



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

MARLON BROWN  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: August 23, 2024  
MOAHR Docket No.: 24-006016  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Aaron McClintic**

### **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 telephone hearing was held on July 25, 2024, from Lansing, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Hannah Czechowski Hearing Facilitator. Department Exhibit 1, pp. 1-26 and Exhibit 2, pp. 1-2 were received and admitted.

### **ISSUE**

Did the Department properly close Petitioner's Medical Assistance Case for failing to submit bank account information?

### **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 February [REDACTED] 2024, Petitioner submitted redetermination paperwork.
2. On February [REDACTED] 2024, a Verification Checklist was sent to Petitioner requesting verification of bank accounts.
3. On February [REDACTED] 2024, Petitioner submitted bank account statement for Security Credit Union. (Ex. 1, pp. 15-16)
4. The Department discovered that Petitioner had open bank accounts with ELGA, Dort Financial and Huntington Bank.

5. On March █ 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that her MA case was closing for failing to verify bank accounts.
6. On May █ 2024, Petitioner submitted a bank account statement from █ █ dated December █ 2021, showing a zero balance.
7. On May 21, 2024, Petitioner requested hearing disputing the closure 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.

#### **All Programs**

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Obtain verification when:

- Required by policy. Bridges Eligibility Manual (BEM) items specify which factors and under what circumstances verification is required.
- Required as a local office option. The requirement must be applied the same for every client. Local requirements may not be imposed for Medicaid Assistance (MA).
- Information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130

Send a case action notice when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed. BAM 130

For all other SSI-related MA categories, the asset limit is:

- \$2,000 for an asset group of one.
- \$3,000 for an asset group of two. BEM 400

In this case, Petitioner was sent a verification checklist on February █ 2024, requesting verifications of bank accounts. On February █ 2024, Petitioner submitted bank account records for █. The Department discovered bank accounts with █ and █ that were open when asset detection was run. On

March ■ 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing her that her MA case was closing effective February 1, 2024, for failing to verify assets. At hearing, Petitioner asserted that the accounts in question were closed. The Department representative stated at hearing that Petitioner needed to provide proof that the accounts in question were closed. Recipients of MA need to verify that they are under the asset limit to maintain their eligibility. Petitioner had bank accounts that were open that were not verified. Therefore, the closure for failing to verify assets was proper and correct and consistent with Department policy. BAM 130, BEM 400

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 closed Petitioner's MA case for failing to verify assets.

**DECISION AND ORDER**

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



AM/dm

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**Aaron McClintic**  
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**  
Janice Collins  
Genesee County DHHS Union St  
District Office  
**MDHHS-Genesee-UnionSt-  
Hearings@michigan.gov**

**SchaeferM**

**EQADHearings**

**BSC2HearingDecisions**

**MOAHR**

**Via-First Class Mail :**

**Petitioner**

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