

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-17690  
Issue No(s): 2009, 4009  
Case No.: [REDACTED]  
Hearing Date: April 15, 2014  
County: Wexford County DHS

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

**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, a telephone hearing was held on April 15, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Family Independence Manager and Hearing Coordinator, and [REDACTED], Eligibility Specialist.

During the hearing, the Claimant noted he had a copy of his approval letter from the Social Security Administration with him. An interim Order Extending the Record was issued for the Department to fax a copy of the approval letter to this ALJ. On May 12, 2014, the approval letter was received.

**ISSUE**

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) and State Disability Assistance (SDA) benefit programs?

**FINDINGS OF FACT**

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

1. On May 9, 2013, the Claimant applied for MA and SDA.
2. On September 16, 2013, the Medical Review Team (MRT) found the Claimant not disabled.
3. The Department notified the Claimant of the MRT determination.
4. On December 13, 2013, the Department received the Claimant's timely written request for hearing.

5. On February 26, 2014, the State Hearings Review Team (SHRT) found the Claimant not disabled.
6. The Claimant alleged physical disabling impairments including: cirrhosis of the liver, history of abdominal pain, history of hernias.
7. The Claimant has been found disabled by the Social Security Administration with an onset date of May 15, 2012.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

A person eligible for Retirement, Survivors and Disability Insurance (RSDI) benefits based on disability or blindness meets the disability or blindness criteria. BEM 260 (7-1-2012), p. 1. Disability or blindness starts from the RSDI disability onset date established by the SSA. BEM 260, p. 1. A previously denied application is treated as if it is a pending application when the reason for the denial was that the Medical Review Team (MRT) determined the individual was not disabled and subsequently the Social Security Administration (SSA) finds the individual entitled to RSDI based on disability for some or all the time covered by the denied MA application. BEM 260, p. 1. If a client is not eligible for RSDI based on disability or blindness, MRT certifies disability or blindness. BEM 260, p. 2.

To be automatically eligible for MA, an SSI recipient must be a Michigan resident and cooperate with third-party resource liability requirements. BEM 150 (3-1-2013), 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 (5-1-2013), p. 9. A separate determination of eligibility

must be made for each of the three retro months. BAM 115, p. 10. 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. 11. A DHS-1171 (application) is not required for SSI recipients. BAM 115, p. 8.

In this case, the Claimant submitted a copy of his RSDI approval letter documenting a disability onset date of May 15, 2012. Because of the Social Security Administration determination of a disability onset date prior the date of the Claimant's application for Medicaid and SDA, May 9, 2013, 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 SDA benefit program.

### **DECISION AND ORDER**

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

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. The Department shall initiate processing of the May 9, 2013, MA application, to determine if all other non-medical criteria are met and inform Claimant of the determination in accordance with Department policy.
2. The Department shall supplement for lost benefits (if any) that Claimant was entitled to receive, if otherwise eligible and qualified in accordance with Department policy.



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

Date Signed: May 19, 2014

Date Mailed: May 19, 2014

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

cc:

