



**Date Mailed:** August 20, 2025  
**Docket No.:** 25-025603  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED] MI [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 July 7, 2025, Petitioner [REDACTED] requested a hearing to dispute a Medical Assistance (MA) determination. As a result, a hearing was scheduled to be held on August 19, 2025, pursuant to MCL 400.9, 7 CFR 273.15, and Mich Admin Code, R 792.11002. Petitioner appeared and represented herself. Melissa Williams, Eligibility Specialist, appeared on behalf of Respondent, Department of Health and Human Services (Department).

A 36-page packet of documents provided by Respondent was admitted as Exhibit A.

### **ISSUE**

Did the Department properly determine Petitioner's Medical Assistance (MA) eligibility?

### **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 February 10, 2025, the Department mailed a verification checklist with a due date of February 20, 2025, following a February 2025 redetermination.
2. On February 28, 2025, the verification checklist was returned to the Department by the United States Postal Services as undeliverable.
3. On March 4, 2025, the Department mailed a Health Care Coverage Determination Notice to Petitioner to notify her that she is not eligible for the Medicare Savings Program beginning April 1, 2025, because she failed to return the requested verifications.
4. On April 1, 2025, Petitioner's MSP coverage closed.
5. On July 7, 2025, Petitioner requested a hearing to dispute the Department's decision to close her MSP coverage.

### **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 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.

The Department must periodically redetermine or renew a client's eligibility for active programs. BAM 210 (January 1, 2024), p. 1. The redetermination/renewal process includes a thorough review of all eligibility factors. Benefits stop at the end of the benefit period unless a renewal is completed, and a new benefit period is certified. *Id.* at 4.

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.*

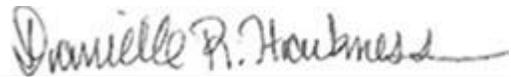
Based on the evidence presented, the February 10, 2025, verification checklist was returned to the Department by the United States Postal Services as undeliverable and the Department did not request any further verifications from Petitioner. The Department has failed to show that verifications were properly requested by the Department and that Petitioner failed to provide the requested verifications prior to the issuance of the March 4, 2025, notice. Therefore, the Department improperly determined Petitioner's MA eligibility.

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**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 act in accordance with its policies and the applicable law when it determined Petitioner's MA eligibility.

IT IS ORDERED the Department's decision is **REVERSED**. The Department shall reinstate Petitioner's MA coverage beginning April 1, 2025, and issue a verification checklist clearly explaining what verifications Petitioner is required to provide. The Department shall begin to implement this decision within 10 days.



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**DANIELLE R. HARKNESS  
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](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**

MACOMB COUNTY DHHS MT CLEMENS DIST 12

44777 N GRATIOT AVE STE A

CLINTON TOWNSHIP, MI 48036

**MDHHS-MACOMB-12-HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

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