



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
SUZANNE SONNEBORN  
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA  
ACTING DIRECTOR

[REDACTED]  
[REDACTED], MI [REDACTED]

Date Mailed: November 21, 2023  
MOAHR Docket No.: 23-006641  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Linda Jordan**

### **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; 42 CFR 438.400 to 438.424; 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 on November 6, 2023, via teleconference. [REDACTED] [REDACTED] Petitioner's Power of Attorney and Authorized Hearing Representative (AHR) appeared on behalf of Petitioner (Exhibit 1, pp. 1-4). Tom Jones, Assistance Payments Supervisor, appeared on behalf of the Michigan Department of Health and Human Services (MDHHS or Department).

### **ISSUE**

Did MDHHS properly terminate Petitioner's Medicaid (MA) coverage?

### **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 an ongoing recipient of MA benefits.
2. On August 2, 2023, MDHHS sent Petitioner a Verification Checklist (VCL) requesting proof of her checking and savings accounts (Exhibit A, pp. 8-9). The VCL indicated that the proofs were due by August 14, 2023 (Exhibit A, p. 8).
3. On September 21, 2023, MDHHS sent Petitioner a Health Care Determination Notice indicating that she was not eligible for MA, effective November 1, 2023, ongoing, because she did not return verification of her checking and savings accounts (Exhibit A, p. 12).

4. On September 27, 2023, Petitioner or Petitioner's AHR submitted copies of her checking and savings account (Exhibit A, pp. 5-7).
5. On September 27, 2023, AHR requested a hearing on Petitioner's behalf, due to the termination of Petitioner's MA coverage (Exhibit A, pp. 3-4).

### **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 (MA) 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. MDHHS administers MA pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. MA is also known as Medical Assistance. BEM 105 (January 2021), p. 1.

In this case, MDHHS terminated Petitioner's MA coverage because Petitioner failed to return the requested verifications by the deadline.

MDHHS is required to request verifications from clients when required by policy or when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130 (January 2023), p. 1. To obtain verification, MDHHS must send the client a Verification Checklist (VCL) that specifies which verifications are needed, how to obtain them and the due date. *Id.*, p. 3. The client must obtain the required verification, but the local office must assist the client if the client requests help. *Id.*, p. 4. Verifications are considered timely if they are received by the due date. *Id.*, p. 7. For MA, MDHHS must allow the client ten calendar days to provide the requested verification. *Id.*, p. 8. If the client cannot provide the verification despite a reasonable effort, MDHHS is permitted to extend the time limit up to two times. *Id.* MDHHS is required to send a Notice of Case Action when the client indicates a refusal to provide the requested verification, or the time period given has lapsed. *Id.* An extension may be granted when the client or the authorized representative makes a request, reasonable efforts have been made to obtain the documentation, the need for the extension has been documented, and every effort by the Department was made to assist in obtaining the verification. *Id.* An extension is not automatically given. *Id.*

At the hearing, MDHHS testified that requesting verification of Petitioner's checking and savings account was a necessary part of the redetermination process. MDHHS sent Petitioner a VCL requesting verification of the accounts on August 2, 2023 (Exhibit A, p. 8). MDHHS testified that it did not receive the documents by the deadline of August 14,

2023. AHR acknowledged that the documents were not provided by the deadline. A copy of Petitioner's checking and savings account statement was provided to MDHHS on September 27, 2023.

Based on the evidence presented, MDHHS requested verifications from Petitioner by sending a VCL. When MDHHS did not receive the documentation by the deadline, it sent Petitioner a notice terminating her MA coverage for failure to verify the requested information. No evidence was presented to show that Petitioner or AHR contacted MDHHS prior to the deadline to ask for assistance or an extension. Petitioner is advised that she can reapply for MA benefits, including retroactive coverage, at any time.

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 MDHHS acted in accordance with Department policy when it terminated Petitioner's MA coverage.

### **DECISION AND ORDER**

Accordingly, MDHHS' decision is **AFFIRMED**.



LJ/nr

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**Linda Jordan**  
Administrative Law Judge

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request

P.O. Box 30639

Lansing, Michigan 48909-8139

**Via-Electronic Mail :**

**DHHS**

Linda Gooden  
Oakland County Southfield District III  
25620 W. 8 Mile Rd  
Southfield, MI 48033  
**MDHHS-Oakland-6303-  
Hearings@michigan.gov**

**Interested Parties**

Oakland 3 County DHHS  
BSC4  
D. Smith  
EQAD  
MOAHR

**Via-First Class Mail :**

**Petitioner**

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