

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED]

Claimant

Reg. No.: 2006-17218

Issue No.: 2009, 4031

Case No.: [REDACTED]

Load No.: [REDACTED]

Hearing Date:

February 25, 2009

Wayne County DHS [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, a hearing was held in Detroit, Michigan on February 25, 2009. The Claimant did not appear however, the Claimant's authorized hearing representative appeared and testified. [REDACTED] appeared on behalf of the Department.

During the hearing, additional medical records were submitted by the Claimant's authorized representative. These records were forwarded to the State Hearing Review Team ("SHRT") for consideration. On March 23, 2009, the SHRT approved the Claimant's MA-P effective April 1, 2008 based upon the Social Security Administration's SSI approval. The SHRT denied MA-P for the period from July 2005 through March 2008. This matter is now before the undersigned for a final decision.

ISSUE

Whether the Department properly determined that the Claimant was not disabled for purposes of Medical Assistance (“MA-P”); Retro MA-P from July 2005; and the State Disability Assistance (“SDA”) programs for the period from July 2005 through March 2008.

FINDINGS OF FACT

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

1. The Claimant submitted a public assistance application seeking MA-P, Retro-MA, and SDA benefits on October 4, 2005.
2. On November 23, 2005, the Department sent an eligibility notice to the Claimant stating that the Medical Review Team (“MRT”) denied disability finding the Claimant’s impairment did not prevent employment for 90 days or more for SDA purpose, and lacked duration for MA-P purposes. (Exhibit 2)
3. The Claimant is represented by [REDACTED].
4. On February 6, 2006, the Department received the Claimant’s Hearing Request protesting the denial of benefits. (Exhibit 3)
5. On September 22, 2008, the State Hearing Review Team (“SHRT”) found the Claimant disabled based upon the Social Security Administration’s approval with the onset date effective [REDACTED]. (Exhibit 4)
6. The Claimant’s alleged disabling impairments are due to uncontrolled hypertension, chronic heart failure, chest pain, GERD, cardiomegaly, fatigue, and renal failure.
7. The Claimant did not assert any mental impairment.

8. The Claimant did not appear for the hearing.
9. At the time of the hearing, based upon the records, the Claimant was 39 years old with a [REDACTED] birth date; was 5'11" and weighed approximately 276 pounds.
10. The Claimant is a high school graduate with a history as a general laborer.

CONCLUSIONS OF LAW

The Medical Assistance ("MA") 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 ("DHS"), formally known as the Family Independence Agency, 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").

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) The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913 An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a) Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.929(a)

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicants takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3) The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2)

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1) The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (i.e. age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need evaluate subsequent steps. 20 CFR 416.920(a)(4) If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4) If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945 Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 945(a)(1) An individual's

residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4) In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv)

In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a) 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) As outlined above, the first step looks at the individual's current work activity. An individual is not disabled regardless of the medical condition, age, education, and work experience, if the individual is working and the work is a substantial, gainful activity. 20 CFR 416.920(a)(4)(i) The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c) (3) (5) (6)

The Claimant failed to appear for the hearing. The Claimant's hearing representative testified that the Claimant was receiving kidney dialysis but did not want an adjournment. As noted above, the individual has the responsibility to provide evidence of prior work experience, efforts to work, and any other factor showing how the impairment affects the ability to work. In this case, although the authorized representative testified that the Claimant is not working, there was insufficient evidence presented to assess the Claimant's eligibility for program benefits. Accordingly, the record does not support a finding that the Claimant's impairment or combination of impairments significantly limits his physical or mental ability to perform basic work activities. The Department's determination that the Claimant is not disabled must be upheld.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the Department of Human Services properly determined the Claimant was not disabled for the period from July 2005 through March 2008.

Accordingly, it is ORDERED:

The Department's determination that the Claimant is not disabled is AFFIRMED for the period from July 2005 through March 2008.

/s/
Colleen M. Mamelka
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 03/31/09

Date Mailed: 04/03/09

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 the Circuit 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.

CMM/jlg

cc:

