
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 February 24, 2026. Petitioner was represented by REDACTED REDACTED. REDACTED REDACTED also appeared and testified for the Petitioner. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Shauna Levandoski Long Term Care Eligibility Specialist. Exhibit 1, pp. 1-59 was received and admitted. Petitioner Exhibit A, pp. 1-3 was received and admitted.

ISSUE

Did the Department properly deny Petitioner's Medical Assistance (MA) application for failing to verify assets?

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 October REDACTED, 2025, Petitioner applied for MA.
2. On October REDACTED, 2025, a tentative patient pay amount was sent to Petitioner.
3. On October REDACTED 2025, a Verification Checklist was sent to Petitioner requesting verification of assets and insurance.
4. On November REDACTED, 2025, an extension for verification of assets was given.
5. On November REDACTED and November REDACTED, 2025, Petitioner submitted asset verifications.
6. On November REDACTED, 2025, an extension for verification of assets was given.
7. On November REDACTED, 2025, an email was sent to Petitioner regarding outstanding verifications.
8. On November REDACTED and December REDACTED, 2025, Petitioner submitted verifications of life insurance.
9. On December REDACTED, 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing him that his MA application was denied for failing to verify assets.
10. On December 29, 2025, Petitioner requested hearing disputing the denial of MA.

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.

Medicaid

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. Refer to policy in this item for citizenship verifications. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to two times. At renewal if an individual is required to return a pre-populated renewal form, allow 30 calendar days for the form to be returned. At application, renewal, ex parte review, or other change, explain to the client/authorized representative the availability of your assistance in obtaining needed information. Extension may be granted when the following exists: • The customer/authorized representative need to make the request. An extension should not automatically be given. • The need for the extension and the reasonable efforts taken to obtain the verifications are documented. • Every effort by the department was made to assist the client in obtaining verifications. Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or MI Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day. Send a case action notice when: • The client indicates refusal to provide a verification, or • The time period given has elapsed. Only adequate notice is required for an application denial. Timely notice is required to reduce or terminate benefits. BAM 130

In this case, Petitioner was given several extensions to allow him to provide all necessary asset verifications. On December 1, 2025, after all extensions had been exhausted, there remained outstanding verifications regarding vehicles and a boat, questionable transfers, bank accounts and sold assets, according to the credible testimony of Long Term Care Eligibility Specialist Shauna Levandoski. Therefore, the denial due for failing to verify assets was proper and correct and consistent with Department policy. BAM 130 Petitioner's representative questioned why the Department did not provide more

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assistance in obtaining verifications but there was insufficient evidence to establish that Petitioner requested assistance that was not given.

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 denied Petitioner's Medical Assistance application for failing to verify assets.

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



AARON MCCLINTIC
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.