

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-003968
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: September 3, 2014
County: Livingston

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

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 September 03, 2014, from Howell, Michigan. Participants on behalf of Claimant included [REDACTED] Representative [REDACTED] [REDACTED] Participants on behalf of the Department of Human Services (Department) included Eligibility Specialist [REDACTED]

ISSUE

Whether the Department properly denied Claimant's Medicaid (MA) and Retro-MA application based on a finding that he was not disabled?

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 December 12, 2013, Claimant submitted an application for MA/Retro-MA.
2. On January 24, 2014, the Department's Medical Review Team (MRT) denied disability status, followed by pre-hearing concurrence issued by the Department's State Hearing Review Team (SHRT) on June 20, 2014. (Depart Ex. A, pp 12-13; Depart Ex. B, p 1).
3. Claimant's self-requested appeal hearing disputing these decisions was scheduled for September 3, 2014.
4. The Department provided documentation before the hearing that Claimant's SSA approval establishes a disability allowance for MA/Retro-MA eligibility purposes, and as of June 26, 2014, the Department had approved and authorized Claimant's MA and Retro-MA back to September, 2013.

CONCLUSIONS OF LAW

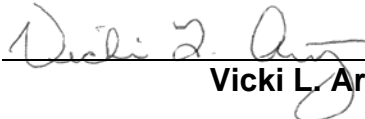
Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

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.

In the present case, the SSA's disability allowance, received while Claimant's appeal was pending, currently establishes Claimant is disabled and has been disabled at all times relevant to his December 12, 2013, MA/Retro-MA application.

DECISION AND ORDER

Accordingly, Claimant has withdrawn his request for a hearing and this case is dismissed.



Vicki L. Armstrong

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

Date Signed: **9/5/2014**

Date Mailed: **9/5/2014**

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NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, 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

cc:

