



Date Mailed: June 13, 2025

Docket No.: 25-016582

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.

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HEARING DECISION

On April 21, 2025, Petitioner [REDACTED] [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on June 10, 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 Eligibility Specialist Darcy Ingraham appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 38-page packet of documents provided by the Department was admitted collectively as Exhibit A.

ISSUE

Did the Department properly close Petitioner's children'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 Medicaid eligibility for her children. Petitioner reported that her household was composed of herself, her spouse ([REDACTED]), her four children (A [REDACTED] [REDACTED]), and one grandchild ([REDACTED]). Petitioner reported that her household had income from her employment, her spouse's employment, [REDACTED] employment, [REDACTED] employment, and [REDACTED] employment.
2. On March [REDACTED] 2025, the Department mailed a verification checklist to Petitioner to obtain additional information to determine Medicaid eligibility. The Department instructed Petitioner to provide the Department with proof of her income, her spouse's income, and [REDACTED] income by March 24, 2025.

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3. On March [REDACTED] 2025, the Department mailed a verification checklist to Petitioner to obtain additional information to determine Medicaid eligibility. The Department instructed Petitioner to provide the Department with proof of [REDACTED] income and [REDACTED] bank account by March 28, 2025.
 4. On March [REDACTED] 2025, the Department mailed a verification checklist to Petitioner to obtain additional information to determine Medicaid eligibility. The Department instructed Petitioner to (a) complete a health care coverage supplemental questionnaire, (b) provide proof of her wages, (c) provide proof of her spouse's wages, (d) provide proof of [REDACTED] wages, (e) provide proof of the current balance in [REDACTED] checking account with Michigan One, (f) provide proof of the current balance in [REDACTED] savings account with Michigan One, (g) provide proof of the current balance in [REDACTED] checking account with Michigan One, (h) provide proof of the current balance in [REDACTED] savings account with Michigan One, (i) provide proof of the current balance in [REDACTED] savings account with Independent, (j) provide proof of the current balance in Petitioner's two checking accounts with Michigan One, (k) provide proof of the current balance in Petitioner's savings account with Michigan One, (l) and provide proof of the current balance of all liquid assets that Petitioner or her household has (retirement accounts, bank accounts, pay cards, etc.). The Department instructed Petitioner to provide this information to the Department by April 7, 2025.
 5. On April [REDACTED] 2025, Petitioner contacted the Department. Petitioner informed the Department that she did not receive the verification checklist, and she could not access it on her MI Bridges account online. The Department provided Petitioner with information to contact the help desk for MI Bridges.
 6. The Department did not receive the verification it requested from Petitioner by April 7, 2025.
 7. The Department was able to obtain proof of [REDACTED] income through the Work Number database, so the Department used that information to determine his Medicaid eligibility.
 8. The Department determined that it did not have sufficient information to determine Medicaid eligibility for Silas and Miriam.
 9. On April [REDACTED] 2025, the Department mailed a health care coverage determination notice to Petitioner to notify her that [REDACTED] was eligible for Medicaid, [REDACTED] was ineligible for Medicaid as of May 1, 2025, and [REDACTED] was ineligible for Medicaid as of May 1, 2025.
 10. Petitioner requested a hearing to dispute the Department's decision.

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 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, Petitioner requested a hearing to dispute the Department's decision to close [REDACTED] and [REDACTED] Medicaid coverage. The Department closed their Medicaid coverage because the Department determined that Petitioner did not provide verification as instructed. Thus, the issue is whether the Department properly closed their 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.*

When a client is unable to provide verification despite a reasonable effort, the Department should extend the time limit up to two times. *Id.* In this case, the Department's final verification checklist instructed Petitioner to provide information to the Department by April 7, 2025, and Petitioner contacted the Department on April [REDACTED] 2025, and explained that she was having problems accessing the verification checklist. Under these circumstances, Petitioner was making a reasonable effort to comply, but Petitioner was unable to provide the verification as instructed. Therefore, the Department should have extended the time limit for Petitioner pursuant to BAM 130. The Department did not extend the time limit, so the Department did not act in accordance with BAM 130. Accordingly, the Department's decision is reversed.

The Department must reinstate [REDACTED] and [REDACTED] Medicaid coverage while the Department completes the Medicaid redetermination. If the Department still needs

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additional information to complete the Medicaid redetermination, the Department must give Petitioner an opportunity to provide the information that the Department needs to complete the Medicaid redetermination, and Petitioner must cooperate with the Department.

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 did not act in accordance with its policies and the applicable law when it closed Petitioner's children's Medicaid.

IT IS ORDERED that the Department's decision is **REVERSED**. The Department must reinstate [REDACTED] and [REDACTED] Medicaid coverage while the Department completes the Medicaid redetermination. If the Department still needs additional information to complete the Medicaid redetermination, the Department must give Petitioner an opportunity to provide the information that the Department needs to complete the Medicaid redetermination, and Petitioner must cooperate with the Department. The Department must begin to implement this order within 10 days from the mailing date of this hearing decision.



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. 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, **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
IONIA COUNTY DHHS
920 E LINCOLN ST
IONIA, MI 48846
**MDHHS-IONIA-
HEARINGS@MICHIGAN.GOV**

SCHAEFERM

EQADHEARINGS

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Via First Class Mail:

Petitioner

[REDACTED]