STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



2010-54699
2009
te:
30, 2010
ounty DHS (5)

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

HEARING DECISION

This matter is before the undersigned Admini strative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, an in-person hearing was held on November 30, 2010. Claimant personally appeared and testified. Claimant was represented at the hearing

ISSUE

Did the Department of Human Services (the department) properly deny claimant's application for Medical Ass istance (MA-P) and retroactive Medical Assist ance (retro MA-P)?

FINDINGS OF FACT

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

- (1) On February 25, 2009, claimant filed an application for Medical Assistance and Retroactive Medical Assistance benefits for the months of November, December 2008 and January 2009.
- (2) On April 16, 2010, the Medical Review Team denied claimant's application stating that claimant's impairment's were non-severe.
- (3) On June 8, 2010, the department caseworker sent claimant notice that her application was denied.
- (4) On September 3, 2010, claimant f iled a r equest for a hearing to contest the department's negative action.

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- (5) On September 27, 2010, the State Hearing Rev iew Team again denied claimant's application st ating in its' analy sis and recommendation: the claimant was admitted in October 2009, due to an acute exacerbation o f asthma due to non-adherence. In March 2010 she was obese and her blood pressure was elevated. There was no evidenc e of heart failure on examination. She did not have any rales, rhonchi or wheezes heard in her lungs. She had no sensory or motor deficit. However, she did have some reflex changes. She did not have any loss of dexterity or grip. Ambulation was normal. The claimant was approved for benefits in August 2010, by the Medical Review T eam. However, the information in the file would suggest that prior to MRT approval in August 2010, the claimant was capable of least light work. The MRT approved MA-P and SDA benefits in August 2010. However, prior to t he MRT approval in August 2010, the claimant's impairment's di d not meet/equal the inte nt or severity of a Social Security listing. The medical evidence of record indicates that the claimant retains the capacity to perform at least a wide range of light work, prior to the MRT approval in A ugust 2010. Therefore, based on the claimant's vocational profile of a younger individual, 12th grade education and a hist ory of unskilled work, MA-P /retro MA-P was denied using Vocation Rule 202.20 as a guide prior to the August 2010 MRT approval.
- (6) The hearing was held on November 30, 2010. At the hearing, claimant waived the time periods and request ed to submit additional medica I information.
- (7) Additional medical information was submitted and sent to the State Hearing Review Team on December 1, 2010.
- (8) On December 22, 2010, the Stat e Hearing Rev iew Team approved ance stating in it claimant for Medical Assist s' analysis and recommendation: the objective medical evidence supports the criteria for listing 3.03.b are met. The medical ev idence officially demonstrates that the intent or severity of listing 3.03.b are met. MA-P is approved. Retro MA-P was considered in this case and is approved effective November 2008. SDA was not applied for by t he client but would hav e been approved from BEM 261. This case needs to be reviewed August 2011, as per Medical Review Team determination dated August 6, 2010, in order to determine on-going benefits. At review, the following needs to be provided: prior medical pack et; DHS-49, DHS-49 B, F, G; all hospital a nd treating source notes and test result s; all consultati ve examinations including those purchased by the Social Security Administration/Disability Determination Service. Listings 1.02, 1.03, 1.04, 3.03, 3.04, 5.01, 6.02, 9.08, 11.14 were considered in this determination.
- (9) Claimant is a 32-year-old woman whose birth date is Claimant is 5'5" tall and weighs 275 pounds. Claimant is a high school

graduate. Claimant is able to read and wr ite and does have basic math skills.

- (10) Claimant last worked July 2010 as a child care provider.
- (11) Claimant alleges as disabling impairments: chronic obstructive pulmonary disease, diabetes mellitus, hypertens ion, polycystic ovarian syndrome, acute renal failure, acute asthma and obesity as well as abdomyolysis.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is estab lished by Title XIX of the Social Sec urity Act and is implemented by T itle 42 of the C ode 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 Program Reference Manual (PRM).

Because of the SHRT determination it is not necess ary for the Admin istrative Law Judge to discuss the issue of di sability per BAM, Item 600. The department is required to initiate a determination of claimant's fina ncial eligibility for t he requested benefits if not previously done.

DECISION AND ORDER

The Administrative Law Judge, based upon t he above findings of fact and conclusion s of law, decides that the claimant meets the definition of medically dis abled under the Medical Assistance Pr ogram and retroactive Medic al Assistance program as of the February 25, 2009, applic ation date and the retroactive months of November, December 2008 and January 2009.

Accordingly, the department's decision is REVERSED. The department is ORDERED to initiate a review of the February 25, 2009, application if it has not already done so to determine if all other non-medical e ligibility criteria a remet. The dep artment shall inform the claimant of a determination in writing.

The department is ORDERED to conduct a m edical review in August 2011 and t o provide the information as requested by the State Hearing Review Team: prior medical packet; DHS-49, B, F, and G, all hospital and treating source notes and test r esults; all consultative examinations, including t hose purchased by the Social Sec urity Administration/Disability Determination Service.

Landis

<u>/s/</u>

Y. Lain Administrative Law Judge for Maura D. Corrigan, Director Department of Human Services

Date Signed: February 7, 2011

Date Mailed: _____ebruary 7, 2011 ____

NOTICE: Administrative Hearings may or der a rehearing or reconsideration on either its own motion or at t he request of a party wit hin 30 days of the ma iling date of this Decision and Order. Administrative Hear ings will not orde r a rehearing or reconsideration on the Department's mo tion where the final decis ion cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

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