



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: January 26, 2017
MAHS Docket No.: 16-007753-RECON
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

HEARING DECISION ON REHEARING

Following Petitioner's request for a hearing and the November 16, 2016, Order Vacating Decision and Order Granting Rehearing, 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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on [REDACTED] from Detroit, Michigan. Petitioner was represented by [REDACTED] a representative with [REDACTED], Petitioner's authorized hearing representative (AHR). Petitioner appeared and testified. The Department of Health and Human Services (Department) was represented by Assistant Attorney General [REDACTED], [REDACTED], Family Independence Manager, and [REDACTED], Eligibility Specialist, appeared and testified as witnesses on Petitioner's behalf.

ISSUE

Did the Department properly determine that Petitioner was not disabled from [REDACTED] to [REDACTED] for purposes of the Medical Assistance (MA-P) benefit program?

PROCEDURAL HISTORY

1. On [REDACTED], an application for MA-P benefits was submitted on Petitioner's behalf.
2. On [REDACTED], the Department sent Petitioner and the AHR a Notice of Case Action notifying them that the application was denied (Exhibit B, pp. 197-206).
3. On [REDACTED], the Social Security Administration (SSA) issued a fully favorable decision finding Petitioner disabled as of the [REDACTED], date of application and eligible for supplemental security income (SSI) as of [REDACTED]

██████ The Decision noted that, although Petitioner had alleged an earlier disability onset date of ██████████, SSI did not become payable until the month after the month the application was filed. (Exhibit 1.)

4. On ██████████, the Department received a copy of the SSA Decision and a Retroactive Medicaid Application, seeking MA-P benefits on Petitioner's behalf for ██████████ (Exhibit B, pp. 233-244).
5. The Department delayed processing the retro application.
6. On ██████████, the Department forwarded Petitioner's medical packet to the Disability Determination Services (DDS)/Medical Review Team (MRT).
7. On ██████████, DDS/MRT concluded that Petitioner was not disabled for ██████████ due to insufficient evidence, noting that there were no medical records presented to support Petitioner's allegation of disability due to fibromyalgia, body tremors, spasms, blackouts, glaucoma, bowel issues and chronic obstructive pulmonary disease (COPD) and that a ██████████, application concerning the same allegations had already been processed and denied (Exhibit 2, pp. 6-8).
8. On ██████████, the Department sent Petitioner and the AHR a Benefit Notice notifying them that Petitioner's application for retro MA-P coverage for ██████████ was denied, with a notation that "DDS is standing by their original decision based on the fact that the original medical on file was sufficient and no further review was needed" (Exhibit B, pp. 157-260).
9. On ██████████, the Department received a request for hearing submitted by the AHR (Exhibit A, pp. 3-5).
10. A hearing in response to the hearing request was held on ██████████.
11. On ██████████, Administrative Law Judge (ALJ) Christian Gardocki issued a Hearing Decision finding that, because Petitioner had failed to appeal the denial of her ██████████ application, her current appeal was barred by the principles of res judicata and collateral estoppel; and the Department acted in accordance with policy in denying her retro application for ██████████ MA-P benefits.
12. On ██████████, the Michigan Administrative Hearing System (MAHS) received the AHR's Request for Rehearing/Reconsideration, alleging that ALJ Gardocki misapplied law or policy, leading to an erroneous Decision and Order.
13. On ██████████, Supervising ALJ Jonathan Owens issued on Order Vacating Decision and Order and Granting Rehearing, concluding that ALJ Gardocki improperly applied estoppel and res judicata in affirming the

Department's denial of benefits. The [REDACTED], Hearing Decision was vacated and a new hearing was ordered scheduled with the undersigned ALJ.

14. On [REDACTED], a rehearing on the above-referenced matter was held.

FINDINGS OF FACT

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

1. Petitioner alleged disabling impairments due to collapsed colon, severe body spasms, and seizures.
2. Petitioner's birthdate is [REDACTED]; and she was [REDACTED] years old in [REDACTED]
3. Petitioner has a [REDACTED] grade education and did not receive a GED. She can read but has difficulty with comprehension and with writing.
4. Petitioner's past employment history consists of being a caregiver.

CONCLUSIONS OF LAW

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

The Medical Assistance (MA-P) 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Petitioner was approved for SSI by the SSA in a fully favorable decision, with the SSA administrative law judge finding that Petitioner was disabled as of the application date, [REDACTED], and eligible for SSI effective [REDACTED]. Department policy provides that an SSI recipient, who is a Michigan resident and cooperates with third-party resource liability requirements, is automatically eligible for MA-P, with ongoing MA-P eligibility beginning the first day of the month of SSI entitlement. BEM 150 (October 2015), p. 1. BEM 150, p. 1. Clients who are SSI recipients may also qualify for *retroactive* MA coverage for up to three calendar months prior to SSI entitlement. BEM 150, p. 1; BAM 115 (January 2016), p. 11.

At issue in this case is whether Petitioner was disabled as of [REDACTED] and eligible for MA-P coverage for that month. In order to be eligible for MA-P for [REDACTED], the evidence must establish that Petitioner was disabled that month. Disability for MA-P purposes is defined as the inability to do any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). To meet this standard, a client must satisfy the requirements for eligibility for Supplemental Security Income (SSI) receipt under Title XVI of the Social Security Act. 20 CFR 416.901.

Determining whether an individual is disabled for SSI purposes requires the application of a five step evaluation of whether the individual (1) is engaged in substantial gainful activity (SGA); (2) has an impairment that is severe; (3) has an impairment and duration that meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) has the residual functional capacity to perform past relevant work; and (5) has the residual functional capacity and vocational factors (based on age, education and work experience) to adjust to other work. 20 CFR 416.920(a)(1) and (4); 20 CFR 416.945. If an individual is found disabled, or not disabled, at any step in this process, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4).

In general, the individual has the responsibility to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 20 CFR 416.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, are insufficient to establish disability. 20 CFR 416.927(d).

Because the application at issue involves Petitioner's eligibility for MA-P for [REDACTED] the evidence is considered, to the extent practicable, in light of Petitioner's circumstances as of that time.

Step One

As outlined above, the first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is SGA, then the individual must be considered not disabled, regardless of medical condition, age, education, or work experience. 20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Petitioner was not engaged in SGA activity in [REDACTED]. Therefore, Petitioner is not ineligible under Step 1; and the analysis continues to Step 2.

Step Two

Under Step 2, the severity of an individual's alleged impairment(s) is considered. If the individual does not have a severe medically determinable physical or mental impairment that meets the duration requirement, or a combination of impairments that is severe and meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for MA-P means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 12 months. 20 CFR 416.922.

An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). An impairment, or combination of impairments, is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a); see also *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985). Basic work activities means the abilities and aptitudes necessary to do most jobs, including (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b).

At the hearing, the AHR sought to admit the [REDACTED], SSA decision into evidence. Because the AAG did not have a copy of the [REDACTED], SSA decision at the hearing, the parties agreed that the AHR would provide a copy to the AAG after the hearing; and the AAG would have five days after the hearing date to submit any objections to admission of the document into evidence to the Michigan Administrative Hearing System. No objections were received, and the decision was admitted into evidence as Petitioner's Exhibit 1. The medical evidence presented at the hearing was reviewed and that evidence, as well as that considered by SSA, is summarized below.

On [REDACTED], Petitioner was referred to a gastroenterologist concerning blood in her stool and complaints of a multiple-year history of chronic constipation. In a report prepared following the visit, the doctor's differential diagnosis included functional constipation, irritable bowel syndrome with constipation predominance, colon polyps, and colon cancer. He indicated that internal hemorrhoidal bleeding, small bowel bleeding, or other gastrointestinal causes of gastrointestinal symptoms and bleeding (including peptic ulcer disease, Barrett's esophagus, esophagitis, erosive gastroduodenitis) could not be ruled out and ordered a colonoscopy. (Exhibit A, pp. 218-220).

On [REDACTED], Petitioner underwent a colonoscopy in response to preoperative diagnoses of abdominal pain, change in bowel habits, rectal bleeding, abnormal weight loss, and gastroesophageal reflux disease. The doctor's impressions following the procedure were as follows: mild diffuse diverticulosis, sigmoid polyp, rectal polyp, and grade 1 internal hemorrhoids. (Exhibit B, pp. 215-217.)

On [REDACTED], an internal medical doctor completed a medical examination report, DHS-49, listing Petitioner's chief complaint as headaches and current diagnoses as headache, GERD, irritable colon, insomnia, and tobacco abuse. The doctor concluded that Petitioner had no physical, mental, or neurological impairment that would restrict, or affect, her ability to work or with activities of daily living. (Exhibit B, pp. 213-214).

The SSA ALJ considered the following impairments alleged by Petitioner: irritable bowel syndrome; gastroesophageal reflux disease; fibromyalgia; dysthymic disorder; anxiety disorder; and marijuana dependence. In finding that Petitioner's impairments were severe, the SSA ALJ relied on (i) a [REDACTED] colonoscopy showing mild diffuse diverticulitis, a sigmoid colon polyp, a rectal polyp and hemorrhoids, with a pathological diagnoses of hyperplastic polyp and clinical diagnoses of GERD and irritable colon; (ii) a [REDACTED] anoscopy showing internal hemorrhoids; (iii) recent treatment notes showing that Petitioner had been diagnosed with fibromyalgia; and (iv) a psychological consultative examination showing cannabis dependence, dysthymic disorder, and anxiety disorder, noting that Petitioner had a medical card allowing her to use medical marijuana which she indicated increased appetite and relaxed digestive muscles. The ALJ found that the medical evidence did not support Petitioner's testimony concerning seizure activity. (Exhibit 1.)

Other medical documents presented at the hearing showed ongoing treatment for constipation-prone IBD (irritable bowel syndrome) and surgical intervention for a rectal prolapse in [REDACTED], with significant improvement of her GERD, spasms, and constipation symptoms (Exhibit A, pp. 16-43). The record includes a [REDACTED] consultative examination report (Exhibit B, pp. 16-20) and a [REDACTED] mental status examination report (Exhibit B, pp. 12). These documents are not reflexive of Petitioner's condition in [REDACTED] and have limited applicability concerning her the issue of whether Petitioner was disabled in [REDACTED].

In consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that, as of June 2012, Petitioner suffered from severe impairments that had lasted or were expected to last for a continuous period of not less than 12 months. Therefore, Petitioner has satisfied the requirements under Step 2, and the analysis will proceed to Step 3.

Step Three

Step 3 of the sequential analysis of a disability claim requires a determination of whether the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920(a)(4)(iii). If an individual's

impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

The medical evidence presented does **not** show that Petitioner's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Therefore, Petitioner is not disabled for [REDACTED] under Step 3, and the analysis continues to Step 4.

Residual Functional Capacity

If an individual's impairment does not meet or equal a listed impairment under Step 3, before proceeding to Step 4, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s), including those that are not severe, and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4); 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

Limitations can be exertional, nonexertional, or a combination of both. 20 CFR 416.969a. If the limitations and restrictions imposed by the individual's impairment(s) and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b).

The exertional requirements, or physical demands, of work in the national economy are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a). Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools and occasionally walking and standing. 20 CFR 416.967(a). Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in the light category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. 20 CFR 416.967(b).

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. 20 CFR 416.967(e).

If an individual has limitations or restrictions that affect the ability to meet demands of jobs **other than** strength, or exertional, demands, the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e., unable to tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)–(vi). For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). In addition, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining an individual's degree of mental functional limitation. 20 CFR 416.920a(c)(3). The degree of limitation for the first three functional areas is rated by a five point scale: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). A four point scale (none, one or two, three, four or more) is used to rate the degree of limitation in the fourth functional area. *Id.* The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. *Id.*

In this case, Petitioner alleged both exertional and nonexertional limitations due to her impairments. Based on the colonoscopy and anoscopy results and treatment notes from [REDACTED] indicating that Petitioner had a multi-year record of chronic constipation, the SSA ALJ indicated that Petitioner maintained the physical capacity to perform light work as defined by 20 CFR 416.967(b). (Exhibit 1, p. 5). Because the evidence relied upon in determining Petitioner's exertional RFC was in existence in [REDACTED] it is found, based on the SSA decision, that Petitioner had the RFC to perform light work as of [REDACTED].

At the time she applied for MA-P benefits in [REDACTED], Petitioner also alleged that she had a poor memory and concentration issues (Exhibit A, p. 224). In the medical examination report completed on [REDACTED], Petitioner's internist concluded that Petitioner had no physical, mental or neurological impairment that would restrict or affect her ability to work or with activities of daily living (Exhibit A, p. 213-214).

