

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE CLAIM OF:

[REDACTED]

Reg. No.: 201023619  
Issue No.: 2015; 2026  
Case No.: [REDACTED]  
Load No.: [REDACTED]  
Hearing Date: September 1, 2010  
Wayne County DHS

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, a telephone hearing was held on September 1, 2010. The Claimant appeared and testified. [REDACTED], FIM and [REDACTED], ES appeared on behalf of the Department.

**ISSUE**

Was the Department correct in determining Claimant's MA eligibility?

**FINDINGS OF FACT**

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

- (1) Claimant was a Medicaid recipient and FIP recipient.
- (2) Claimant's FIP benefit closed on March 25, 2008.
- (3) Claimant received transitional Medicaid from April 2008 through November 30, 2009.
- (4) Claimant's transitional Medicaid closed on November 30, 2009.

- (5) Claimant was eligible for MA-G2U with a deductible from December 1, 2009 going forward.
- (6) Claimant requested a hearing on December 2, 2009 stating "Adult Medical and dependent services" as the reasons for the request.

### CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM). The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR).

Department policy outlines the parameters of Transitional Medicaid--MA Only This is a FIP-related Group 1 MA category. Transitional MA eligibility can be considered only after LIF. Families may receive Transitional MA for up to 12 months when ineligibility for LIF relates to income from employment of a caretaker. TMA starts the month in which LIF ineligibility began regardless of when the LIF eligibility actually ended.

The Medical Assistance program was designed to assist needy persons with medical expenses. The State of Michigan has set guidelines for income, which determines if a MA group falls within the needy classification. Under BEM Items 544 and 545, an eligible Medical Assistance group (Group II MA) has income the same as or less than the "protected income level" plus medical insurance premiums as set forth in the policy contained in the program reference table. An individual or MA group whose income is in excess of the monthly protected income level is ineligible to receive MA. However a MA group may become eligible for assistance under the deductible program. A deductible is a process, which allows a client with excess income to be eligible for MA, if sufficient allowable medical expenses are incurred. Each calendar month is a separate deductible period. The fiscal group's monthly excess income is called the deductible amount. Meeting a deductible means reporting and verifying allowable medical expenses that equal or exceed the deductible amount for the calendar month. The MA group must report expenses by the last day of the third month following the month it wants medical coverage. BEM 545; 42 CFR 435.831.)

In the present case, Claimant was eligible for Transitional Medicaid for one year after her FIP benefits closed. BEM 111. Claimant questioned the date that her FIP closed. Documentation provided by the Department shows Claimant's FIP case closed in March 2008. The Department provided adequate proof that the date for the FIP closure was correct. This ALJ finds that the Department has acted in accordance with Department


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policy and law in determining Claimant's Transitional Medical Assistance and determining her deductible amount.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law decides that the Department was correct in the determination of MA benefits, and it is ORDERED that the Department's decision in this regard be and is hereby AFFIRMED.

/s/

  
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Aaron McClintic  
Administrative Law Judge  
For Ismael Ahmed, Director  
Department of Human Services

Date Signed: September 15, 2010

Date Mailed: September 15, 2010

**NOTICE:** Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

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