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

IN THE MATTER OF:



Reg. No.: 2012-58272

Issue No.: 2009

Case No.:

Hearing Date: September 19, 2012

County: Wayne (82-19)

ADMINISTRATIVE LAW JUDGE: Jan Leventer

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, MCL 400.37 and Claimant's request for a hearing. After due notice, a telephone hearing was held on September 19, 2012, at Detroit, Michigan. Participants on behalf of Claimant included Claimant and her friend and interpreter, on behalf of the Department of Human Services (Department) included

ISSUE

Did the Department correctly determine that Claimant is not disabled for purposes of the Medical Assistance (MA or Medicaid) program?

FINDINGS OF FACT

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

- 1. On March 20, 2012, Claimant filed an application for MA benefits. The application requested MA retroactive to January 1, 2012.
- 2. On May 31, 2012, the Department sent a Notice of Case Action to Claimant, denying the application.
- 3. On June 11, 2012, Claimant filed a request for an Administrative Hearing.
- 4. Claimant, age fifty-three has an eighth-grade education.

5.	Claimant last worked in 2011 as a caregiver for a disabled adult. Claimant also performed relevant work as a child care worker. Claimant's relevant work history consists exclusively of unskilled, medium-heavy exertional work activities.		
6.	Claimant has a history of neck and knee pain, diabetes, and shortness of breath. Her onset dates are (neck and knee pain) and (shortness of breath).		
7.	Claimant was not hospitalized as a result of her impairments.		
8.	Claimant currently suffers from neck and knee pain, diabetes, and a heart condition.		
	CONCLUSIONS OF LAW		
MA was established by Title XIX of the U.S. Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department administers MA pursuant to MCL 400.10, <i>et seq.</i> , and MCL 400.105. Department policies are found in Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM) and Reference Tables (RFT).			
☐ SDA provides financial assistance for disabled persons and was established by 2004 PA 344. The Department administers SDA pursuant to MCL 400.10, <i>et seq.</i> , and MAC R 400.3151-400.3180. Department policies are found in BAM, BEM and RFT.			
□ The Administrative Law Judge concludes and determines that Claimant IS NOT DISABLED for the following reason (select ONE):			
	1. Claimant is engaged in substantial gainful activity.		
	OR		
	OR		
	☐ 3. Claimant is capable of performing previous relevant work.		
	OR		
	4. Claimant is capable of performing other work that is available in significant numbers in the national economy.		
	e Administrative Law Judge concludes that Claimant IS DISABLED for purposes MA program, for the following reason (select ONE):		

∐ 1.	1. Claimant's physical and/or mental impairment(s) meet a Federal SSI Listing of Impairment(s) or its equivalent.				
	State the Listing of Impairment(s)	:			
OR					
2.	Claimant is not capable of performavailable in significant numbers in	•			
Additionally, Claimant presented only one item of medical evidence, the Medical Examination Report, DHS Form 49, written by family medicine. saw her once, on shortness of breath. He conducted an electrocardiogram and on the basis of the results, he sent her to the Emergency Room. He recommended that Claimant take a stress test.					
medical impa diagnosis and further treatm	irment. This report documents a d treatment was provided. Rathe	ufficient to establish that Claimant has a visit to an urgent care center at which no r, Claimant was referred to a hospital for t, if any, she received there, although she			
This single report does not support Claimant's testimony regarding her neck and knee impairments, diabetes, and shortness of breath. This report is insufficient to establish that Claimant's disabilities have or will last for one year or more. Based on the entire record in this case, it is found and determined that Claimant failed to establish that she has an impairment of sufficient severity and over a sufficient length of time, for which MA benefits can be provided.					
In conclusion, based on the Findings of Fact and Conclusions of Law above, the Claimant is found to be					
	☑ NOT DISABLED	DISABLED			
for purposes of the MA program. The Department's denial of MA benefits to Claimant is					
	□ AFFIRMED	REVERSED			
DECISION AND ORDER					

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The Administrative Law Judge, based upon the above findings of fact and conclusions of law, and for the reasons stated on the record finds that Claimant

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the definition of medically disabled undo	der the Medical Assistance program as of the
The Department's decision is	
	☐ REVERSED

Jan Leventer
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: September 26, 2012

Date Mailed: September 26, 2012

NOTICE: 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. 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)

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 was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing <u>MAY</u> be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

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Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

JL/pf

