



Date Mailed: October 27, 2025
Docket No.: 25-034567
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

This is an important legal document. Please have someone translate the document.

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ 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 lutem, kini dikë ta përktheni dokumentin.

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Docket No.: 25-034567

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; 42 CFR 438.400 to 438.424; 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 by telephone on October 23, 2025. Petitioner was represented by their Authorized Hearing Representative (AHR), Power of Attorney (POA), and son, [REDACTED]. The Department of Health and Human Services (Department) was represented by JoAnna Rivera, Assistance Payments Supervisor.

ISSUE

Did the Department properly deny Petitioner Medicaid (MA) coverage effective July 1, 2025?

FINDINGS OF FACT

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

1. Petitioner is not married, a Medicare recipient, resides in [REDACTED], and receives Retirement, Survivors, and Disability Insurance (RSDI) income of \$[REDACTED] per month. (Exhibit A, pp. 10 – 14).
1. On May 2, 2025, the Department obtained an asset detection report that reflected that Petitioner had a potential interest in [REDACTED] account ending in [REDACTED] ([REDACTED]) and Bank of America account ending in [REDACTED] ([REDACTED]). The asset detection indicated that the last reported balance on [REDACTED] was July 1, 2024, and the last reported balance on [REDACTED] was April 1, 2025. (Exhibit A, pp. 34 – 35).
2. On June 13, 2025, the Department received an application for Petitioner for MA coverage. Petitioner's AHR reported that Petitioner was [REDACTED] years old and had the following assets:
 - a. A patient trust fund valued at \$[REDACTED],
 - b. A funeral contract valued at \$[REDACTED], and
 - c. Account [REDACTED].

(Exhibit A, pp. 10 – 14).

3. On June 16, 2025, the Department sent Petitioner's AHR a Verification Checklist (VCL) that requested the following documents be provided by June 26, 2025:
 - a. A current statement from account [REDACTED],
 - b. A statement of current patient trust fund balance, and
 - c. A statement regarding sale of Petitioner's home including the date, amount of proceeds, and how proceeds were spent.

(Exhibit A, pp. 15 – 16).

4. On July 29, 2025, the Department received a statement for account [REDACTED] for the period of May 15, 2025 to June 12, 2025. The statement reflected one deposit, of Petitioner's RSDI income, during the period and an ending balance of \$ [REDACTED]. (Exhibit A, pp. 17 – 20).
5. On July 29, 2025, the Department received a statement for account [REDACTED] for the period of May 15, 2025 to June 12, 2025. The statement reflected the account owners to be Petitioner's AHR and [REDACTED]. (Exhibit A, pp. 21 – 32).
6. [REDACTED] is Petitioner's daughter-in-law and AHR's wife.
7. On September 12, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice (HCCDN) that denied Petitioner for MA due to excess assets effective July 1, 2025. (Exhibit A, pp. 36 – 37).
8. On September 25, 2025, the Department received a request for hearing and Durable POA from Petitioner's AHR, disputing the Department's denial of Petitioner's application for MA coverage. (Exhibit A, pp. 3 – 9).

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.

Petitioner's AHR requested a hearing to dispute the Department's denial of her application for MA. The Department denied Petitioner for MA due to excess assets.

Under federal law, when an individual applies for MA, they are entitled to the most beneficial MA category, which is the one that results in a) eligibility, b) the least amount of excess income, or c) the lowest cost share. BEM 105 (January 2024), p. 2. Because Petitioner is over 65 and is not the caretaker of a minor child, she was potentially eligible for SSI-related MA coverage only, under AD-Care MA or Group 2 Aged, Blind and Disabled (G2S) MA. 42 CFR 435.911; 42 CFR 435.100 to 435.172; BEM 105, pp. 1 – 2; BEM 163 (July 2017), p. 1; BEM 166 (April 2017), p. 1. The AD-Care program is a Group 1, full-coverage, SSI-related MA program for individuals who are income-eligible based on their MA fiscal group size, while G2S is an SSI-related MA program which provides for MA coverage with a monthly deductible. BEM 163, p. 1; BEM 166, p. 1.

SSI-related MA programs have an asset test and require the Department to consider a client's countable assets when determining eligibility for those categories. BEM 400 (March 2025), pp. 1, 7. For purposes of SSI-related MA, countable assets include cash and funds in bank accounts among other things, and the value of those assets cannot exceed the applicable asset limit, which is \$9,660 for single individuals such as Petitioner. BEM 400, pp. 2, 8; BEM 211 (October 2023), pp. 7 – 8. Asset eligibility exists when the asset group's countable assets are less than, or equal to, the applicable asset limit at least one day during the month being tested. BEM 400, p. 6.

In this case, the Department testified that it denied Petitioner's application for MA due to excess assets. The evidence established that the Department determined Petitioner's assets to be comprised of:

- a. A patient trust fund valued at \$█,
- b. Account █ valued at \$█, and
- c. Account █ valued at \$█.

(Exhibit A, p. 33). However, the evidence and testimony established that since at least June 13, 2024, Petitioner has not had an ownership interest in █. (Exhibit 1, pp. 217 – 280; Exhibit A, pp. 21 – 32). Additionally, the Department testified that it should not have considered account █ when it determined Petitioner's MA eligibility. Therefore, based on the totality of the evidence and testimony, the Department failed to establish that it properly determined Petitioner's countable assets.

DECISION AND ORDER

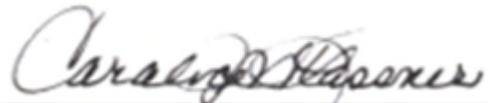
25-034567

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it determined Petitioner was ineligible for MA due to excess assets.

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. Redetermine Petitioner's eligibility for MA effective July 1, 2025;
1. If eligible, provide Petitioner with the most beneficial MA coverage she is eligible to receive from July 1, 2025 ongoing; and
2. Notify Petitioner of its decision in writing.



CARALYCE M. LASSNER
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

OAKLAND COUNTY DHHS - SOUTHFIELD DIST
25620 W 8 MILE RD
SOUTHFIELD, MI 48033

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Via First Class Mail:

Petitioner

[REDACTED]
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Authorized Hearing Rep

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[REDACTED] MI [REDACTED]