



**Date Mailed:** July 9, 2025

**Docket No.:** 25-014795

**Case No.:** [REDACTED]

**Petitioner:** [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.

[REDACTED] MI [REDACTED]

**Date Mailed:** July 9, 2025

**Docket No.:** 25-014795

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

### **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 May 13, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Amanda Boobyer, Assistance Payments Supervisor (APS).

During the hearing proceeding, the Department's Hearing Summary Packet was admitted as Exhibit A, pp. 1-16.

### **ISSUE**

Did the Department properly close Petitioner's Medical Assistance (MA) benefit case?

### **FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. As of October 1, 2024, Petitioner was receiving MA under the Healthy Michigan Plan (MA-HMP) category. (Exhibit A, pp. 8-9)
2. On March 22, 2025, the Department was notified that Petitioner was receiving Medicare benefits. (Exhibit A, p. 1)
3. Petitioner was no longer eligible for MA under the MA-HMP category when she became eligible for Medicare. BEM 137, (January 1, 2024), p. 1.
4. On March 22, 2025, a Verification Checklist was issued to Petitioner with a due date of March 31, 2025, requesting verification of vendor pre-paid debit card. (Exhibit A, pp. 12-13)

25-014795

- 
5. The Department determined that Petitioner's MA case would close because Petitioner did not provide the requested verifications. (Exhibit A, p. 1; APS Testimony)
  6. On April 2, 2025, a Health Care Coverage Determination Notice was issued to Petitioner stating her MA case would close effective May 1, 2025. (Exhibit A, pp. 14-16)
  7. On April 11, 2025, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, pp. 3-7)

### **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.

MA-HMP provides health care coverage for a category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 effective April 1, 2014. MA-HMP provides health care coverage for individuals who: are 19-64 years of age; do not qualify for or are not enrolled in Medicare; do not qualify for or are not enrolled in other Medicaid programs; are not pregnant at the time of application; meet Michigan residency requirements; meet Medicaid citizenship requirements; have income at or below 133 percent Federal Poverty Level (FPL). BEM 137, January 1, 2024, p. 1.

An ex parte review is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 calendar days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories; see BAM 115, Application Processing and BAM 220, Case Actions. BAM 210, April 1, 2025, p. 2.

25-014795

---

---

When the ex parte review shows that a recipient may have continuing eligibility under another category, but there is not enough information in the case record to determine continued eligibility, send a verification checklist (including disability determination forms as needed) to proceed with the ex parte review. If the client fails to provide requested verification or if a review of the information provided establishes that the recipient is not eligible under any MA category, send timely notice of Medicaid case closure. BAM 220, November 1, 2023, p. 19.

In general, verification is to be obtained when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. The Department must tell the client what verification is required, how to obtain it, and the due date. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification despite a reasonable effort, the Department should use the best available information. If no evidence is available, the Department is to use their best judgment. BAM 130, May 1, 2024, pp. 1-4.

For MA, the Department must allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. If the client cannot provide the verification despite a reasonable effort, the Department can extend the time limit up to two times when specific conditions are met. These conditions include that the customer/authorized representative need to make the request. An extension should not automatically be given. Verifications are considered timely if received by the date they are due. The Department is to send a case action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130, pp. 8-9.

A notice of case action must specify: the action(s) being taken by the department; the reason(s) for the action; the specific manual item which cites the legal base for an action or the regulation or law itself; an explanation of the right to request a hearing; the conditions under which benefits are continued if a hearing is requested. BAM 220, pp. 2-3.

In this case, Petitioner was no longer eligible for MA under the MA-HMP category when she became eligible for Medicare pursuant to the BEM 137 policy. The Department properly began reviewing Petitioner's MA eligibility for MA under other MA categories.

However, it appears there was a system error when the verification checklist was issued. Pursuant to the BAM 130 policy, the Department must allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. On March 22, 2025, a Verification Checklist was issued to Petitioner with a due date of March 31, 2025, requesting verification of vendor pre-paid debit card. (Exhibit A, pp. 12-13). This is not the typical 10 days allowed. For example, the APS

25-014795

testified that on April 28, 2025 another Verification Checklist was issued to Petitioner regarding information needed to determine eligibility for the Medicare Savings Program and the due date was May 8, 2025. (APS Testimony).

Additionally, it is noted that the April 2, 2025 Health Care Coverage Determination Notice did not state the correct reason for the denial. This notice stated Petitioner was not eligible for MA because she was not under ■■■, pregnant, a caretaker of a minor child in her home, over age ■■■, blind, or disabled. (Exhibit A, pp. 14-16). However, the denial was actually based on the failure to provide the requested verification. (Exhibit A, p. 1; APS Testimony).

The April 2, 2025 determination to close Petitioner's MA case cannot be upheld based on what appear to be system errors with the Verification Checklist and Health Care Coverage Determination Notice.

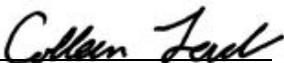
### **DECISION AND ORDER**

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed Petitioner's MA benefit case.

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Redetermine Petitioner's eligibility for MA as of the May 1, 2025 effective date in accordance with Department policy.

  
COLLEEN LACK  
ADMINISTRATIVE LAW JUDGE

25-014795

**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](mailto: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**

CALHOUN COUNTY DHHS

190 E MICHIGAN AVE

PO BOX 490

BATTLE CREEK, MI 49016

**MDHHS-CALHOUN-HEARINGS@MICHIGAN.GOV**

**Interested Parties**

EQAD HEARINGS

M. SCHAEFER

BSC3

**Via First Class Mail:**

**Petitioner**

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

