

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 2013-56452
Issue No: 2009
Case No: [REDACTED]
Hearing Date: October 1, 2013
County DHS Eaton

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, an in person hearing was held on October 1, 2013, from Charlotte, Michigan. Participants on behalf of Claimant included Claimant. Claimant was represented at the hearing by [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Eligibility Specialist.

ISSUE

Did the Department of Human Services (the Department) properly deny Claimant's application for Medical Assistance (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 February 25, 2013, Claimant filed an application for Medical Assistance and retroactive Medical Assistance benefits alleging disability.
2. On April 24, 2013, the Medical Review Team denied Claimant's application stating that Claimant's impairments lacked duration.
3. On April 30, 2013, the department caseworker sent Claimant notice that his application was denied.
4. On July 8, 2013, Claimant filed a request for a hearing to contest the department's negative action.

5. On August 28, 2013, the State Hearing Review Team again denied Claimant's application.
6. The hearing was held on October 1, 2013. 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 October 2, 2013.
8. On November 1, 2013 the medical review team reopened Claimant's application and determined the duration requirement has been met and that Claimant does meet the disability criteria for medical assistance and retroactive medical assistance benefits to November 2012.
9. Claimant is a [REDACTED]-year-old [REDACTED] whose birth date is [REDACTED]. Claimant is 5'9" tall and weighs 96 pounds. Claimant is a [REDACTED]. Claimant is able to read, write and does have basic math skills.
10. Claimant last worked [REDACTED]
11. Claimant alleges as disabling impairments: pancreatitis, liver disease, inflamed esophagus and substance abuse – alcohol.

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his or her claim for assistance has been denied. MAC R 400.903(1). Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The department will provide an administrative hearing to review the decision and determine the appropriateness of that decision. BAM 600.

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).

Because of the medical review team determination, it is not necessary for the Administrative Law Judge to discuss the issue of disability, per BAM, Item 600.

The department is required to initiate a determination of Claimant's financial eligibility for the requested benefits, if not previously done.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Claimant meets the definition of medically disabled under the Medical Assistance Program from November 2012 forward in accordance with the medical review team's November 1, 2013 decision.

Accordingly, the department is **ORDERED** to initiate a review of the February 25, 2013 application if it is not already done so, to determine if all other non-medical eligibility criteria are met. The department shall inform the Claimant of the determination in writing.

A medical review should be scheduled for November 2014. The department should check to see if Claimant is in current payment status or not. If the Claimant is in current payment status at the medical review no further action will be necessary. However, if the Claimant is not in current payment status at the medical review, the department is to obtain updated application forms (DHS49) and obtain updated medical records.

It is **ORDERED** that the department shall review this case in one year from the date of this Decision and Order.

/s/ _____
Landis Y. Lain
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: 11/12/13

Date Mailed: 11/13/13

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the Claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

LYL/tb

cc:

