

**Date Mailed:** May 29, 2025

**Docket No.:** 25-016363

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED] [REDACTED]

### **HEARING DECISION**

On April 23, 2025, Petitioner [REDACTED] [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on May 27, 2025. 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.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Assistance Payments Supervisor Jennifer Richard appear as its representative. Neither party had any additional witnesses.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 59-page packet of documents provided by the Department was admitted collectively as Exhibit A.

### **ISSUE**

Did the Department properly close Petitioner's Medicaid?

### **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 March [REDACTED] 2025, Petitioner submitted a redetermination form to the Department to renew her Medicaid eligibility. Petitioner reported that her household was composed of herself, her spouse, and her three children. Petitioner reported that her household had income from her spouse's employment.
2. On March [REDACTED] 2025, the Department mailed a verification checklist to Petitioner to obtain additional information to determine Petitioner's Medicaid eligibility. The Department instructed Petitioner to provide the Department with the information by April 7, 2025. The verification checklist instructed Petitioner to provide the Department with proof of all of the following:

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- a. Current statement from bank or financial institution for [REDACTED] checking account.
  - b. Last 30 days of check stubs or earning statements for [REDACTED] earnings from SCI.
  - c. Last 30 days of check stubs or earning statements for [REDACTED] earnings from [REDACTED] [REDACTED]
  - d. Current statement from bank or financial institution for [REDACTED] savings account.
3. The Department received all the information it requested from Petitioner except for the current statement from bank or financial institution for Sadia's savings account.
  4. On April [REDACTED] 2025, the Department mailed a health care coverage determination notice to Petitioner to notify her that Petitioner, her spouse, and her three children were all ineligible for Medicaid because Petitioner did not provide the Department with proof as instructed.
  5. The Department closed Petitioner's family's Medicaid coverage effective June 1, 2025.
  6. Petitioner, her spouse, and her children all had full-coverage Medicaid through the Transitional Medicaid program prior to the closure.
  7. Petitioner requested a hearing to dispute the Department's decision to close her family's Medicaid coverage.
  8. On April [REDACTED] 2025, Petitioner reapplied for Medicaid.
  9. On May [REDACTED] 2025, Petitioner provided the Department with the current statement from bank or financial institution for [REDACTED] savings account.

### **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

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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.

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In this case, Petitioner requested a hearing to dispute the Department's decision to close her family's Medicaid coverage. The Department closed Petitioner's family's Medicaid coverage because the Department determined that Petitioner did not provide verification as instructed. Thus, the issue is whether the Department properly closed Petitioner's family's Medicaid coverage for not providing verification as instructed.

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 tell a client what verification is required, how to obtain it, and the due date. *Id.* 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.* Verifications are only considered timely if they are received by the due date. *Id.* 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.*

Based on the evidence presented, the Department properly instructed Petitioner to provide verification of her savings account, 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 her family was ineligible for Medicaid coverage. Thus, the Department acted in accordance with BAM 130 when it sent the April 2025, health care coverage determination notice to Petitioner. Therefore, The Department's decision is affirmed.

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## **DECISION AND ORDER**

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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 closed Petitioner's Medicaid.

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



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**JEFFREY KEMM**  
**ADMINISTRATIVE LAW JUDGE**

**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](http://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.

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**BSC3HEARINGDECISIONS**

**MOAHR**

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