

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**

[REDACTED]

Reg. No: 201261068  
Issue No: 2003  
Case No: [REDACTED]  
Hearing Date: August 23, 2012  
Iosco County DHS

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on June 25, 2012. After due notice, a telephone hearing was held on August 23, 2012.

**ISSUE**

Whether the Department of Human Services (Department) properly closed the Claimant's Medical Assistance (MA) under the Low Income Family (LIF) category?

**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 an ongoing recipient of Medical Assistance (MA) under the Low Income Family (LIF) category.
2. On June 3, 2012, the Claimant's [REDACTED] turned [REDACTED] years of age.
3. On June 19, 2012, the Department notified the Claimant that it would close her MA benefits case under the LIF category because she no longer meets the requirements of that program.
4. The Department received the Claimant's request for a hearing on June 25, 2012, protesting the closure of her MA benefits.

**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 (DHS or Department) 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), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. Medicaid is also known as Medical Assistance (MA). Department of Human Services Bridges Eligibility Manual (BEM) 105 (October 1, 2010), p 1.

Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility or the least amount of excess income. BEM 105.

In this case, the Claimant was an ongoing Medical Assistance (MA) recipient and had been placed in the category of Medical Assistance (MA) benefits that was most beneficial to her circumstances. The Claimant had received Medical Assistance (MA) benefits under the Low Income Family (LIF) category, which requires that the recipient be the caretaker of a [REDACTED].

On June 3, 2012, the Claimant's [REDACTED] turned [REDACTED] of age and the Claimant no longer met the non-financial requirement to receive benefits under the LIF category. On June 19, 2012, the Claimant was notified that her Medical Assistance (MA) benefits under the LIF category would close as of August 1, 2012.

The Claimant was given the opportunity to provide the Department with the information necessary to determine her eligibility to receive Medical Assistance (MA) under other categories.

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (May 1, 2012). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Department of Human Services Bridges Assistance Manual (BAM) 130 (May 1, 2012). Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130. The Department uses documents, collateral contacts, or home calls to verify information. BAM 130. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130. When documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

Based on the evidence and testimony available during the hearing, the Department has established that it properly closed the Claimant's Medical Assistance (MA) under the LIF category because she no longer meets the requirements of that program. Although the Department has a duty to consider whether the Claimant meets the requirements of another category of Medical Assistance (MA), the Claimant has a duty to provide the Department with the information necessary to determine her eligibility. The Claimant

did not establish that the Department failed to consider her eligibility for other categories of Medical Assistance (MA) at the time the Claimant submitted her request for a hearing.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department acted in accordance with policy in determining the Claimant's Medical Assistance (MA) eligibility.

The Department's Medical Assistance (MA) eligibility determination is AFFIRMED. It is SO ORDERED.

/s/  
Kevin Scully  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: September 13, 2012

Date Mailed: September 13, 2012

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 60 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt 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.

KS/tb

cc:

