

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-006883
Issue No.: 2001; 4001
Case No.: [REDACTED]
Hearing Date: September 25, 2014
County: Kent-District 1 (Franklin)

ADMINISTRATIVE LAW JUDGE: Carmen 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; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on Thursday, September 25, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant and the Claimant's

[REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED] HF, [REDACTED], FIM, and Assistant Attorney General [REDACTED].

ISSUE

Did the Department properly close Claimant's case for State Disability Assistance (SDA) and Medical Assistance (MA)?

FINDINGS OF FACT

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

1. Claimant received MA and SDA benefits.
2. On July 3, 2014, the Department closed Claimant's case due to the Claimant failing to appeal his Social Security denial.
3. On July 3, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) its decision.
4. On July 9, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's actions.

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 the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

Additionally, the Claimant was a recipient of MA and SDA with a medical review due on [REDACTED]. The Department sent the medical review packet to the Medical Review Team (MRT) as required by policy. On [REDACTED], the MRT denied the Claimant's medical review stating that he had failed to appeal his denial to Social Security. Department Exhibit 3. On [REDACTED], the Department Caseworker sent the Claimant a notice that his MA and SDA cases were closed effective [REDACTED].

During the hearing, the Claimant's attorney stated that the Claimant had filed an appeal on the Social Security denial on [REDACTED]. Claimant Exhibit 1-3. In addition, the Claimant's attorney is claiming two additional impairments of the heart and sleep apnea. MRT did not review the case because they thought the Claimant had not filed an appeal, but the Claimant has provided written verification that an appeal was filed. As a result, the Department is reversed.

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it closed the Claimant's MA and SDA case due to the Claimant's failing to file a Social Security appeal.

DECISION AND ORDER

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING 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. Initiate a redetermination of the Claimant's eligibility for MA and SDA by sending the medical packet back to MRT for a medical review determination because the Claimant did file an appeal with Social Security.
2. Provide the Claimant and his attorney with written notification of the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits she/he may be eligible to receive, if any.

Carmen H. Fahie

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

Date Signed: **10/14/2014**

Date Mailed: **10/21/2014**

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

CGF / jaf

cc:

