



**Date Mailed:** July 23, 2025

**Docket No.:** 25-020407

**Case No.:** [REDACTED]

**Petitioner:** [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**

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 June 26, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Melissa Brandt, Family Independence Manager. Department Exhibit 1, pp. 1-33 was received and admitted.

### **ISSUE**

Did the Department properly close Petitioner's Healthy Michigan Plan Medicaid (MA-HMP) because she failed to verify loss of income?

### **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 April [REDACTED] 2024, the Department received a Wage Match Notices for Petitioner's employment with [REDACTED]
2. On January [REDACTED] 2025, the Department received a Wage Match Notice for Petitioner's employment with [REDACTED]
3. On May [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that her MA-HMP was closing for failing to verify loss of employment.
4. On May 13, 2025, Petitioner requested a hearing disputing the closure of MA-HMP.

### **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

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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).

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The Medical Assistance (MA) program is established by Title 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.

Send a negative action notice when: • The client indicates refusal to provide a verification, or • The time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130 (January 2024)

In this case, Wage Match Notices were sent to Petitioner in April 2024 and January 2025, requesting verification of employment income. Petitioner did not respond to those notices. Petitioner acknowledged at hearing that she did not open her mail and was unaware that employment information was requested of her. Petitioner explained the difficult personal circumstances she was experiencing during this time period. Policy required that Petitioner verify employment when the Department requested her to do. Petitioner failed to comply with those requests and her case closed, that action was proper and correct and consistent with Department policy. BAM 130

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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 Department policy when it closed Petitioner's MA-HMP for failing to verify loss of income.

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



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**AARON MCCLINTIC**  
**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.

25-020407

**Via Electronic Mail:**

**Respondent**  
MONTCALM COUNTY DHHS  
609 N STATE ST  
STANTON, MI 48888  
**MDHHS-MONTCALM-  
HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]