] 2025, Petitioner submitted an application requesting MA benefits.
2. On or around August 27, 2025, the Department sent Petitioner a Health Care Coverage Supplemental Questionnaire (MDHHS-1004 or Questionnaire) that he was instructed to complete and return to the Department with all required proofs by September 8, 2025. (Exhibit A, pp. 11-16)
3. The Department asserted that Petitioner failed to submit the Questionnaire by the September 8, 2025, due date.
4. On or around September 10, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice, advising him that effective August 1, 2025, ongoing, he was ineligible for MA benefits because he failed to return the supplemental questionnaire. (Exhibit A, pp.25-27)
5. The Department asserted that it received Petitioner's Questionnaire on September 10, 2025; however, because the application had already been denied and the

Health Care Coverage Determination Notice already issued, the Questionnaire could not be accepted or processed.

6. On or around September 18, 2025, Petitioner requested a hearing disputing the Department's denial of his MA application. (Exhibit A, pp. 3-7)

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 disputed the denial of his [REDACTED] 2025, MA application.

MA is available (i) under SSI-related categories to individuals who are aged (65 or older), blind or disabled, (ii) to individuals who are under age 19, parents or caretakers of children, or pregnant or recently pregnant women, (iii) to individuals who meet the eligibility criteria for Healthy Michigan Plan (HMP) coverage, and (iv) to individuals who meet the eligibility criteria for Plan First Medicaid (PF-MA) coverage. 42 CFR 435.911; 42 CFR 435.100 to 435.172; BEM 105 (January 2024), p. 1; BEM 137 (June 2020), p. 1; BEM 124 (July 2023), p. 1. Under federal law, an individual eligible under more than one MA category must have eligibility determined for the category selected and is entitled to the most beneficial coverage available, which is the one that results in eligibility and the least amount of excess income or the lowest cost share. BEM 105, p. 2; 42 CFR 435.404. The DHS-1004, Health Care Coverage Supplemental Questionnaire, is used to gather additional information when an applicant is not found eligible for any MAGI-related eligibility group or indicates a disability on the DCH-1426. BEM 105 (January 2024), p. 3.

At the hearing, the Department representative testified that because Petitioner failed to return the Questionnaire by the September 8, 2025, due date, the Department initiated the denial of Petitioner's MA application by issuing the September 10, 2025, Health Care Coverage Determination Notice. Petitioner disputed the Department's testimony and asserted that he completed the Questionnaire and mailed it to the Department two days after he received it. Petitioner credibly testified that he mailed the Questionnaire to the Department from his local Post Office prior to the September 8, 2025, due date. The

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Department representative initially testified that Petitioner failed to submit the Supplemental Questionnaire; however, upon review of Petitioner's electronic case file during the hearing, it was discovered that the Department received Petitioner's completed supplemental Questionnaire on September 10, 2025. The Department asserted that although it received Petitioner's Questionnaire on September 10, 2025; because the application had already been denied and the Health Care Coverage Determination Notice already issued, the Questionnaire could not be accepted or processed.

Upon review, although Petitioner indicated that he was disabled on his application, there was no evidence that the Department considered his eligibility for MA under a MAGI-related category as required. The Department presented no evidence that Petitioner would be ineligible for any MAGI-related MA category, including HMP. Thus, although the Department received Petitioner's Questionnaire on September 10, 2025, the Department failed to show that the Questionnaire was required in order to determine Petitioner's MA eligibility under all categories.

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 did not act in accordance with Department policy when it denied Petitioner's ██████████ 2025, MA application.

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Register and process Petitioner's ██████████ 2025, MA application to determine his MA eligibility under the most beneficial category for August 1, 2025, ongoing;
2. If eligible, provide Petitioner with MA coverage under the most beneficial category, that he was entitled to receive but did not from August 1, 2025, ongoing; and
3. Notify Petitioner in writing of its decision.



ZAINABA BAYDOUN
ADMINISTRATIVE LAW JUDGE

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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 MT CLEMENS DIST 12
44777 N GRATIOT AVE STE A
CLINTON TOWNSHIP, MI 48036
MDHHS-MACOMB-12-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

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