

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2010-50462  
Issue No.: 2000  
Case No.: [REDACTED]  
Hearing Date: January 20, 2011  
Oakland County DHS (02)

**ADMINISTRATIVE LAW JUDGE:** Colleen M. Mamelka

**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 hearing was held in Madison Heights, Michigan on Thursday, January 20, 2011. The Claimant appeared and testified. [REDACTED] and [REDACTED] appeared on behalf of the Department.

**ISSUE**

Whether the Department properly terminate the Claimant's Transitional Medical Assistance ("TMA") benefit?

**FINDINGS OF FACT**

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

1. The Claimant was a TMA recipient.
2. In August 2009, the Department sent the redetermination packet to the Claimant for completion.
3. The Department received the completed redetermination on September 3, 2009.
4. The Department failed to timely process the review.

5. On July 6, 2010, the Department processed the redetermination and found the Claimant was no longer eligible for TMA benefits but was eligible for the TMA-Plus benefit program.
6. The Department notified the Claimant of the TMA closure.
7. On July 26, 2010, the Department received the Claimant's written request for hearing.
8. The Claimant's TMA benefits terminated effective July 31, 2010.
9. The Claimant paid the TMA-Plus premium beginning August 2010.
10. The Department failed to activate the TMA-Plus coverage until approximately November 23, 2010.
11. The Department activated the TMA-Plus coverage retroactively to August 2010.

### **CONCLUSIONS OF LAW**

The Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department of Human Services ("DHS"), formerly known as the Family Independence Agency, 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 Bridges Reference Manual ("BRM").

Low-Income Family Medicaid recipients must be transferred to TMA when at least one LIF qualified group member was eligible for and received Michigan cash assistance ("FIP") and/or was a LIF for three of the six calendar months immediately preceding the month of FIP/LIF ineligibility; LIF ineligibility resulted from only excess income; and the earnings of the caretaker relative, caretaker relative's spouse or dependent child's parent in the LIF ineligibility determination are greater than zero. BEM 111 TMA eligibility continues for a 12 month period unless FIP is approved or a change, such as a reduction in income, is reported. BEM 111 A determination of eligibility for other Medicaid categories and for TMA-Plus should be done at least 40 days before the end of the 12-month TMA period. BEM 111

TMA-Plus is a state-funded medical program available to families after the TMA ends. BEM 647 A purpose of the program is to assist families purchase employer-sponsored health care. BEM 647 TMA-Plus provides a way to extend medical coverage through a premium payment plan. BEM 647 Effective January 1, 2011, the monthly premium payment for TMA-Plus is \$435.00 per person per month. BEM 647

In this case, the Department did not timely process the Claimant's redetermination. This failure did not result in a loss of benefits to the Claimant. Subsequently, when the redetermination was processed, the Department correctly determined that the Claimant was no longer eligible for the TMA benefits but was eligible under the TMA-Plus program. The Department sent notification of the TMA termination to the Claimant as required by policy. The TMA benefits terminated effective July 31, 2010. Although the Claimant paid the TMA-Plus premium, coverage was not activated until November 2010. The Department activated coverage retroactively to August 2010. As a result of the Department activating coverage for the Claimant, there is no other issue to be resolved.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds the Department's actions are AFFIRMED.

Accordingly, it is ORDERED:

The Department's activation of TMA-Plus benefits retroactive to August 2010 is AFFIRMED.

*Colleen M. Mamelka*

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**Colleen M. Mamelka**  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: 1/27/2011

Date Mailed: 1/27/2011

**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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