



Date Mailed: February 2, 2026

Docket No.: 25-046316

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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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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HEARING DECISION

On December 15, 2025, [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on January 29, 2026. 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 Family Independence Manager Michael Butler appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 42-page packet of documents provided by the Department was admitted collectively as Exhibit A.

ISSUE

Did the Department properly determine Petitioner's Medicaid eligibility?

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 disabled.
2. Petitioner is not married.
3. Petitioner is a resident of [REDACTED].
4. Petitioner is qualified for Medicare coverage.
5. Petitioner pays a Medicare Part B premium.
6. Petitioner does not pay any other health insurance premiums.
7. Petitioner does not pay for any remedial services.
8. Petitioner's only income is Social Security RSDI.

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9. In 2024, Petitioner received a retroactive RSDI payment when she was approved to receive Social Security RSDI. This payment caused Petitioner's bank account balance to exceed \$ [REDACTED]. Petitioner reported her bank account balance to the Department.
 10. In 2025, Petitioner received a gross monthly benefit of \$ [REDACTED] from Social Security RSDI.
 11. On [REDACTED] 2025, Petitioner applied for Medicaid coverage.
 12. On November 6, 2025, the Department mailed a health care coverage determination notice to Petitioner to notify her that she was eligible for limited-coverage Medicaid through Plan First, and she was ineligible for Medicare Savings Program coverage. The determination notice stated that Petitioner was ineligible for Medicare Savings Program coverage because her countable assets exceeded the applicable limit.
 13. The Department did not request verification of Petitioner's assets before the Department determined that Petitioner's countable assets exceeded the applicable limit.
 14. Petitioner requested a hearing to dispute her Medicaid eligibility.

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 her Medicaid coverage because the Department determined that she was ineligible for Medicare Savings Program coverage because her countable assets exceeded the applicable limit. The issue is whether the Department properly determined that Petitioner was ineligible for Medicare Savings Program coverage because her countable assets exceeded the applicable limit.

The Department is required to verify countable assets at application, redetermination, and when a change is reported. BEM 400 (October 1, 2025), p. 63. The Department did not act in accordance with BEM 400 because the Department did not verify Petitioner's countable assets when she applied for Medicaid coverage on [REDACTED] 2025. The Department determined that Petitioner's countable assets exceeded the applicable limit without verifying Petitioner's countable assets. Thus, the Department did not properly determine that Petitioner's countable assets exceeded the applicable limit. Therefore, the Department's decision is reversed. The Department must verify Petitioner's countable assets and then reprocess Petitioner's [REDACTED] 2025, Medicaid application.

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 its policies and the applicable law when it determined Petitioner's Medicaid eligibility.

IT IS ORDERED that the Department's decision is **REVERSED**. The Department must verify Petitioner's countable assets and then reprocess Petitioner's November 6, 2025, Medicaid application. The Department must begin to implement this order within 10 days of the mailing date of this hearing decision.



**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

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

MDHHS-OAKLAND-6303-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]