



Date Mailed: February 13, 2026
Docket No.: 25-041605
Case No.: 141025528
Petitioner: [REDACTED]

[REDACTED]
EASTWOOD NURSING CENTER 900 MAAS
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[REDACTED] MI 49866

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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.

Date Mailed: February 13, 2026

Docket No.: 25-041605

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 January 15, 2026. Petitioner was represented by [REDACTED] daughter, Power of Attorney (POA), and Authorized Hearing Representative (AHR). The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Jesse Hansen, Eligibility Specialist (ES) and Carly Ostlund (Assistance Payments Supervisor (APS)).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-65.

ISSUE

Did the Department properly determine Petitioner's eligibility for Medical Assistance (MA)?

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 [REDACTED] 2025, an application for long term care (LTC) MA was submitted for Petitioner. It was noted that Petitioner has been living in a nursing home in [REDACTED] MI and his wife is living in [REDACTED] Michigan and requiring LTC as well. (Exhibit A, pp. 21-26)
2. The Department determined that an Initial Asset Assessment (IAA) needed to be completed as Petitioner has a spouse. (Exhibit A, p. 2)
3. On September 22, 2025, a Verification Checklist was issued to Petitioner requesting verification of income with a due date of October 2, 2025. (Exhibit A, pp. 30-31)

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4. On September 25, 2025, a Verification Checklist was issued to Petitioner requesting verifications with a due date of October 6, 2025. (Exhibit A, p. 2)
 5. On [REDACTED], 2025, the Department received a fax that included a Health Care Coverage Supplemental Questionnaire, POA paperwork, property taxes, bank statements, retro MA application, and written notes from the POA. (Exhibit A, pp. 2-3 and 27-50)
 6. The Department reviewed the documents and discovered that the September 25, 2025 Verification Checklist was not in the electronic case file. (Exhibit A, p. 3)
 7. On October 9, 2025, a Verification Checklist was sent to Petitioner and his POA requesting: driver license/ID cards, social security cards, and health insurance cards for Petitioner and spouse; current (last 30 days) bank statements; titles to any vehicles, equipment, trailers, etc.; records of any assets sold in the last 60 months; statement from nursing home of money held for Petitioner; copy of original trust papers and any changes made; proof of current value and availability of stocks, bonds, notes, savings certificates, annuities, IRA or 401k accounts; record of all mortgages or land contracts; life insurance proof of ownership, face value, and cash surrender value; burial accounts or contracts; records of all assets; social security income; veterans benefits; pension/retirement income; current rent, mortgage, or land contract payment expense; property tax and insurance bills for the past year; current utility bills or receipts; health or medical insurance premium; and proof of all assets for the date of November 2, 2023, when Petitioner first went into the facility. It was noted that a 4574B [Assets Declaration Patient and Spouse] also needed to be completed and returned with the verifications. The due date was October 20, 2025. (Exhibit A, pp. 51-59)
 8. On October 21, 2025, an Application Notice was issued denying Petitioner's application for MA based on the failure to provide the 4574B Assets Declaration Patient and Spouse. (Exhibit A, pp. 64-65)
 9. On October 29, 2025, a hearing request was filed on Petitioner's behalf. (Exhibit A, pp. 4-20)

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.

An initial asset assessment is needed to determine how much of a couple's assets are protected for the community spouse. An initial asset assessment means determining the couple's (applicant's, spouse's, joint) total countable assets as of the first day of the first continuous period of care that began on or after September 30, 1989. BEM 402, January 1, 2025, p. 7.

In general, verification is to be obtained when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. The Department must tell the client what verification is required, how to obtain it, and the due date. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification despite a reasonable effort, the Department should use the best available information. If no evidence is available, the Department is to use their best judgment. BAM 130, May 1, 2024, pp. 1-4.

For MA, the Department must allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. If the client cannot provide the verification despite a reasonable effort, the Department can extend the time limit up to two times when specific conditions are met. These conditions include that the customer/authorized representative need to make the request. An extension should not automatically be given. Verifications are considered timely if received by the date they are due. The Department is to send a case action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, pp. 8-9.

In this case, the Department denied Petitioner's MA application based on a failure to provide requested verification, specifically the failure to provide the 4574B Assets Declaration Patient and Spouse form.

