



**Date Mailed:** October 28, 2025

**Docket No.:** 25-029522

**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**

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 September 30, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Collene Johnson. Jason Lara served as Spanish language interpreter. Department Exhibit 1, pp. 1-78 was received and admitted.

### **ISSUE**

Did the Department properly close Petitioner's Medicaid (MA) case for failing to verify assets?

### **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 May [REDACTED] 2025, Petitioner submitted redetermination paperwork.
2. On May [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that Petitioner was approve for ESO Medicaid and Nashly was approved for Transitional Medicaid.
3. On May [REDACTED] 2025, a Verification Checklist was sent to Petitioner requesting verification of bank accounts.
4. On May [REDACTED] 2025, Petitioner submitted bank account statements.
5. On May [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she, [REDACTED], was not eligible for MA. This notice makes no mention of [REDACTED] [REDACTED]
6. On August [REDACTED] 2025, Petitioner requested hearing disputing the closure of MA.
7. Petitioner credibly testified that she submitted all requested bank account statements.

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## **CONCLUSIONS OF LAW**

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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).

The Medical Assistance (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 (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.

### **All Programs**

Tell the client what verification is required, how to obtain it, and the due date; see Timeliness of Verifications in this item. Use the DHS-3503, Verification Checklist (VCL), to request verification. Exception: For Food Assistance Program (FAP) only, if there is a system-generated due date on the verification form such as a MDHHS-3688, Shelter Verification, a verification checklist is not required to be sent with the verification form. Use the DHS-3503C, Verification Checklist for Citizenship/Identity, to request documentation of citizenship or identity for FIP, SDA or MA determinations. The client must obtain required verification, but the local office must assist if they need and request help. If neither the client nor the local office can obtain verification despite a reasonable effort, use the best available information. If no evidence is available, use your best judgment. BAM 130

In this case, Petitioner credibly testified that she submitted also requested bank account information. The Department representative testified at hearing that the Department needed verification of a Consumers Credit Union savings account. The Department Liquid Asset summary showed a Consumers Credit Union savings account with \$[REDACTED] in it. (Ex. 1, p.70) Petitioner's Consumer Credit Union statements from March and April 2025 show \$[REDACTED] in a Primary Share account (Ex. 1, pp. 30-33) Based on that the Department had sufficient verification of Petitioner's Consumer Credit Union savings account and the closure for failing to verify assets was improper and incorrect.

It should also be noted that the Health Care Coverage Determination Notice makes no mention of household member [REDACTED] [REDACTED] so any action to close her case was improper because of improper notice. Also, the notices in the hearing packet are in Spanish and the undersigned Administrative Law Judge does not speak Spanish and is unable to ascertain whether the notices gave proper notice to the Petitioner or whether the closure notice explains a proper basis to close Petitioner's MA case.

25-029522

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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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed Petitioner's MA case for failing to verify assets.

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reinstate Petitioner's MA case going back to the date of closure.
2. Activate MA coverage for Petitioner going back to the date of closure.
3. Reinstate MA coverage for household member [REDACTED] [REDACTED] going back to the date of closure.



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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.

**Via Electronic Mail:**

**Respondent**

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STE 200  
GRAND RAPIDS, MI 49507  
**MDHHS-KENT-  
HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]