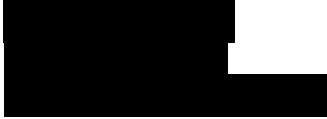


**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:



Reg. No.: 14-015523
Issue No(s): 2009
Case No.: [REDACTED]
Hearing Date: N/A
County: Huron

SUPERVISING ADMINISTRATIVE LAW JUDGE:

DECISION AND ORDER

Following Claimant's request for a hearing, this matter is before the undersigned Supervising 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.

ISSUE

Does Claimant meet the disability criteria for disability 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 May 27, 2014, Claimant applied for MA-P and retroactive MA-P to February, 2014.
2. The Department of Human Services (Department) denied Claimant's MA-P and retroactive MA-P benefits.
3. The Department received a request for hearing challenging the denial of MA-P and retroactive MA-P benefits.
4. Prior to the hearing, the Michigan Administrative Hearing System (MAHS) discovered that the Social Security Administration (SSA) determined that Claimant met the disability criteria and is disabled for the same time period covering the Claimant's application for MA-P.

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), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

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.

A person eligible for RSDI benefits based on disability or blindness meets the disability or blindness criteria. BEM 260 (1-1-2014), 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 MRT determined the individual was not disabled and subsequently the 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, the Medical Review Team certifies disability or blindness. BEM 260, p. 2.

To be automatically eligible for MA, a Supplemental Security Income (SSI) recipient must be a Michigan resident and cooperate with third-party resource liability requirements. BEM 150 (1-1-2014), 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 (October 2012), 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.

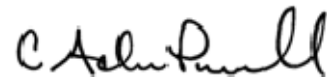
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, finds that due to the SSA determination, there is no need for an Administrative Law Judge to make a determination concerning Claimant's disability.

DECISION AND ORDER

Accordingly, it is ORDERED:

1. The Department's determination that Claimant is not disabled is **not** upheld.
2. The Department shall initiate processing of Claimant's application for MA-P dated May 27, 2014, to determine if all other non-medical criteria are met pursuant to applicable policy.
3. The Department shall notify Claimant and the Authorized Hearing Representative (if applicable) of the determination in accordance with applicable policy.
4. The Department shall issue a supplement for lost benefits (if any) that the Claimant was entitled to receive if otherwise eligible and qualified in accordance with applicable policy.
5. The Department shall review the Claimant's continued eligibility in December, 2015 in accordance with Department policy.

IT IS SO ORDERED.



C. Adam Purnell
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 12/12/2014

Date Mailed: 12/12/2014

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 48909-8139

CAP/sw

cc:

