

5. Claimant last worked in 2011 as an ice-cream truckdriver. Claimant also performed relevant work as a stockperson in a gas station. Claimant's relevant work history consists exclusively of unskilled, medium and heavy work activities.
6. Claimant has a history of coronary artery disease (CAD). His onset date is 2005.
7. Claimant was hospitalized in 2006 and twice in 2012 as a result of CAD. The 2012 discharge diagnosis was in stable condition with follow-up care.
8. Claimant currently suffers from CAD.
9. Claimant is severely limited in the basic skills of sitting, standing, walking, lifting and carrying. Claimant's limitations have lasted or are expected to last twelve months or more.
10. Claimant's complaints and allegations concerning his impairments and limitations, when considered in light of all objective medical evidence, as well as the whole record, reflect an individual who is so impaired as to be incapable of engaging in any substantial gainful activity on a regular and continuing basis.

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, *et seq.*, and MCL 400.105. Department policies are found in Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM) and Reference Tables (RFT).

The Administrative Law Judge concludes that Claimant **IS DISABLED** for purposes of the MA program, for the following reason (select ONE):

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:

4.04 Coronary artery disease.

OR

2. Claimant is not capable of performing other work that is available in significant numbers in the national economy.

The following is a five-step examination of Claimant's eligibility for Medicaid. The State of Michigan Department of Human Services is required by the U.S. Code of Federal Regulations (CFR) to use the U.S. Social Security Act Title XVI Supplemental Security

Income five-step test, for evaluating applicants for the Michigan Medicaid disability program. 20 CFR 416.905, 404.1505; 416.920; 42 CFR 435.540.

First, the Claimant must not be engaged in substantial gainful activity. In this case, Claimant has not worked since 2011. The year 2011 was the last year Claimant had seasonal employment as an ice-cream truckdriver. Accordingly, it is found and determined that the first requirement of eligibility is fulfilled, and the Claimant is not engaged in substantial gainful activity. 20 CFR 404.1520(b), 416.920(b); Dept. Exh. 1, Social Security Administration wage report, p. 1; Dept. Exh. 1, p. 45.

Second, in order to be eligible for MA, Claimant's impairment must be sufficiently serious and be at least one year in duration. In this case, Claimant's onset date is 2005. In 2005 Claimant had chest pain. In 2006, he had a heart attack and one stent was inserted. Claimant had two more stents inserted in 2012. 20 CFR 404.1520(c), 404.1521; Dept. Exh. 1, pp. 53, 67, 73, 75; Clmt. Exh. A, p. 11; Clmt. Exh. B, p. 13.

Based on this information of record, and all of the evidence in this case taken as a whole, it is found and determined that Claimant's impairments are of sufficient severity and duration to fulfill the second eligibility requirement. 20 CFR 404.1520(c), 404.1521, 416.920(c).

Turning now to the third requirement for MA eligibility approval, the factfinder must determine if Claimant's impairment is the same as, or equivalent to, an impairment in the federal Listing of Impairments, found at 20 CFR Chap. III, Appendix 1 to Subpart P of Part 404-Listing of Impairments. In this case it is found and determined that Claimant's impairment meets or is the equivalent of Listing 4.04, Coronary artery disease, and its subparts, sections 1a and 2. This Listing is set forth in full as follows.

C. Coronary artery disease, demonstrated by angiography (obtained independent of Social Security disability evaluation) or other appropriate medically acceptable imaging, and in the absence of a timely exercise tolerance test or a timely normal drug-induced stress test, an MC [Medical Consultant], preferably one experienced in the care of patients with cardiovascular disease, has concluded that performance of exercise tolerance testing would present a significant risk to the individual, with both 1 and 2:

1. Angiographic evidence showing:
 - a. 50 percent or more narrowing of a nonbypassed left main coronary artery;
2. Resulting in very serious limitations in the ability to independently initiate, sustain or complete activities of daily living. 20 CFR

Chap. III, Appendix 1 to Subpart P of Part 404-Listing of Impairment 4.04; see *also*, 20 CFR 404.1520(d).

The next section is an analysis as to how Claimant's impairment meets the requirement of Listing of Impairment 4.04. First, the Claimant's medical records indicate that he reported to the physicians at Oakwood and to the Department that his chest pain began in 2005, and he suffered a heart attack in 2006. Dept. Exh. 1, pp. 37, 53; Clmt. Exh A, pp. 1, 11.

In January, 2012, Claimant had an abnormal stress test and underwent stent surgery of the right coronary artery. At that time Claimant also had over 60% stenosis of the left circumflex coronary artery. In March, 2012, a stent was placed in the left circumflex coronary artery as well. Dept. Exh. 1, p. 67; Clmt. Exh. B, p. 13.

Having considered all of the evidence in this case in its entirety, it is found and determined that this evidence establishes that Claimant has a diagnosis of coronary artery disease, as specified in Listing 4.04, and that he has more than 50% narrowing of a nonbypassed left main coronary artery, as required in subpart 1a. The next issue to be considered is whether Claimant's CAD results in the serious limitations specified in subpart 2.

Subpart 2 requires very serious limitations in the ability to independently initiate, sustain, or complete activities of daily living. Claimant's hearing testimony was that he could sit for only fifteen minutes, stand for fifteen minutes, and walk for only one hour. He testified he could lift and carry only one gallon of milk.

Claimant testified that his family doctor, Raad Sarraf, M.D., restricts him to no more than four hours work a day, and recommends that it be only light work as well, because of his heart condition. Claimant is also in the care of Elias Kassab, M.D., Cardiology, and saw him seven times in the past year. Claimant's current medications are Lopressor, Plavix, Micardis, Livalo, Zetia, Aspirin, Trilipix, and fish oil concentrate. Clmt. Exh. B.

Claimant testified that although he maintained summer employment through 2011, it was sometimes hard for him to perform even this job, which included sitting for long periods of time, and to be in an enclosed space in warm weather. He quit the job because of his heart condition. Dept. Exh. 1, p. 51.

Claimant testified that he experiences pressure and pain in his chest, shortness of breath, and pain and numbness in his left shoulder and arm. The chest pain and pressure occur when he attempts to walk. He also has lower back pain, fatigue, weakness and sleeplessness.

Claimant testified that he needs help with housework, and he has a friend who provides this help. He can only cook fast food and prepared food items.

Having reviewed Claimant's testimony and all of the evidence in this case as a whole, it is found and determined that Claimant does have very serious limitations of his ability to conduct the activities of daily living. He cannot sit, stand or walk for anything but minimal amounts of time. He can lift and carry only a gallon of milk, and this is far less than would be useful to conduct the activities of daily living. He experiences chest pain and pressure when he tries to walk, and cannot complete ordinary housework without the help of a friend.

Based on all of the evidence of record therefore, it is found and determined that subpart 2 of Listing 4.04 is satisfied, and Claimant has met all of the requirements to qualify for eligibility based on his physical impairment, CAD.

It is therefore found and determined that Claimant's medical impairment meets, or is equivalent to, the requirements of Listing of Impairment 4.04, Coronary artery disease. Claimant in this case has established eligibility for Medicaid based solely on his physical impairment. The disability onset date is 2005. Listing of Impairment 4.04.

As Claimant is found by the undersigned to be eligible for MA based solely on a physical impairment, it is not necessary to proceed further to the last two eligibility requirements of the five-step Medicare eligibility sequence. *Id.*

Further, 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

Considering next whether Claimant is disabled for purposes of SDA, the individual must have a physical or mental impairment which meets federal SSI disability standards for at least 90 days. Receipt of MA benefits based upon disability or blindness (or receipt of SSI or RSDI benefits based upon disability or blindness) automatically qualifies an individual as disabled for purposes of the SDA program. Other specific financial and non-financial eligibility criteria are found in BEM 261. Inasmuch as Claimant has been found disabled for purposes of MA, Claimant must also be found disabled for purposes of SDA benefits, should he apply for them.

DECISION AND ORDER

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

DOES NOT MEET MEETS

the definition of medically disabled under the Medical Assistance program as of the onset date of 2005.

The Department's decision is

AFFIRMED REVERSED

THE DEPARTMENT SHALL BEGIN THE PROCESS OF THE FOLLOWING STEPS WITHIN TEN DAYS OF THE MAILING OF THIS ORDER:

1. Initiate processing of Claimant's January 18, 2012, application, to determine if all nonmedical eligibility criteria for MA benefits have been met.
2. If all nonmedical eligibility criteria for benefits have been met and Claimant is otherwise eligible for benefits, initiate processing of MA benefits to Claimant, including any supplements for lost benefits to which Claimant is entitled in accordance with policy.
3. If all nonmedical eligibility criteria for benefits have been met and Claimant is otherwise eligible for benefits, initiate procedures to schedule a redetermination date for review of Claimant's continued eligibility for program benefits in August, 2014.
4. All steps shall be taken in accordance with Department policy and procedure.



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

Date Signed: July 9, 2013

Date Mailed: July 12, 2013

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 **MAY** 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.

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/tm

cc: [REDACTED]
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