On [REDACTED] 2025, an application for long term care (LTC) MA was submitted for Petitioner. It was noted that Petitioner has been living in a nursing home in [REDACTED] MI and his wife is living in [REDACTED] Michigan and requiring LTC as well. (Exhibit A, pp. 21-26). The Department determined that an IAA needed to be completed as Petitioner has a spouse. (Exhibit A, p. 2).

On September 22, 2025, a Verification Checklist was issued to Petitioner requesting verification of income with a due date of October 2, 2025. (Exhibit A, pp. 30-31). On September 25, 2025, a Verification Checklist was issued to Petitioner requesting verifications with a due date of October 6, 2025. (Exhibit A, p. 2). On [REDACTED], 2025, the Department received a fax that included a Health Care Coverage Supplemental Questionnaire, POA paperwork, property taxes, bank statements, retro MA application, and written notes from the POA. (Exhibit A, pp. 2-3 and 27-50).

The Department reviewed the documents and discovered that the September 25, 2025 Verification Checklist was not in the electronic case file. (Exhibit A, p. 3) Accordingly, on October 9, 2025, a Verification Checklist was sent to Petitioner and his POA requesting: driver license/ID cards, social security cards, and health insurance cards for Petitioner and spouse; current (last 30 days) bank statements; titles to any vehicles, equipment, trailers, etc., records of any assets sold in the last 60 months; statement from nursing home of money held for Petitioner; copy of original trust papers and any changes made; proof of current value and availability of stocks, bonds, notes, savings certificates, annuities, IRA or 401k accounts; record of all mortgages or land contracts; life insurance proof of ownership, face value, and cash surrender value; burial accounts or contracts; records of all assets; social security income; veterans benefits; pension/retirement income; current rent, mortgage, or land contract payment expense; property tax and insurance bills for the past year; current utility bills or receipts; health or medical insurance premium; and proof of all assets for the date of November 2, 2023, when Petitioner first went into the facility. It was noted that a 4574B [Assets Declaration Patient and Spouse] also needed to be completed and returned with the verifications. The due date was October 20, 2025. (Exhibit A, pp. 51-59).

On October 21, 2025, an Application Notice was issued denying Petitioner's application for MA based on the failure to provide the 4574B Assets Declaration Patient and Spouse. (Exhibit A, pp. 64-65).

Petitioner's AHR explained that she faxed 180 pages with the initial application in [REDACTED]. This was everything the AHR could find. For example, the AHR did not have any documentation for life insurance policies. A few days later, the AHR spoke with the ES and they discussed assets. The AHR explained the difficulties with obtaining documentation, including that Petitioner and his spouse were hoarders and that when the property was vacant there were some issues with breaking and entering and stealing. The home has been condemned. Further, Petitioner has had vascular dementia and psychosis for several years, the nursing facility was not giving Petitioner his mail, and the AHR lives out of state. Petitioner's AHR also explained that she did not receive all of the correspondence sent to her by the Department. When she did receive something, it would be very close to the due date. The AHR also addressed concerns with the ES and the LTC facility and not receiving the best coordination or assistance for the [REDACTED] 2025 application. (AHR Testimony).

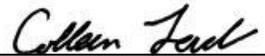
It was noted that there was a subsequent application in [REDACTED] 2025 that was approved with retroactive coverage to July 2025. (ES Testimony). The AHR discussed that assistance she received with obtaining needed information for this application. (AHR Testimony).

Overall, the Department's determination to deny the [REDACTED] 2025 application was in accordance with Department policy. The October 9, 2025, Verification Checklist was sent to both Petitioner and his POA and included the request for the 4574B Assets Declaration Patient and Spouse with a due date was October 20, 2025. (Exhibit A, pp. 51-59). The 4574B Assets Declaration Patient and Spouse was not submitted to the Department by the October 20, 2025 due date. There was no evidence that prior to the October 20, 2025 due date, the Department was contacted and a request was made for assistance with obtaining requested information or for an extension of the due date. Accordingly, the denial of the [REDACTED] 2025 application must be upheld.

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.

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



COLLEEN LACK
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

MARQUETTE COUNTY DHHS
234 W BARAGA AVE
MARQUETTE, MI 49855

MDHHS-906CENTRALHEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

_____ MI _____

Authorized Hearing Rep

_____ WI _____