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



Reg No.: 2011-51290 Issue No.: 2014 Case No.: Hearing Date: January 9, 2012 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 Monday, January 9, 2012. The Claima nt appeared and testified. appeared on behalf of the Department of Human Services ("Department").

ISSUE

Whether the Department properly process ed the Claimant's Medical Assistance ("MA-P") and State Disability Assistance ("SDA") application?

FINDINGS OF FACT

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

- 1. The Claimant is a MA recipient.
- 2. The Claimant submitted an application for public assistance seeking MA-P and SDA benefits on June 22, 2011.
- 3. The Claim ant receiv es Social Secu rity Income ("SSI") in the amount of \$674.00/month. (Exhibit 2)
- 4. As a result of the income, the Departm ent found the Claimant ineligible for SDA benefits. (Exhibit 3)

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- 5. The Claimant was approved for straight/full coverage MA benefits. (Exhibit 1)
- 6. On August 15, 2011, the Department received the Clai mant's written request for hearing.

CONCLUSIONS OF LAW

The Medical Assistance 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, formerly known as the Family Independenc e Agency, pursuant to MCL 400.10 *et seq.* and MCL 400.105. Department policies are found in the Bridges Administrative Manual ("BAM"), the Bridges Eligib ility Manual ("BEM"), and the Bridges Reference Tables ("RFT").

The goal of the Medicaid program is to ensure that essentia I health care s ervices are made available to those who otherwise could not afford them. BEM 105. Medicaid is also known as Medical Assistance ("MA"). BEM 105. The Medicaid program is comprised of several categories; one category is for F IP recipients while another is for SSI recipients. BEM 105. Ongoing MA eligibility begins the first day of the month of SSI entitlement. BEM 150. Retroactive MA b enefits up to three mont hs prior to the SSI entitlement may also be available. BEM 150; BEM 115.

The State Disability Assist ance program, which pr ovides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. Department policie s are found in BAM, BEM, and RFT. A person is considered disabled for SDA purposes if the person has a phys ical or menta I impairment which m eets federal SSI dis ability standards for at least ninety days. Receipt of SSI or RSDI benefit s based on disability or blindness, or the receipt of MA benefits based on disability or blindness automatically qualifies an individual as disabled for purposes of the SDA progr am. All earned and unearned income availab le to the Claimant is countable. BEM 500. The am ount count ed may be more than the client actually receives because the gross amount is used prior to any deductions. BEM 500. The Department must consider the gross benefit amount befor e any deduction, unles s Department policy states otherwise. BEM 500.

In this case, the Claimant receives \$674.00/m onth in SSI benefits. Pursuant to policy, based on the Claimant's monthly income, s he is not eligible for SDA benefit s. Accordingly, the Department's denial of SDA benefits was proper. In addition, the Department established it ac ted in accor dance with policy when it activated the Claimant's straight/full Medicaid case based on the SSI approval. During the hearing, the Claimant expressed concerns regarding pr oviders statements that she did not hav e coverage. Based on the evidence, the Cl

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deductible. In light of the foregoing, it is found that the Department's determinations are AFFIRMED.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law finds the Department acted in accord ance with Department policy when it denied the Claimant's reques t for SD A benefits based on excess inco me. In addition, it is found that the Department's activation of full/straight MA coverage is AFFIRMED.

Accordingly, it is ORDERED:

The Department's determinations are AFFIRMED.

Collein M. Mamilka

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

Date Signed: January 18, 2012

Date Mailed: January 18, 2012

NOTICE: Michigan Administrative Hearing Syst em (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of the mailing date of this Dec ision and Order . MAHS will not order a rehearing or reconsideration on the Department's mo tion where the final decis ion cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

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 ti mely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

• A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.

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- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative Hearings

Re consideration/Rehearing Request P. O. Box 30639 Lansing, Michigan 48909-07322

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