

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012-25341
Issue Nos.: 2001, 2009
Case No.: [REDACTED]
Hearing Date: February 29, 2012
County: Wayne (82-18)

ADMINISTRATIVE LAW JUDGE: Jan Leventer

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, MCL 400.37 and Claimant's request for a hearing. After due notice, a telephone hearing was held on February 29, 2012, from Detroit, Michigan. Claimant appeared and testified. The Department of Human Services (Department) was represented by [REDACTED].

ISSUES

1. Did the Department properly determine that Claimant is not disabled for purposes of the Medical Assistance (MA-P) program?
2. Did the Department properly determine that Claimant is not eligible for Adult Medical Program (AMP) benefits?

FINDINGS OF FACT

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

1. On August 18, 2011, Claimant filed an application for MA benefits. The application requested MA-P retroactive to May 1, 2011.
2. On January 10, 2012, the Department denied Claimant's application for benefits based on a finding that Claimant did not meet the requisite disability criteria.
3. On January 17, 2012, Claimant filed a hearing request to protest the Department's determination.

4. Claimant, age fifty-three [REDACTED], has a twelfth-grade education.
5. Claimant last worked in 2009 as a packager in a factory. Claimant also performed relevant work as a factory sanitation worker, cleaning machines, etc. Claimant's relevant work history consists exclusively of heavy unskilled work activities.
6. Claimant has a history of left shoulder and hip pain, low back pain, bipolar disorder, panic attacks, sleeplessness, and depression.
7. Claimant was hospitalized in [REDACTED] [REDACTED] for six days for severe major depression with thoughts of suicide. Her discharge diagnosis was major depression.
8. Claimant currently suffers from bipolar disorder, major depression, panic and anger attacks, and sleep problems.
9. Claimant has severe limitations on her ability to interact with coworkers, supervisors and the public. Claimant's limitations have lasted or are expected to last twelve months or more.
10. Claimant's complaints and allegations concerning her physical and mental impairments and limitations, when considered in light of all objective medical evidence, as well as the record as a whole, reflect an individual who is so impaired as to be incapable of engaging in any substantial gainful activity on a regular and continuing basis.

CONCLUSIONS OF LAW

MA was established by Title XIX of the U.S. Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department administers MA 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 Reference Tables (RFT).

AMP was established by Title XXI of the Social Security Act, Sec. (1115)(a)(1), and is administered by DHS pursuant to MCL 400.10, *et seq.* Department policies are contained in BAM, BEM and RFT. *Id.*

Medical Assistance Program

1. **Is Claimant engaged in substantial gainful activity? NO.**

If the answer to Question 1 is YES, Claimant is not disabled and may not receive MA benefits. An explanation is provided below.

If the answer is NO, go ahead to Question 2.

- 2. Does Claimant's impairment(s) meet the severity and the one-year durational requirements? YES.**

If the answer to Question 2 is YES, go ahead to Question 3.

If the answer to Question 2 is NO, Claimant is not disabled and may not receive MA benefits. An explanation is provided below.

- 3. Does Claimant's impairment(s) meet a Federal SSI Listing of Impairment(s) or its equivalent? YES.**

If the answer to Question 3 is YES, state the Impairment Listing No(s): 12.04 Affective Disorders

If the answer to Question 3 is YES, do not go ahead to Questions 4 and 5. Claimant is disabled at Step 3 and has established MA disability.

If the answer to Question 3 is NO, go ahead to Question 4.

- 4. Is the Claimant capable of performing previous relevant work? NOT APPLICABLE.**

- 5. Is the Claimant capable of performing other available work? NOT APPLICABLE.**

Additionally, Claimant is eligible at Step 3 as there is medical documentation that she was diagnosed with bipolar disorder by a psychiatrist, she gave credible and unrebutted testimony that she frequently cannot function for 2-3 days because of her panic and anger attacks, she was in a psychiatric residential treatment facility for six days in 2010, she sleeps only four hours at night, and she has suffered from depression since childhood. As a child, she experienced constant fighting between her parents. The onset date for her bipolar condition is September 23, 2010, when she entered a residential treatment facility. The evidence in this case supports a conclusion that Claimant has had repeated episodes of decompensation, she has a residual disease process resulting in marginal adjustment, and she has a history of more than one year in which she has been unable to function outside of a highly supportive environment.

Accordingly, this Administrative Law Judge concludes that Claimant is eligible on a medical basis at Step 3 of the Medicaid eligibility process.

Adult Medical Program

With regard to AMP, at the hearing it was explained to Claimant that the program was not accepting new applicants, and she understood this explanation. Accordingly, the Department's denial of AMP benefits to Claimant is AFFIRMED.

In conclusion, Claimant is disabled for purposes of the MA program. The Department's denial of MA benefits to Claimant is REVERSED. With regard to AMP, the Department's denial is AFFIRMED.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides and concludes that Claimant meets the definition of medically disabled under the Medical Assistance program as of her onset date of September 23, 2010.

The Department is PARTIALLY REVERSED, and is ordered to:

1. Initiate a review of Claimant's August 18, 2011, application, if it has not already done so, to determine if all nonmedical eligibility criteria for MA and MA-retroactive benefits have been met;
2. Initiate procedures to inform Claimant of its determination in writing, and provide MA-P and MA-P retroactive benefits to Claimant at the benefit levels to which she is entitled;
3. Assuming that Claimant is eligible for program benefits, initiate procedures to review Claimant's continued eligibility for program benefits in April 2013.
4. All steps shall be taken in accordance with Department policy and procedure.

IT IS FURTHER ORDERED that Claimant's application for AMP benefits is DENIED.



Jan Leventer
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: March 1, 2012

Date Mailed: March 1, 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. (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 timely 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.
- 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
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

JL/pf

cc:

