



**Date Mailed:** June 26, 2025

**Docket No.:** 25-016640

**Case No.:** [REDACTED]

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

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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### **HEARING DECISION**

On May 5, 2025, Petitioner [REDACTED] [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on June 24, 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 himself. Respondent Michigan Department of Health and Human Services (Department) had Hearing Facilitator Layana Jefferson appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 14-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. In April 2025, Petitioner had full-coverage Medicaid through the Healthy Michigan Plan.
2. On April [REDACTED] 2025, the Department mailed a health care coverage supplemental questionnaire to Petitioner to obtain additional information to redetermine Petitioner's Medicaid eligibility. The Department decided to have Petitioner complete the questionnaire because Petitioner was about to turn 65 years old, and his age was going to change the Medicaid programs that Petitioner was eligible for. The questionnaire instructed Petitioner to return the completed questionnaire to the Department by April 23, 2025. The questionnaire stated that Petitioner's Medicaid

25-016640

would continue at the current level if he did not return the completed questionnaire by the due date.

3. Petitioner did not receive the health care coverage supplemental questionnaire, and Petitioner was unaware that he needed to complete it, so Petitioner did not return the completed questionnaire to the Department.
4. The health care coverage supplemental questionnaire was mailed to Petitioner's current mailing address, and it was not returned to the Department as undeliverable.
5. On April [REDACTED] 2025, the Department mailed a health care coverage determination notice to Petitioner to notify him that he was no longer eligible for Medicaid, effective May 1, 2025, because he did not return the completed questionnaire.
6. 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 his Medicaid coverage. The Department closed Petitioner's Medicaid coverage because the Department determined that Petitioner did not return the completed health care coverage supplemental questionnaire. Petitioner acknowledged that he did not return the completed questionnaire. Thus, the issue here is whether the Department properly closed Petitioner's Medicaid coverage for not returning the completed questionnaire.

The health care coverage supplemental questionnaire is a form that the Department uses to gather additional information when an applicant is not found eligible for any MAGI-related Medicaid or indicates a disability. BEM 105 (January 1, 2024), p. 4. The questionnaire that the Department mailed to Petitioner informed Petitioner that his Medicaid would continue at the current level if he did not return the completed

25-016640

questionnaire by the due date. Petitioner did not return the completed questionnaire by the due date, so the Department should have continued his Medicaid at the current level in accordance with the statement on the questionnaire.

When a Medicaid client has an actual or anticipated change, the Department must complete an ex-parte review before closing the client's Medicaid, unless the actual or anticipated change would result in closure due to ineligibility for all Medicaid. BAM 210 (July 1, 2025), p. 2. An ex-parte review is a determination made by the Department without the client's involvement, and it is based on a review of all materials available to the Department. BPG (June 1, 2024), p. 25. In this case, the Department knew that Petitioner was turning 65 years old, and the Department knew that Petitioner would no longer be eligible for full-coverage Medicaid through the Healthy Michigan Plan once he turned 65 years old. When Petitioner did not return the completed questionnaire, the Department should have initiated an ex-parte review to determine Petitioner's eligibility for Medicaid through other programs before the Department closed Petitioner's Medicaid.

For these reasons, the Department did not properly close Petitioner's Medicaid. Therefore, the Department's decision is reversed.

### **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 Medicaid.

**IT IS ORDERED** that the Department's decision is **REVERSED**. The Department must reinstate Petitioner's Medicaid coverage, effective May 1, 2025. 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](https://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:**

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**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]