

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

IN THE MATTER OF:



Reg. No.: 201365775
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: January 21, 2014
County: Wayne (18)

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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 January 21, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

ISSUE

Did the Department properly determine that Claimant was not disabled for purposes of the Medical Assistance (MA-P) benefit program?

FINDINGS OF FACT

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

1. On May 10, 2013, Claimant submitted an application for public assistance seeking MA-P benefits retroactive to February 2013.
2. In her application, Claimant alleged physical disabling impairment due to chest pain.
3. On August 8, 2013, the Medical Review Team (MRT) found Claimant not disabled. (Exhibit 1, pp. 3-4)

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4. On August 12, 2013, the Department sent Claimant a Notice of Case Action denying her MA-P application on the basis of MRT's determination that she was not disabled. (Exhibit 1, pp. 38-39)
5. On August 23, 2013, the Department received Claimant's timely written request for hearing. (Exhibit 1, pp. 40-41)
6. On October 11, 2013, the State Hearing Review Team (SHRT) found Claimant not disabled. (Exhibit 2)
7. On December 11, 2013, the Social Security Administration (SSA) sent Claimant a letter approving her September 20, 2013 application and finding her disabled as of September 20, 2013 and eligible for Supplemental Security Income (SSI) benefits effective October 1, 2013.

CONCLUSIONS OF LAW

The Medical Assistance program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department of Human Services, formerly known as the Family Independence Agency, pursuant to MCL 400.10 *et seq* and MCL 400.105. Department policies are found in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Bridges Reference Tables (RFT).

An SSI recipient who is a Michigan resident and cooperates with third-party resource liability requirements is automatically eligible for MA. BEM 150 (July 2013), p. 1. Ongoing MA eligibility begins the first day of the month of SSI entitlement. BEM 150, p. 1.

In its December 11, 2013, letter to Claimant, SSA notified Claimant that, although she would not receive her first SSI payment until October 2013, she met all the rules to be eligible for SSI beginning September 20, 2013. Because Claimant was entitled to SSI in September 2013, she was automatically eligible for MA for SSI recipients as of September 1, 2013.

Clients who are SSI recipients may also qualify for *retroactive* MA coverage for up to three calendar months prior to SSI entitlement. BEM 150, p. 1; BAM 115 (July 2013), p. 11. Therefore, Claimant's eligibility for MA coverage three months prior to her September 2013 SSI entitlement date, or for June 2013, July 2013, and August 2013, is considered.

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During the hearing, Claimant alleged that she suffered from chest pain related to uncontrolled blood pressure, stomach issues, thyroid issues, severe depression resulting in hospitalization, anxiety, arthritis, lower back pain, and loss of bladder control. However, in her MA application submitted to the Department, Claimant alleged only chest pain, hypertension and hypothyroidism. Claimant's testimony at the hearing established that her hospitalization for a mental breakdown was in June or July 2013, and was not connected to any of the conditions alleged in her May 10, 2013 MA application.

The documentation provided in support of Claimant's alleged disability showed that Claimant was admitted to [REDACTED] on February 18, 2013, complaining of chest pain that radiated to her neck and back, was worse with exertion, and had associated nausea and vomiting. Claimant was diagnosed with atypical chest pain, uncontrolled hypertension, urinary tract infection, hypothyroidism and anxiety. A February 18, 2013 x-ray of the chest showed that the lungs and pleural spaces were clear, the heart was not enlarged, and pulmonary vasculature appeared normal. Claimant was prescribed medication for her hypertension, and a 2D echocardiogram and abdominal x-ray was ordered. Results from the electrocardiogram showed normal left ventricle ejection fraction; (ii) normal left ventricular cavity size, wall thickness, filling pressures, and pattern of diastolic filling; (iii) normal right ventricular size and global systolic function; and (iv) normal pulmonary artery systolic pressure (Exhibit 1, p. 13).

Disability is defined as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). In order to be disabled, an individual must have a severe medically determinable physical or mental impairment that meets the duration requirement or a combination of impairments that is severe and meets the duration requirement. 20 CFR 416.920(a)(4)(ii). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a); see also *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985). The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments, and a disability claim obviously lacking in medical merit may be dismissed. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988).

The objective medical evidence presented in connection with Claimant's application was not sufficient to establish that Claimant's condition, as alleged in the application, was a severe medical impairment that had lasted or was expected to last for a continuous period of not less than 12 months. In the absence of any evidence to support Claimant's allegation of disability based on the conditions alleged in her MA application, Claimant is not eligible for MA for any of the retro months alleged.

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In this case, Claimant is found disabled and automatically eligible for MA-P benefits effective September 1, 2013, based on SSA's approval of Claimant's SSI application as of September 2013. However, because her medical documentation does not support her allegations of disability presented in her May 10, 2013 MA application for any of the three months prior to the September 1, 2013, MA eligibility date, Claimant is not eligible for MA for any retro months.

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds Claimant disabled for purposes of the MA-P effective September 1, 2013 but not disabled for MA-P for any retro months.

DECISION AND ORDER

Accordingly, the Department's disability determination is AFFIRMED with respect to Claimant's MA coverage for June 2013, July 2013, and August 2013 and REVERSED with respect to Claimant's MA coverage for September 1, 2013 ongoing.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Activate Claimant's MA-P coverage for SSI recipients effective September 1, 2013; and
2. Supplement Claimant for lost benefits, if any, that Claimant was entitled to receive if otherwise eligible and qualified, from September 1, 2013 ongoing.



Alice C. Elkin
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: February 6, 2014

Date Mailed: February 6, 2014

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.

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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 client;
- 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

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

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cc:

