

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: 2008-21398

Issue No: 2009/4031

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

October 28, 2008

Livingston County DHS

ADMINISTRATIVE LAW JUDGE: Jana A. Bachman

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. After due notice, an in-person hearing was held on October 28, 2008.

ISSUE

Whether claimant has established disability for Medical Assistance (MA) and State Disability Assistance (SDA).

FINDINGS OF FACT

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

(1) During February 2008, claimant was a recipient of SDA. His assistance was due for medical review. March 28, 2008, claimant applied for MA.

(2) May 7, 2008, the Medical Review Team (MRT) denied SDA medical review and MA application. Department Exhibit A.

(3) May 13, 2008, the department sent claimant written notice that his assistance was denied.

(4) May 20, 2008, the department received claimant's timely request for hearing.

(5) June 25, 2008, the State Hearing Review Team (SHRT) denied claimant's SDA medical review and MA application. Department Exhibit B.

(6) October 28, 2008, the in-person hearing was held. Prior to the close of the record, claimant submitted additional medical evidence. Claimant waived the right to a timely hearing decision. March 31, 2009, after review of all medical evidence, the SHRT again denied claimant's application. SHRT Decision, 3-31-09.

(7) Claimant asserts disability based on impairments caused by heart disease, poor eyesight, and heel spurs.

(8) Claimant testified at hearing. Claimant is 46 years old, 5'7" tall, and weighs 195 pounds. Claimant completed high school and has some training as a diesel mechanic. Claimant is able to read, write, and perform basic math. Claimant has a driver's license and is able to drive. Claimant cares for his needs at home.

(9) Claimant's past relevant employment has been doing cement work.

(10) September 9, 2008, claimant underwent an x-ray of his foot that revealed a small bone spur on the heel. Doctor recommended icing to the area or taking an over the counter pain killer as needed. Claimant Exhibit A, Report, 9-09-08.

(11) On or about August 16, 2007, claimant underwent left heart catheterization, LV angiography, coronary angiography, and fractional flow reserve/pressure wire. Angiography revealed ejection fraction of 30 percent and abnormal segmental wall motion. Anterobasal, anterolateral, and apical segment were severely hypokinetic. Department Exhibit A, pgs 80-86.

On or about September 14, 2007, claimant underwent coronary artery bypass grafting times three with left internal mammary artery. September 17, 2007, claimant underwent chest x-rays post surgery that revealed slightly low lung volumes with associated hypoventilatory changes; small bilateral pleural effusions, slightly larger on the left than on the right; otherwise unremarkable. No evidence of congestion, consolidation, mass, or pneumothorax. Chest x-rays taken on September 18, 2007, revealed low lung volumes with no focal air space disease or pneumothorax and stable bilateral small pleural effusions. Stable cardiomeastinal silhouette. October 10, 2007 x-rays revealed no acute cardio pulmonary disease. Department Exhibit A, pgs 29-79.

(12) April 9, 2008, claimant's internist completed a Medical Examination Report (DHS-49) following exam that took place on February 6, 2008. Doctor indicates diagnoses of pulmonary artery disease, hyperlipidemia, GERD, and obstructive sleep apnea. Doctor indicates a normal physical exam and that claimant's condition is improving. Doctor opines that claimant is able to frequently lift 20 pounds and occasionally lift 50 pounds. Claimant is able to stand and/or walk about six hours in an eight-hour workday and sit about six hours in an eight-hour workday. Claimant opines claimant is able to perform a full range of repetitive actions with upper and lower extremities bilaterally. Department Exhibit A, pgs 3-4.

(13) At last positive SDA decision in November 2007, claimant was recovering from heart surgeries that took place in August and September 2007.

(14) At medical review in February 2008, claimant's condition is improving and he has a normal physical exam with the exception of some limitations in lifting.

(15) Claimant has medically improved for SDA since last positive decision. The medical improvement is related to his ability to work.

(16) Claimant is capable of performing light work duties.

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).

Pursuant to Federal Rule 42 CFR 435.540, the Department of Human Services uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance program. Under SSI, 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 set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience is reviewed. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

If an individual is working and the work is substantial gainful activity, the individual is not disabled regardless of the medical condition, education and work experience. 20 CFR 416.920(c).

If the impairment or combination of impairments do not significantly limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. Age, education and work experience will not be considered. 20 CFR 416.920.

Statements about pain or other symptoms do not alone establish disability. There must be medical signs and laboratory findings which demonstrate a medical impairment... 20 CFR 416.929(a).

...Medical reports should include –

- (1) Medical history.
- (2) Clinical findings (such as the results of physical or mental status examinations);
- (3) Laboratory findings (such as blood pressure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms)... 20 CFR 416.913(b).

In determining disability under the law, the ability to work is measured. An individual's functional capacity for doing basic work activities is evaluated. If an individual has the ability to perform basic work activities without significant limitations, he or she is not considered disabled. 20 CFR 416.994(b)(1)(iv).

