



Date Mailed: February 12, 2026
Docket No.: 26-001994
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED] MI [REDACTED]

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]

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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 10, 2026. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Jarrod Swartz, Assistance Payments Supervisor. A 17-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) eligibility from August 1, 2025, to August 31, 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 was eligible for MA with a monthly deductible of \$1,414.00, from August 1, 2025, to August 31, 2025.
2. On August 5, 2025, Petitioner submitted a Deductible Report and a medical bill to the Department.
3. The Department failed to timely process the Deductible Report and medical bill submitted on August 5, 2025.
4. On October 31, 2025, Petitioner called the Department for assistance with Petitioner's August 2025 medical bills.
5. On November 3, 2025, Petitioner went in-person to the Department requesting assistance with Petitioner's August 2025 medical bills.
6. On November 3, 2025, Petitioner's August 5, 2025, submission was processed.

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7. On November 3, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner to notify Petitioner that Petitioner was eligible for full coverage MA from August 1, 2025, to August 31, 2025.
 8. On January 7, 2026, Petitioner requested a hearing to dispute the Department's determination.
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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 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 is disputing the timeliness of the Department's November 3, 2025, determination.

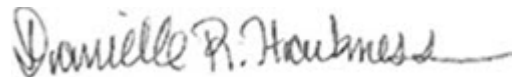
The standard of promptness (SOP) is the maximum time allowed to complete a required case action. Cases should be processed as quickly as possible. The SOP sometimes varies by program. BAM 220 (June 1, 2025), p. 6. Case actions resulting from changes reported via data matches (BENDEX, SDX, IRS, enumeration, etc.) must be completed within 45 days of receiving the information. *Id.* at 7. A change reported by means other than a data match must be acted on within 15 workdays after becoming aware of the change. *Id.* at 8.

Petitioner was eligible for MA with a monthly deductible of \$1,414.00, from August 1, 2025, to August 31, 2025. On August 5, 2025, Petitioner submitted a Deductible Report and a medical bill to the Department. On November 3, 2025, Petitioner's August 5, 2025, submission was processed and the Department mailed a Health Care Coverage Determination Notice to Petitioner to notify Petitioner that Petitioner was eligible for full coverage MA from August 1, 2025, to August 31, 2025. Based on the evidence presented, the Department failed to timely process the Deductible Report and medical submitted on August 5, 2025. However, testimony was provided by the Department that Petitioner's full coverage MA is active for August 1, 2025, to August 31, 2025, and Petitioner failed to provide evidence to dispute the Department's testimony.

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 benefits from August 1, 2025, to August 31, 2025.

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



DANIELLE R. HARKNESS
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

KENT COUNTY DHHS
121 MARTIN LUTHER KING JR ST SE
STE 200
GRAND RAPIDS, MI 49507
MDHHS-KENT-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

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