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

IN THE MATTER OF:



Reg. No.: 2014-4131 Issue No(s).: 2009, 4009

Case No.: Hearing Date:

County:

February 12, 2014 Midland County DHS

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Claimant's r equest 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, a telephon e hearing was held on February 12, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant, and Representative. Participants on behalf of the Department of Human Servic es (Department) included

<u>ISSUE</u>

Whether the Department pr operly determined that Claim ant was not disabled f or purposes of the Medical Ass istance (MA) and/ or S tate Disability Assistance (SDA) benefit programs?

FINDINGS OF FACT

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

- The Claimant was recipient of Medicaid Disability (MA-P) and SDA benefits.
- In July 2013, the Department reviewed the Claimant's ongoing eligibility for MA-P and SDA.
- 3. On September 27, 2013, the Medical Review Team ("MRT") found the Claimant was no longer disabled.
- 4. The Department notified the Claimant of the MRT det ermination on October 2, 2013.
- 5. On October 8, 2013, the Claimant f iled a request for hearing contesting the Department's determination.

- 6. On December 9, 2013, the State Hearing Review Team (SHRT) found the Claimant was no longer disabled.
- 7. On Januar y 31, 2014, the Social Security Adminis tration iss ued a Not ice of Decision-Fully Favorable with a disability onset date of March 1, 2011.
- 8. The Claimant alleged physical disabling impairments including: diabetes, hepatitis C, cirrhosis, peripheral vascular diseas e, congestive heart failure, two heart attacks, five heart stents, vasculitis, lupus, lung issues and anxiety disorder.
- 9. The Claimant is 49 years old, date of birth
- 10. The Claimant has at least a high school education and a history of skilled work that is not transferable.

CONCLUSIONS OF LAW

The Medical Assistance (MA) 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 Independence Agency, pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges es Eligibility Manual (BE M), and the Bridges Reference Tables (RFT).

The State Disability Assistance (SDA) program, which provides financial ass istance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program purusant 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 ph ysical or menta I impariment which m eets feder al Supplemental Security Income (SSI) disability standards for at least ninety days. Rece ipt of SSI benefits based on disab ility or blindness, or the receipt of MA benefits based on dis ability or blindness automatically qualifies an individual as disabled for purposes of the SDA program.

A person eligible for Retirement, Surviv ors and Dis ability Insurance (RSDI) benefits based on disability or blindness meets the disability or blindness criteria. BEM 260 (7-1-2013), p. 1. Dis ability or b lindness starts from the RS DI disability onset dat e established by the SSA. BEM 260, pp. 1-2. A previously denied application is treated as if it is a pending applic ation when the reason for the denial was that the Medical Review Team (MRT) determined the individual was not disabled and subsequently the Social Sec urity Administration (SSA) finds the individual entitle d to RSDI based on disability for some or all the time covered by the denied MA application. BEM 260, p. 2. If a client is not eligib le for RSDI based on disability or blindness, the Medical Review Team certifies disability or blindness. BEM 260, p. 3.

To be automatically eligible for MA, an SSI recipient m ust be a Michigan res ident and cooperate with third-party resour ce liab ility requirements. BEM 150 (7-1-2013), p. 1. Ongoing MA eligibility begins the first day of the month of SSI entitlement. BEM 150, p.

1. Retro MA coverage is available back to the first day of the third calendar month prior to entitlement for SSI. BAM 115 (7-1-2013) , p. 11. A separate determination of eligibility must be made for each of the three retro months. BAM 115, p. 12. To be eligible for a retro MA month, the person must meet all financial and non-financial (i.e., be disabled) factors in that month and have unpaid medical expense incurred during the month or have been entitled to Medicare Part A. BAM 115, p. 13. A DHS-117 1 (application) is not required for SSI recipients. BAM 115, p. 10.

In this case, the Social Security Admini stration issued a Not ice of Decision-Fully Favorable regarding the Claimant's SSI case on January 31, 2014, finding a the Claimant has been disabled since an onset date of March 1, 2011. Because of the Social Security Administration determination of a disability with an onset date prior the date of the Medicaid and SDA review, it is not necessary for the Administrative Law Judge to discuss the issue of disability.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant disabled for purposes of the MA and/or SDA benefit program.

DECISION AND ORDER

Accordingly, the Department's determination is **REVERSED**.

THE DEP ARTMENT IS ORDERED T O INITIA TE THE FOLLOWING, IN ACCORDANCE WIT H DE PARTMENT P OLICY AND CONSIS TENT WIT H THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

- 1. The Department shall re-instate the Cla imant's Medicaid case retroactive to the November 1, 2013 effective date, determine if all other non-medic al criteria are met and inform Claimant of the determination in ac cordance with Department policy.
- The Department shall supplement for lost benefits (if any) that Claimant was entitled to receive, if otherwise elig ible and qualified in accordance with Department policy.

Colleen Lack
Colleen Lack
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: February 14, 2014

Date Mailed: February 14, 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 req uest of a p arty within 30 days of the mailing date of this De cision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final deci sion 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 existe d 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 a ddress 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

CL/hj

