

HEARING DECISION

On January 28, 2026, Petitioner's Authorized Hearing Representative (AHR) REDACTED requested a hearing on behalf of Petitioner REDACTED to dispute a medical assistance (MA) determination. As a result, a hearing was scheduled to be held on March 19, 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. Petitioner and Petitioner's AHR appeared. Respondent Michigan Department of Health and Human Services (Department) had Sheila Crittenden, Family Independence Manager/Hearings Coordinator, appear as its representative.

A 78-page packet of documents provided by the Department was admitted into evidence collectively as Exhibit A.

ISSUE

Did the Department properly determine Petitioner's MA eligibility beginning January 1, 2026?

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, Petitioner applied for MA benefits based on a household size of 1.
2. On September 30, 2025, the Department obtained information regarding the sale of Petitioner's home. Further, Petitioner's AHR reported to the Department that Petitioner's husband and Petitioner sold their home for REDACTED. However, Petitioner stated that Petitioner only received REDACTED from the sale because Petitioner's husband had outstanding gambling debts, so a portion of the proceeds were used to satisfy those debts.
3. On September 30, 2025, a copy of the August 23, 2019, Warranty Deed reporting that the premises known as REDACTED Michigan REDACTED belonging to Petitioner and Petitioner's husband was sold for REDACTED.
4. On October 14, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner. The notice informed Petitioner that the Department determined that Petitioner was eligible for full coverage through the Medicare Savings Program (MSP) – Non-Categorically Eligible Michigan Beneficiary (NMB) from October 1, 2025, to October 31, 2025; and that Petitioner is ineligible for the MSP beginning November 1, 2025, due to Petitioner's income exceeding the income limit.

5. On November 7, 2025, the Department mailed a Verification Checklist (VCL) to Petitioner. The form instructed Petitioner to submit information to verify Petitioner's checking account by November 17, 2025.
6. On November 7, 2025, verification of Petitioner's checking account was submitted.
7. On November 10, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner. The notice informed Petitioner that the Department determined that Petitioner was eligible for full coverage through the MSP – NMB beginning January 1, 2025.
8. On November 12, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner. The notice informed Petitioner that the Department determined that Petitioner was eligible for full coverage through the MSP – NMB beginning November 1, 2025.
9. On December 6, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner. The notice informed Petitioner that the Department determined that Petitioner was eligible for full coverage through the MSP – NMB beginning December 1, 2025.
10. On December 13, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner. The notice informed Petitioner that the Department determined that Petitioner was eligible for full coverage through the MSP – NMB beginning December 1, 2025.
11. On December 17, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner. The notice informed Petitioner that the Department determined that Petitioner is ineligible for full coverage through the MSP and Petitioner is only eligible for limited coverage Plan First beginning January 1, 2026. The notice stated,

It has been found that without having a settlement statement from the sale of the home, the department has no what of know [sic] the amount that you truly received from the sale of the house. Based on the [sic] supplying the statement that the sale of price as REDACTED at case processing half the sale is REDACTED is considered a resource. Your Medicaid will change to Plan First as of 01/01/2026 and will remain that type of coverage until you can provide the necessary items to verify the portion of the home sale you received and how the proceeds were spent down. Please contact the department with any questions.

12. Petitioner and Petitioner's AHR have attempted to obtain a statement from Petitioner's bank to verify Petitioner's proceeds. However, the requested verifications have not been received.

13. On January 28, 2026, Petitioner's AHR requested a hearing to dispute the Department's determination.

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 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.

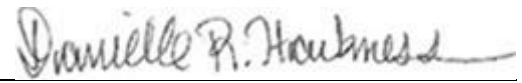
In this case, the Department found Petitioner ineligible for full coverage MA after the Department determined that Petitioner had assets exceeding the applicable limit(s). Petitioner is disputing the Department's decision. On Petitioner's September 15, 2025, Petitioner reported a household size of 1. To be eligible for MSP coverage, a client's countable assets cannot exceed the applicable limit. BEM 165 (July 1, 2024), p. 8. The asset limit for MSP is \$9,660.00 for a group size of 1. BEM 400 (October 1, 2025), p. 8.

Based on the evidence presented, Petitioner reported to the Department that Petitioner's husband and Petitioner sold their home for REDACTED. However, Petitioner stated that Petitioner only received REDACTED from the sale because Petitioner's husband had outstanding gambling debts, so a portion of the proceeds were used to satisfy those debts. While Petitioner and Petitioner's AHR have attempted to obtain the requested proof of the amount that Petitioner received from the sale of the home they have been unable to do so. Therefore, based on the evidence and testimony in this matter, the Department properly determined that Petitioner is ineligible for full coverage through the MSP and Petitioner is only eligible for limited coverage Plan First beginning January 1, 2026, due to Petitioner's countable assets exceeding the asset limit.

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

A handwritten signature in cursive script that reads "Danielle R. Harkness".

**DANIELLE HARKNESS
ADMINISTRATIVE LAW JUDGE**