

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 201272253
Issue No.: 2015
Case No.: [REDACTED]
Hearing Date: September 27, 2012
County: Muskegon

ADMINISTRATIVE LAW JUDGE: Gary F. Heisler

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a hearing was held on September 27, 2012. Claimant appeared and testified.

ISSUE

Did the Department properly close [REDACTED], Claimant's [REDACTED], Medical Assistance (MA) on August 31, 2012?

FINDINGS OF FACT

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

1. Claimant's [REDACTED], was an ongoing recipient of Medical Assistance (MA) because he was under 21.
2. On July 30, 2012, Claimant was sent a Notice of Case Action (DHS-1605) which stated [REDACTED] Medical Assistance (MA) would end August 31, 2012 because on [REDACTED] he would turn [REDACTED].
3. On August 10, 2012, Claimant filed a hearing request.

CONCLUSIONS OF LAW

Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by the 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.

There is no dispute regarding [REDACTED]. Claimant asserts that [REDACTED] is disabled. Department policy provides the following guidance for case workers. The Department's policies are available on the internet through the Department's website.

**BAM 210 REDETERMINATION/EX PARTE REVIEW
DEPARTMENT POLICY
All Programs**

The Department of Human Services must periodically re-determine an individual's eligibility for active programs. The redetermination process includes thorough review of all eligibility factors.

Redetermination, semi-annual and mid-certification forms are often used to re-determine eligibility of active programs. However, the client **must** complete a DHS-1171, Assistance Application, to request a program that is not active at the time of redetermination.

Local offices must assist clients who need and request help to complete applications, forms and obtain verifications; see BAM 130, Obtaining Verification.

EX PARTE REVIEW Medicaid (MA) Only

An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 calendar days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories; see BAM 115 and 220.

**REDETERMINATION CYCLE
All Programs**

A complete redetermination is required at least every 12 months. Bridges sets the redetermination date according to benefit periods; see Eligibility Decisions in BAM 115.

MA and TMAP

Benefits stop at the end of the benefit period **unless** a redetermination is completed **and** a new benefit period is certified. Also, the redetermination

month is 12 months from the **date the most recent complete application was submitted.**

In a Group 2 Persons Under 21 case, if a member will reach age 21 **before** the month the case is scheduled to be re-determined, an ex parte review (see glossary) should begin at least 90 days prior to the date the member turns 21; see BAM 220.

In this case the Department reviewed their records for information about [REDACTED]. [REDACTED] applied for Social Security Administration disability benefits on February 1, 2010 but was not determined to be disabled. On May 26, 2011, Claimant submitted a Redetermination Form (DHS-1010) on which it was marked that [REDACTED] did not claim disability. On May 25, 2012, Claimant submitted a Redetermination Form (DHS-1010) on which it was marked that [REDACTED] did not claim disability. The information in the Departments records do not show that [REDACTED] was making any claim of disability prior to his group 2 person under 21 Medical Assistance (MA) ending. There is no requirement for the Department to continue [REDACTED] Medical Assistance (MA) coverage.

A detailed analysis of the evidence presented, applicable Department policies, and reasoning for the decision are contained in the recorded record. During the hearing Claimant was informed of the decision and the reasoning behind the decision.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department properly closed [REDACTED], Claimant's [REDACTED], Medical Assistance (MA) on August 31, 2012.

It is ORDERED that the actions of the Department of Human Services, in this matter, are UPHeld.

/s/ _____
Gary F. Heisler
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: October 8, 2012

Date Mailed: October 8, 2012

NOTICE: Michigan Administrative Hearing System (MAHS) 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. MAHS 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.

GFH/tb

cc:

