

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

IN THE MATTER OF:



Reg. No: 2012-73170
Issue No: 2009
Case No: [REDACTED]
Hearing Date: December 11, 2012
Sanilac County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing to protest the denial of claimant's application for MA. After due notice, a telephone hearing was held on December 11, 2012. Claimant personally appeared and testified.

ISSUE

Whether the claimant meets the disability criteria for Medical Assistance (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 May 14, 2012, claimant filed an application for Medical Assistance and Retroactive Medical Assistance benefits alleging disability.
2. On August 9, 2012, the Medical Review Team denied claimant's application stating claimant could perform other work pursuant to Medical/Vocational Rule 202.13.
3. On August 13, 2012, the department caseworker sent claimant notice that her application was denied.
4. On August 24, 2012, claimant filed a request for a hearing to contest the department's negative action.

5. On October 11, 2012, the State Hearing Review Team again denied claimant's application stating in its analysis and recommendation: the claimant is 62" and was 246 lbs in May, 2012 with a BMI of 45. She has a history of CAD with a myocardial infarction and stenting to the circumflex in August, 2010. However, after the stenting, the claimant developed chest pain and was taken back to catheterization, which revealed total occlusion of the circumflex at the site of the proximal stent. Balloon inflation was attempted but not successful. Surgery was considered but not done due to her obesity, diabetes and because she already had some damage in the circumflex with small caliber distal vessels. However, her symptoms have been medically managed and in June, 2012, she denied any chest pain, but was not able to lay flat in bed. On examination, she did not have any significant evidence of heart failure. The claimant is not currently engaging in substantial gainful activity based on the information that is available in file. The claimant's impairments do not meet/equal the intent or severity of a Social Security listing. The medical evidence of record indicates that the claimant retains the capacity to perform a wide range of light work. A finding about the capacity for prior work has not been made. However, this information is not material because all potentially applicable medical-vocational guidelines would direct a finding of not disabled given the claimant's age, education and residual functional capacity. Therefore, based on the claimant's vocational profile (closely approaching advanced age, more than a high school education and history of semi-skilled work), MA-P is denied using Vocational Rule 202.14 as a guide. Retroactive MA-P was considered in this case and is also denied.
6. On November 30, 2012 the Social Security Administration issued a fully favorable decision stating claimant was found disabled as of August 9, 2010 because her impairment or combination of impairments was so severe that she could not perform any work existing in significant numbers in the national economy.

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 Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

Because of the Social Security Administration determination, it is not necessary for the Administrative Law Judge to discuss the issue of disability. PEM, Item 260.

A person eligible for retirement, survivors and disability insurance (RSDI) benefits based on his disability or blindness meets the disability or blindness criteria. Disability or blindness starts from the RSDI disability onset date established by the Social Security Administration (SSA). This includes a person whose entire RSDI benefit is being withheld for recruitment. No other evidence is required. BEM, Item 260, Page 1.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the claimant meets the definition of medically disabled under the Medical Assistance Program and the Retroactive Medical Assistance Program as of the application date.

Accordingly, the department is **ORDERED** to initiate a review of the application if it is not already done so, to determine if all other non-medical eligibility criteria are met. The department shall inform the claimant of the determination in writing.

A medical review should be scheduled for December, 2013. The department should check to see if claimant is in current payment status or not. If the claimant is in current payment status at the medical review no further action will be necessary. However, if the claimant is not in current payment status at the medical review, the department is to obtain updated application forms (DHS49) and obtain updated medical records.

It is ORDERED that the department shall review this case in one year from the date of this Decision and Order.

Landis

/s/

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

Date Signed: January 2, 2013

Date Mailed: January 2, 2013

NOTICE: Administrative Hearings 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. Administrative Hearings 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.

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.

LYL/las

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