

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. On October 13, 2025, Petitioner was admitted to a rehabilitation facility.
2. Petitioner worked with an agency called Medicaid Done Right to apply for Medicaid. Medicaid Done Right prepared Petitioner's Medicaid application, and Petitioner signed it.
3. On October 13, 2025, Medicaid Done Right submitted Petitioner's Medicaid application to the Department on Petitioner's behalf. Petitioner asserted in his Medicaid application that he was receiving REDACTED biweekly from self-employment income.
4. On October 20, 2025, Petitioner signed a form designating Medicaid Done Right as his representative for his Medicaid application.
5. The Department reviewed Petitioner's application and determined that the Department needed verification of Petitioner's self-employment income to determine Petitioner's Medicaid eligibility.
6. On October 24, 2025, the Department mailed a verification checklist to Petitioner to obtain additional information to determine Petitioner's Medicaid eligibility. The verification checklist instructed Petitioner to provide his 2024 income tax return (including Schedule C) to the Department by November 3, 2025. The verification checklist stated, "you must get the proofs to me or call me by the due date above. If you do not, your benefits may be denied, decreased or cancelled. . . ."
7. Petitioner did not provide the Department with the requested information as instructed, and Petitioner did not contact the Department about the requested information as instructed.
8. On November 25, 2025, the Department issued a health care coverage determination notice which notified Petitioner that he was ineligible for Medicaid because he did not provide information to the Department as instructed.
9. Petitioner requested a hearing to dispute the Department's decision.

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, the Department denied Petitioner's Medicaid application because Petitioner did not provide verification as instructed. Petitioner is disputing the Department's decision to deny his Medicaid application. Thus, the issue is whether the Department properly denied Petitioner's Medicaid application.

Verification is usually required by the Department at the time of application/redetermination and for a reported change. BAM 130 (May 1, 2024), p. 1. The Department must verify all non-excluded income. BEM 500 (April 1, 2022), pp. 13-14. The client has primary responsibility for obtaining verification of income. *Id.* The Department must tell the client what verification is required, how to obtain it, and the due date. BAM 130 at 3. The Department must allow the client 10 calendar days to provide requested verification. *Id.* at 8. The client must obtain the verification, but the local office must assist if the client needs it and asks for help. *Id.* at 3. Verifications are only considered timely if they are received by the Department by the due date. *Id.* at 8. The Department must send a negative action notice when the client refuses to provide the verification or the client has failed to provide the verification by the due date. *Id.* at 8-9.

Based on the evidence presented, the Department properly instructed Petitioner to provide verification of his self-employment income, and Petitioner did not provide the verification as instructed. Since Petitioner did not provide the verification as instructed, the Department was required to send a negative action notice to Petitioner, which meant that the Department was required to notify Petitioner that his Medicaid application was denied. Thus, the Department acted in accordance with BAM 130 when it denied Petitioner's Medicaid application. Therefore, The Department's decision is affirmed.

Petitioner may reapply for Medicaid. If Petitioner reapplies for Medicaid and Petitioner is unable to obtain the information the Department requests, Petitioner may ask the Department to assist him in obtaining the information.

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

IT IS ORDERED that the Department's decision is **AFFIRMED**.