

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

IN THE MATTER OF:

[REDACTED]

Reg No. 2014-26906
Issue No. 2009
Case No. [REDACTED]
Hearing Date: June 5, 2014
Saginaw County DHS

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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, in-person hearing was held on Thursday, June 5, 2014, from Saginaw, Michigan. Participants on behalf of Claimant included the Claimant and her authorized representative, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], ES.

ISSUE

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA-P) and Retroactive MA-P?

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 September 13, 2013, the Claimant applied for MA-P and retroactive MA-P to August 2013.
2. On July 25, 2014, the State Hearing Review Team (SHRT) considered the submitted objective medical evidence in making its determination of MA-P and retroactive MA-P for the Claimant. The Claimant is [REDACTED] years old with a [REDACTED] [REDACTED] a history of semi-skilled work. She alleges disability due to high blood pressure, unstable angina, chest pain, chronic obstructive pulmonary disease, and obesity. The medical evidence sufficiently demonstrates that the intent and severity of listing 4.04 C1e&2 is met/equal. MA-P is approved with retroactive MA-P was considered in this case is approved effective [REDACTED]. At the medical review of [REDACTED], please attach his prior medical file, obtained updated application forms, and updated medical records.

3. This Administrative Law Judge finds that the retroactive MA application went back to only [REDACTED].

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).

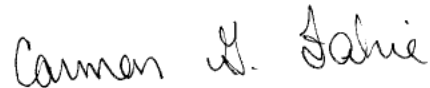
The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation 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.

Because of the SHRT determination, it is not necessary for the Administrative Law Judge to discuss the issue of disability, per Program Administrative Manual, Item 600.

The Department is required to initiate a determination of Claimant's financial eligibility for the requested benefits, if not previously done. The Claimant is eligible for MA-P retroactive to [REDACTED] based on the Claimant's [REDACTED] 013 application with a medical review required by [REDACTED].

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law decides that the Claimant meets the definition of medically disabled under the Medical Assistance program retroactive to [REDACTED] based on the Claimant's [REDACTED] application with a medical review required [REDACTED] per the SHRT decision.



Carmen G. Fahie
Administrative Law Judge
For Maura D. Corrigan, Director
Department of Human Services

Date Signed: 9/12/14

Date Mailed: 9/12/14

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 Claimant;
- 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

CGF/tb

cc:

