

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: 2010-10483
Issue No: 2009
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
January 26, 2010
Bay County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, an in-person hearing was held on January 26, 2010. Claimant personally appeared and testified. Claimant was represented at the hearing by [REDACTED]. The hearing was originally held by Administrative Law Judge Jana Bachman. Judge Bachman is no longer affiliated with the State Office of Administrative Hearings and Rules and this hearing decision was completed by Administrative Law Judge Landis Y. Lain by listening to the spoken record and reading the entire written record.

ISSUE

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance (MA-P) and retroactive Medical Assistance (retro MA-P)?

FINDINGS OF FACT

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

- (1) On April 7, 2009, claimant filed an application for Medical Assistance and retroactive Medical Assistance benefits alleging disability.
- (2) On July 14, 2009, the Medical Review Team denied claimant's application stating that claimant's impairments lack duration.
- (3) On July 29, 2009, the department caseworker sent claimant notice that his application was denied.

- (4) On October 21, 2009, claimant filed a request for a hearing to contest the department's negative action.
- (5) On December 18, 2009, the State Hearing Review Team again denied claimant's application stating in its' analysis and recommendation: the evidence supports that the claimant did experience a transient cerebral event February 2009. Since this time there is no evidence to support that there is a severely impairing condition which would prevent claimant from performing tasks. It is prudent to limit exposure to ropes, ladders, scaffolding, unprotected heights, and dangerous machinery. The medical evidence of record indicates that the claimant's condition is improving or is expected to improve within 12 months from the date of onset or from the date of surgery. Therefore, MA -P is denied due to the lack of duration under 20 CFR 416.909. Retroactive MA -P was considered in this case and is also denied. SDA was not applied for by the claimant. Listings 11.02 and 11.03 were considered in this determination.
- (6) The hearing was held on [REDACTED]. At the hearing, claimant waived the time periods and requested to submit additional medical information.
- (7) Additional medical information was submitted and sent to the State Hearing Review Team on January 28, 2010.
- (8) On February 1, 2010, the State Hearing Review Team again denied claimant's application stating that claimant is capable of performing other work in the form of medium work per 20 CFR 416.967(c) pursuant to Medical Vocational Rule 203.06.
- (9) An SOLQ from the Social Security Administration indicates that claimant does receive RSDI with a disability onset date of February 24, 2009, with a net monthly amount of the benefit of \$ [REDACTED] per month.

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) and the Program Reference Manual (PRM).

Based upon the Social Security Administration determination it is not necessary for the Administrative Law Judge to discuss the issue of disability. BEM, Item 260. The department is required to initiate a determination of claimant's financial eligibility for the requested benefits if not previously done.

