

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2013-62623  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: December 5, 2014  
County: Lenawee

**ADMINISTRATIVE LAW JUDGE: Landis Y. Lain**

**HEARING DECISION**

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on December 5, 2013, from Lansing, Michigan and conducted by Administrative Law Judge [REDACTED]. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included Eligibility Specialist [REDACTED].

The undersigned Administrative Law Judge, having reviewed the entire record in this matter including the audio recording of the hearing, the official papers filed in this matter in the form of pleadings, and the exhibits that were entered generates this Hearing Decision in the absence of the presiding Administrative Law Judge.

**ISSUE**

Did the Department of Human Services (the Department) properly deny Claimant's application 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 November 7, 2012, Claimant filed an application for Medical Assistance and retroactive Medical Assistance benefits alleging disability.
2. On April 23, 2013, the Medical Review Team denied Claimant's application stating that Claimant could perform prior relevant work.

3. On April 30, 2013, the Department caseworker sent Claimant notice that his application was denied.
4. On July 29, 2013, Claimant filed a request for a hearing to contest the Department's negative action.
5. On September 26, 2013, the State Hearing Review Team again denied Claimant's application.
6. The hearing was held on December 5, 2013. At the hearing, Claimant waived the time periods and requested to submit additional medical information.
7. Additional medical information was submitted and sent to the State Hearing Review Team on March 20, 2014.
8. On May 19, 2014, the State Hearing Review Team approved Claimant's application stating that the medical evidence of record indicates that the Claimant does not retain the capacity to perform even sedentary work on a sustained basis. Therefore, MA is approved using vocational rule 201.00(H) as a guide. Retroactive MA-P was considered in this case and is approved effective August 2012.
9. Claimant is a [REDACTED]-year-old [REDACTED] whose [REDACTED]. Claimant is 5'10" tall and weighs 467 pounds. Claimant has a Bachelor of Arts degree in theater and speech communications. Claimant is able to read and write and does have basic math skills.
10. Claimant last worked in [REDACTED] as a [REDACTED]. He earned \$ [REDACTED] per month. Claimant has also worked as a [REDACTED] at a [REDACTED].
11. Claimant alleges as disabling impairments: morbid obesity with a BMI of 67, coronary artery disease, congestive heart failure, severe pulmonary hypertension, breathing problems and bipolar disorder.

### **CONCLUSIONS OF LAW**

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his or her claim for assistance has been denied. MAC R 400.903(1). Claimants have the right to contest a Department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The Department will provide an administrative hearing to review the decision and determine the appropriateness of that decision. BAM 600.

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).

The State Hearing Review Team determined that Claimant is morbidly obese with a BMI of 67. He has a history of coronary artery disease, which was treated with stenting and he underwent coronary artery bypass grafting. In 2013 he was unable to do anything meaningful, even going to the bathroom, without having angina taking a long time to do it. Cardiac catheterization in 2013 revealed significant coronary artery disease. Doctor opined that re-do bypass surgery mortality was huge. The doctor did not believe there were any reasonable percutaneous options. Medical assistance is approved using vocational rule 201.00(H).

Because of the SHRT determination, it is not necessary for the Administrative Law Judge to discuss the issue of disability, per BAM, Item 600.

The Department is required to initiate a determination of Claimant's financial eligibility for the requested benefits, if not previously done.

### **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 in accordance with the State Hearing Review Teams determination.

Accordingly, the Department is **ORDERED** to initiate a review of the [REDACTED] application if it has not already done so, to determine if all other non-medical eligibility criteria are met. The Department shall open an ongoing Medical Assistance case from [REDACTED] forward for Claimant, if Claimant is otherwise eligible and inform the Claimant of the determination in writing.

A medical review should be scheduled for [REDACTED]. The Department should check to see if Claimant is in current payment status through the Social Security Administration 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 Y. Lain  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: 7/21/14

Date Mailed: 7/25/14

**NOTICE OF APPEAL:** 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the Claimant;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the Claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

2013-62623/LYL

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

LYL/tb

cc:

