



Date Mailed: December 3, 2025
Docket No.: 25-035956
Case No.: [REDACTED]
Petitioner: [REDACTED]

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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।

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

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Case No.: [REDACTED]

Petitioner: [REDACTED]

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 November 6, 2025. Petitioner appeared for the hearing and represented herself. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Sunshine Simonson, Eligibility Specialist.

ISSUE

Did the Department properly process Medical Assistance (MA) benefits for Petitioner's son (Child A)?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Child A was an ongoing recipient of MA benefits. In connection with a redetermination, MA eligibility for Child A was reviewed.
2. On or around August 4, 2025, the Department sent Petitioner a redetermination for Child A's MA case that was to be completed and returned to the Department by September 3, 2025.
3. The Department asserted that Petitioner failed to return the redetermination by the due date.
4. On or around September 19, 2025, the Department sent Petitioner a Health Care Coverage Determination Notice advising her that effective October 1, 2025, Child A's MA case would be closed because of the failure to return the redetermination. (Exhibit A, pp.27-29)
5. On or around September 29, 2025, Petitioner requested a hearing disputing the closure of Child A's MA case.

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6. On or around October 14, 2025, the Department received the completed redetermination form for Child A's MA case and began reprocessing Child A's MA eligibility.
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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.

In this case, Petitioner's son, Child A, was previously approved for MA under the Healthy Kids Expansion (HKE) category, which is a Modified Adjusted Gross Income (MAGI) based MA program. BEM 131 (January 2022), pp. 1-3. The Department representative testified that Child A's MA eligibility was due for review.

The Department must periodically redetermine or renew an individual's eligibility for active programs. The redetermination/renewal process includes a thorough review of all eligibility factors. Redetermination, renewal, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs. For MA cases, a redetermination is an eligibility review based on a reported change. A renewal is the full review of eligibility factors completed annually. The renewal month is 12 months from the date the most recent complete application was submitted. BAM 210 (July 2025), pp. 1-4. For MA cases, benefits stop at the end of the benefit period unless a renewal is completed, requested verifications are received and a new benefit period is certified. BAM 210, pp. 3-5. The Department will provide the client with timely notice of the negative action if the time limit is not met. BAM 210, p. 14. The Department will send a DHS-1606, Health Care Coverage Determination Notice, which details the information used to determine eligibility. BAM 210, p. 19-20.

Additionally, if MAGI-based MA is terminated at renewal for failure to return the renewal form or other needed and requested documentation, the Department must reconsider the individual's eligibility without requiring a new application if the renewal form and/or requested information is returned within 90 days after the date of termination. 42 CFR 435.916(a)(3)(iii) and (b).

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At the hearing, the Department representative testified that because Petitioner failed to submit a completed redetermination/renewal form by the September 3, 2025, deadline, the Department was unable to review Child A's continued MA eligibility, and initiated the closure of his case by sending the Health Care Coverage Determination Notice on September 19, 2025, advising of the MA case closure effective October 1, 2025. Petitioner testified that her husband dropped off the redetermination form at the building next door in the wrong drop box. It was established that the Department received the completed redetermination form on or around October 14, 2025. The Department representative testified that it began reprocessing Child A's MA eligibility using the late processing policy identified above. However, as of the hearing date, an eligibility notice had not been issued. The Department agreed that completing the reprocessing of the redetermination and the issuance of an eligibility notice was required.

Petitioner raised concerns at the hearing regarding her own MA eligibility. However, Petitioner confirmed that prior to the hearing request, she received no negative action notices regarding her MA case. The Department representative testified that there have been no changes to Petitioner's MA eligibility as of the hearing date but a review would be initiated, as an income change was reported with Child A's redetermination. Thus, Petitioner failed to establish that there was any negative action taken by the Department with respect to her MA eligibility prior to the hearing request. See BAM 600.

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 Department policy when it closed Child A's MA case effective October 1, 2025.

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 the MA case and redetermine MA eligibility for Petitioner's son Child A under the most beneficial category for October 1, 2025, ongoing;
2. If eligible, provide MA coverage to Child A under the most beneficial category that he was entitled to receive but did not from October 1, 2025, ongoing, and
3. Notify Petitioner in writing of its decision.



ZAINAB A BAYDOUN
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.

Via Electronic Mail:

Respondent

WAYNE-GREENFIELD/JOY-DHHS

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DETROIT, MI 48228

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Via First Class Mail:

Petitioner

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