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

IN THE MATTER OF:



Reg. No.: 20149920 Issue No(s).: 2009

Case No.: Hearing Date:

April 16, 2014

County: Saginaw County DHS

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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 April 16, 2014, from Saginaw, Michigan. Participants on behalf of Claimant included and her authorized hearings representative of advomas. Participants on behalf of the Department of Human Services (Department) included

ISSUE

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) and/or 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 22, 2013, the Claimant submitted an application for Medical Assistance (MA) benefits alleging disability.
- On July 25, 2013, the Medical Review Team (MRT) determined that the Claimant did not meet the disability standard for Medical Assistance (MA-P) because it determined that she is capable of performing other work despite her impairments.
- 3. On August 1, 2013, the Department sent the Claimant notice that it had denied the application for assistance.
- On October 22, 2013, the Department received the Claimant's hearing request, protesting the denial of disability benefits.

- On January 13, 2014, the State Hearing Review Team (SHRT) upheld the Medical Review Team's (MRT) denial of Medical Assistance (MA-P) benefits.
- 6. The Claimant applied for federal Supplemental Security Income (SSI) benefits at the Social Security Administration (SSA).
- 7. On May 30, 2014, the Social Security Administration (SSA) determined that the Claimant has been disabled from January 1, 2013.

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.

To be automatically eligible for MA, an SSI recipient must be a Michigan resident and cooperate with third-party resource liability requirements. BEM 150 (January 1, 2014), 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 (July 1, 2014), 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-1171 (application) is not required for SSI recipients. BAM 115, p. 10.

In this case, the Claimant submitted an application for Medical Assistance (MA) on May 22, 2013. The Claimant also applied for federal Supplemental Security Income (SSI) benefits at the Social Security Administration (SSA). On May 30, 2014, the Social Security Administration (SSA) found the Claimant to meet the definition of disabled as of January 1, 2013. Therefore, the Claimant is eligible for Medical Assistance (MA) based on 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 \boxtimes disabled \square not disabled for purposes of the MA and/or SDA benefit program.

DECISION AND ORDER

Accordingly, the Department's determination is \square AFFIRMED \boxtimes 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 is ordered to initiate a review of the May 22, 2013, application for assistance to determine if all other non-medical eligibility criteria are met.
 - 2. A medical review should be scheduled for June of 2015.
 - 3. Provide the Claimant with a Notice of Case Action (DHS-1605) describing the Department's revised eligibility determination.
 - 4. Issue the Claimant any retroactive benefits she may be eligible to receive, if any.

Kevin Scully Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: June 24, 2014

Date Mailed: June 24, 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

KS/hj

