

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.:  
Issue No.:  
Case No.:  
Hearing Date:  
County:

[REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

**HEARING DECISION**

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, upon the Claimant's request for a hearing. After due notice, an in person hearing was held on November 7, 2013, from Monroe, Michigan. Participants on behalf of the Claimant included The Claimant and the Claimant's Authorized Hearings Representative, [REDACTED] through [REDACTED] [REDACTED]. Participants on behalf of the Department included [REDACTED] [REDACTED].

**ISSUE**

Did the Department properly deny Claimant's Medical Assistance application?

**FINDINGS OF FACT**

1. Claimant applied for MA-P on [REDACTED] [REDACTED] [REDACTED] with a request for retroactive coverage back to [REDACTED] [REDACTED].
2. The Medical Review Team denied the application on [REDACTED] [REDACTED] [REDACTED].
3. Claimant filed a request for hearing on [REDACTED] [REDACTED] [REDACTED] regarding the MA denial.
4. An in person hearing was held on [REDACTED] [REDACTED] [REDACTED].
5. On [REDACTED] [REDACTED] [REDACTED] the State Hearing Review Team denied the application because the medical evidence of record indicates that the Claimant retains the capacity to perform a wide range of light work.
6. The Claimant's limitations have lasted for 12 months or more.

7. Claimant was found to be disabled by the Social Security Administration as of [REDACTED] [REDACTED] pursuant to a notice of award dated [REDACTED] [REDACTED] [REDACTED]
8. At hearing updated records were gathered and later submitted to the State Hearing Review Team. Claimant agreed to this and waived timeliness standards.
9. After reviewing the updated records, the State Hearing review team approved benefits effective [REDACTED] [REDACTED] based on the Social Security approval. Claimant was denied for months prior to [REDACTED] [REDACTED]. Claimant applied for social security on [REDACTED] [REDACTED] [REDACTED]

### **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 Bridges Reference Manual (BRM).

Department policy at BEM 260 states that if a claimant has been found eligible for either SSI or RSDI based upon a finding of disability, the person meets the Department's MA disability criteria. No other evidence is required to establish disability. In the present case, the claimant was found by the Social Security Administration to be eligible for RSDI benefits based upon disability, and has presented prima facie evidence of the same. This disability was found by the Social Security Administration to have an onset date of February 2013, prior to Claimant requesting MA-P. Therefore, the Administrative Law Judge finds that the Claimant met the Department's definition of disabled for the purposes of MA-P beginning in February 2013, prior to that Claimant is denied. The ruling of the Social Security Administration was not appealed and is therefore a final ruling that is binding on this determination.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that Claimant is medically disabled as of February 2013.

Accordingly, the Department's decision is hereby **REVERSED** and the Department is ORDERED to:

1. Initiate a review of the application for MA and Retro MA dated [REDACTED] [REDACTED] [REDACTED] if not done previously, to determine Claimant's non-medical eligibility.
2. The Department shall inform Claimant of the determination in writing. A review of this case shall be set for [REDACTED] [REDACTED]

3. The portion of the decision denying Claimant MA prior to February 2013 is AFFIRMED.



**Aaron McClintic**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: April 25, 2014

Date Mailed: April 28, 2014

**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

2013-57077/ATM

ATM/nr

cc:

