## IN THE MATTER OF:

Reg. No.: 2013-55020
Issue No.: 2009
Case No.:
Hearing Date: November 21, 2013
County: Jackson

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

## HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law J udge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 t o 431.250; and 45 CF R 205.10. After due notice, an in-person heari ng was held at the Jackson County Department of Human Serv ices ( Department) office. Claimant, represented by , personally appeared and provided testimony. Participants on behalf of the Department of Human Serv ices (Department) included Family Independence Manager and Assistance Payment Supervisor

## ISSUE

Did the department properly deny Claimant's Medicaid (MA) applic ation based on a finding he lacks a legally disabling condition?

## FINDINGS OF FACT

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

1. On December 28, 2012, Claimant applied for MA-P.
2. When the department denied that app lication Claimant requested a hearing by written notice dated June 19, 2013.
3. Claimant's hearing was held in-person on November 21, 2013.
4. While his appeal was pending, the Department's repre sentative provided proof Claimant was determined disa bled by the Social Security Administration (SSA), with onset estab lished as of October 20, 2010, b y submitting a copy of Claimant's Fully F avorable So cial Security Administration Decision.

## CONCLUSIONS OF LAW

The Medical Assistance (MA) program is estab lished by Title XIX of the Social Sec urity Act and is implemented by T itle 42 of the C ode 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 Reference Tables Manual (RFT).

In Michiga $n$, the SS A's d etermination of disa bility o nset is $b$ inding for MA elig ibility purposes. In the present case, evidence of the favorable SSA decision conclus ively establishes Claimant meets $t$ he federal standard nec essary to qualify for MA pursua nt to BEM Items 150 and 260.

The updated evidenc e submi tted while Claimant's M A hearing was pending shows Claimant was determined disabled as of Oc tober, 2010, more than 2 years before his disputed MA applic ation wa s filed on December 28, 2012. Consequently, the department must reverse its erroneous deni al and process Claimant's disputed application in accordance with departmental policy.

## DECISION AND ORDER

The Administrative Law Judge, based upon $t$ he above findings of fact and conclusion s of law, decides the department erred in determining Claimant is not disabled.

Accordingly, the department's decision is REVERSED, and it is ORDERED that:

1. The department shall approve MA benef its for Claimant as long as he is otherwise eligible to receive them.
2. Departmental review of Claimant's medical condition is not necessary as long as his SSA disability status continues.


Vicki L. Armstrong
Administrative Law Judge for Maura D. Corrigan, Director Department of Human Services
Date Signed: December 27, 2013
Date Mailed: December 27, 2013

NOTICE OF APPE AL: The Claimant may appeal the De cision and Order to Circuit Court within 30 days of the rece ipt of the Decision and Order or, if a timely Request for Rehearing or Reconsiderati on was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

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

- Newly disc overed evidence that existed at the time of the or iginal 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 clai mant must specify all reas ons 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
VLA/las
cc:


