

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

IN THE MATTER OF:

[REDACTED]

Reg. No.:
Issue No.:
Case No.:
Hearing Date:
County:

[REDACTED]

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

HEARING DECISION

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, upon the Claimant's request for a hearing. After due notice, an in person hearing was held on [REDACTED], [REDACTED] from Flint, Michigan. Participants on behalf of the Claimant included the Claimant and the Claimant's Authorized Hearings Representative, [REDACTED] through [REDACTED]. Participants on behalf of the Department included [REDACTED].

ISSUE

Did the Department properly deny Claimant's Medical Assistance application?

FINDINGS OF FACT

1. Claimant applied for MA-P on [REDACTED], with a request for retroactive coverage back to [REDACTED].
2. The Medical Review Team denied the application on [REDACTED].
3. Claimant filed a request for hearing on [REDACTED], regarding the MA denial.
4. A telephone hearing was held on [REDACTED].
5. On [REDACTED], the State Hearing Review Team approved the application effective [REDACTED] "when she fell and fractured her spine".
6. Claimant fractured her spine in [REDACTED].

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Bridges Reference Manual (BRM).

The State Hearing Review Team approved benefits effective [REDACTED] “when she fell and fractured her spine.” Claimant in fact fractured her spine on [REDACTED]. The State Hearing Review Team appeared to make a misstatement of fact. After reviewing the records the Department agreed at hearing that a misstatement of facts was made by SHRT and coverage should have been activated effective [REDACTED]. Therefore, the Administrative Law Judge finds that the Claimant met the Department’s definition of being disabled for the purposes of MA-P effective [REDACTED].

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that Claimant is medically disabled as of [REDACTED].

Accordingly, the Department’s decision is hereby **REVERSED** and the Department is ORDERED to:

1. Initiate a review of the application for MA and Retro MA dated [REDACTED], [REDACTED] if not done previously, to determine Claimant’s non-medical eligibility.
2. The Department shall inform Claimant of the determination in writing. A review of this case shall be set for [REDACTED].



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

Date Signed: May 23, 2014

Date Mailed: May 23, 2014

NOTICE OF APPEAL: The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order.

2014-21032/ATM

MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

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

ATM/nr

cc:

