



Date Mailed: January 2, 2026

Docket No.: 25-035723

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.

[REDACTED] MI [REDACTED]

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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 December 2, 2025. Petitioner appeared and was unrepresented. Petitioner withdrew the previous authorization for [REDACTED] to be his Authorized Hearing Representative. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Jacob Kojiro, Lead Worker.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-19.

ISSUE

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

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 August 4, 2025, a Redetermination form was sent to Petitioner with a due date of September 3, 2025. The form noted that MA benefits will end if the form is not returned. (Exhibit A, pp. 10-18)
2. The Department did not receive a Redetermination form from Petitioner. (Exhibit A, p. 1)
3. On September 19, 2025, a Health Care Coverage Determination Notice was issued to Petitioner stating Petitioner was not eligible for MA effective October 1, 2025. The denial was based on a failure to return the redetermination form. (Exhibit A, pp. 1 and 6-8)
4. On September 26, 2025, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, pp. 3-8)

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).

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.

The Department must periodically redetermine or renew an individual's eligibility for active programs. The redetermination/renewal process includes thorough review of all eligibility factors. BAM 210, July 1, 2025, p. 1. MA Benefits stop at the end of the benefit period unless a renewal is completed, and a new benefit period is certified. BAM 210, p. 4.

In this case, on August 4, 2025, a Redetermination form was sent to Petitioner with a due date of September 3, 2025. The form noted that MA benefits will end if the form is not returned. (Exhibit A, pp. 10-18). The Department did not receive a Redetermination form from Petitioner. (Exhibit A, p. 1). Accordingly, on September 19, 2025, a Health Care Coverage Determination Notice was issued to Petitioner stating Petitioner was not eligible for MA effective October 1, 2025. The denial was based on a failure to return the redetermination form. (Exhibit A, pp. 1 and 6-8).

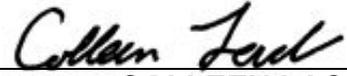
Petitioner stated that he was out of the country when the Redetermination form was mailed to him. Further, a September 29, 2025 letter from [REDACTED] documents that Petitioner has been hospitalized since September 10, 2025. (Exhibit A, pp. 4 and 19; Petitioner Testimony.) Overall, the evidence supports the Department's determination to close Petitioner's MA case effective October 1, 2025, because the required Redetermination form was not returned. Therefore, the Department was unable to review Petitioner's ongoing eligibility for MA benefits. If he has not already done so, Petitioner may wish to reapply for MA benefits.

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 acted in accordance with Department policy when it determined Petitioner's eligibility for MA.

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



COLLEEN LACK
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.

25-035723



Via Electronic Mail:

Respondent

WASHTENAW COUNTY DHHS

22 CENTER ST

YPSILANTI, MI 48198

MDHHS-WASHTENAW-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

[REDACTED]
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[REDACTED] MI [REDACTED]