However, the SSA decision references a psychological consultative examination showing that Petitioner had underlying anxiety and dysthymia, with a guarded prognosis, that contributed to her limitations, resulting in a learning difficulty, a short attention span, and difficulty managing work stressors. The SSA ALJ concluded that, based on this evidence, Petitioner had additional limitations, finding her limited to a low stress job with no more than occasional changes in the work setting and no rate or pace work, no interaction with the public, and occasional interaction with coworkers. She also concluded that Petitioner could be off-task 25% of the time.

The consultative exam referenced by the SSA ALJ was not included in the medical evidence submitted to DDS/ MRT and is contrary to the opinions of Petitioner's internist. However, in light of the fact that the consultative examination was medical evidence presented to SSA in connection with the [REDACTED] SSI application and was made by a doctor with an expertise in evaluating and treating psychological conditions, it is afforded greater weight than an opinion by Petitioner's general practitioner. See Social Security Ruling (SSR) 06-03p.

The restrictions identified by the SSA ALJ as applying to Petitioner as of the [REDACTED] application date can be expected to have been present as of [REDACTED]. Accordingly, the nonexertional limitations identified by the SSA ALJ in the [REDACTED] decision are adopted herein.

Petitioner's RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

Step Four

Step 4 in analyzing a disability claim requires an assessment of an individual's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). Past relevant work is work that has been performed within the past 15 years that was SGA and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920.

Petitioner's work history in the [REDACTED] years prior to the application consists of work as a caregiver and kitchen assistant. Because of her nonexertional RFC, it is found that Petitioner is unable to perform her past relevant work. Because Petitioner cannot perform past relevant work, the evaluation proceeds to Step 5.

Step Five

At Step 5, the individual's RFC, age, education, and work experience is considered to determine whether the individual can adjust to other work. 20 CFR 416.920(a)(4)(v). If the individual can adjust to other work, then there is no disability; if the individual cannot adjust to other work, then there is a disability. 20 CFR 416.920(a)(4)(v). At Step 5, the burden shifts from Petitioner to the Department to present proof that Petitioner has the RFC to obtain and maintain substantial gainful employment. 20 CFR 416.960(c)(2);

Richardson v Sec of Health and Human Services, 735 F2d 962, 964 (CA 6, 1984). When the impairment(s) and related symptoms, such as pain, only affect the ability to perform the exertional aspects of work-related activities, Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

Petitioner, who was [REDACTED] years old as of [REDACTED] and had a [REDACTED] grade education and an unskilled work history, would not be deemed disabled in [REDACTED] under the Medical Vocational guidelines, 202.10, based on her exertional limitations. While the Medical-Vocational Guidelines do not result in a disability finding based on Petitioner's exertional limitations, Petitioner's nonexertional limitations must also be considered to determine whether she was capable of adjusting to other work in [REDACTED]. The vocational expert at the SSA hearing was asked to determine whether jobs existed in the national economy for an individual with Petitioner's age, education, work experience, and RFC, and the vocational expert responded that employee's activities that were off-task more than fifteen percent of the work period would not be tolerated by employers (Exhibit 1, p. 7). The Department did not present any evidence to refute that conclusion. Therefore, based on Petitioner's age, education, work experience, and RFC, Petitioner is unable to adjust to other work and is found disabled at Step 5 for purposes of the MA-P benefit program.

Although Petitioner admitted to marijuana use, there was no evidence presented to indicate that her substance use was a contributing factor material to the determination of disability. 20 CFR 416.935.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds Petitioner disabled for June 2012 for purposes of the MA-P benefit programs.

Accordingly, the Department's determination 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. Process Petitioner's retroactive MA-P application for [REDACTED] to determine if all the other non-medical criteria are satisfied;
2. Activate MA-P coverage for [REDACTED] and supplement Petitioner for lost benefits, if any, that Petitioner was entitled to receive if otherwise eligible and qualified; and

3. Notify Petitioner and the AHR of its determination.



ACE/tlf

Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

Via Email
DHHS

[REDACTED]

[REDACTED]

Via First-Class Mail
Petitioner

[REDACTED]