Basic work activities are the abilities and aptitudes necessary to do most jobs. Examples of these include --

- (1) Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
- (2) Capacities for seeing, hearing, and speaking;
- (3) Understanding, carrying out, and remembering simple instructions;
- (4) Use of judgment;
- (5) Responding appropriately to supervision, co-workers and usual work situations; and
- (6) Dealing with changes in a routine work setting. 20 CFR 416.921(b).

Medical findings must allow a determination of (1) the nature and limiting effects of your impairment(s) for any period in question; (2) the probable duration of the impairment; and (3) the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

Medical evidence may contain medical opinions. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including your symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

All of the evidence relevant to the claim, including medical opinions, is reviewed and findings are made. 20 CFR 416.927(c).

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence, or pace; and ability to tolerate increased mental demands associated with competitive work).... 20 CFR, Part 404, Subpart P, App. 1, 12.00(C).

If an individual fails to cooperate by appearing for a physical or mental examination by a certain date without good cause, there will not be a finding of disability. 20 CFR 416.994(b)(4)(ii).

When determining disability, the federal regulations require that several considerations be analyzed in sequential order. If disability can be ruled out at any step, analysis of the next step is not required. These steps are:

1. Does the client perform Substantial Gainful Activity (SGA)? If yes, the client is ineligible for MA. If no, the analysis continues to Step 2. 20 CFR 416.920(b).
2. Does the client have a severe impairment that has lasted or is expected to last 12 months or more or result in death? If no, the client is ineligible for MA. If yes, the analysis continues to Step 3. 20 CFR 416.920(c).
3. Does the impairment appear on a special listing of impairments or are the client's symptoms, signs, and laboratory findings at least equivalent in severity to the set of medical findings specified for the listed impairment? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.290(d).
4. Can the client do the former work that he/she performed within the last 15 years? If yes, the client is ineligible for MA. If no, the analysis continues to Step 5. 20 CFR 416.920(e).
5. Does the client have the Residual Functional Capacity (RFC) to perform other work according to the guidelines set forth at 20 CFR 404, Subpart P, Appendix 2, Sections 200.00-204.00? If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(f).

At Step 1, claimant is not engaged in substantial gainful activity. Therefore, claimant is not disqualified at Step 1.

At Step 2, claimant has coronary artery disease. In August and September 2007, claimant underwent angiography and bypass surgery. He has recovered well from these surgeries but continues to have some mild impairments due to this condition. Claimant's internist opines that claimant is able to frequently lift 25 pounds and occasionally able to lift 50 pounds. In January 2009, claimant's cardiology nurse practitioner opined that claimant should not lift more than ten pounds, should not push/pull heavy objects over ten pounds, or do activities that require reaching overhead as these actions may aggravate cardiac condition. Finding of Fact 10-16. Claimant Exhibit A, pg 4.

At Step 2, the objective medical evidence of record is not sufficient to establish that claimant has severe impairments that have lasted or are expected to last 12 months or more and prevent all work for 12 months or more. Therefore, claimant is disqualified from receiving disability at Step 2.

At Step 3, claimant's impairments do not rise to the level necessary to be specifically disabling by law.

At Step 4, claimant's past relevant employment has been doing cement work. This employment typically requires frequent carrying of weights in excess of 50 pounds. When considering the opinion of the internist and the cardiology nurse practitioner, both medical professionals indicate that claimant is not able to perform this heavy lifting. See discussion at Step 2 above. Finding of Fact 9-16.

At Step 4, the objective medical evidence of record is sufficient to establish that claimant is not able to perform a full range of duties required by his past relevant employment. Accordingly, claimant is not disqualified from receiving disability at Step 4.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated.... 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor.... 20 CFR 416.967.

Sedentary work. Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls.... 20 CFR 416.967(b).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

At Step 5, see discussions at Steps 2 and 4 above. Finding of Fact 9-16.

At Step 5, the objective medical evidence of record is sufficient to establish that claimant is capable of performing at least light work activities. Considering claimant's vocational profile (younger individual, high school graduate, and history of semi-skilled work, skills not transferable) and relying on Vocational Rule 202.21, claimant is not disabled. Arguendo, if claimant were limited to sedentary work he would also be not disabled based on Vocational Rule 201.21. Therefore, claimant is disqualified from receiving disability at Step 5.

Claimant does not meet the federal statutory requirements to qualify for disability. Therefore, claimant does not qualify for Medical Assistance based on disability and the department properly denied claimant's application.

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

Sec. 604 (1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:

- (a) Recipient of Supplemental Security Income, Social Security or Medical Assistance due to disability or 65 years of age or older.
- (b) A person with a physical or mental impairment which meets federal SSI disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.
- (c) A resident of an adult foster care facility, a home for the aged, a county infirmary, or a substance abuse treatment center.
- (d) A person receiving 30-day post-residential substance abuse treatment.
- (e) A person diagnosed as having Acquired Immunodeficiency syndrome (AIDs).

- (f) A person receiving special education services through the local intermediate school district.
 - (g) A caretaker of a disabled person as defined in subdivision (a), (b), (e), or (f) above.
- (2) Applicants for and recipients of the State Disability Assistance program shall be considered needy if they:
- (a) Meet the same asset test as is applied to applicants for the Family Independence Program.
 - (b) Have a monthly budgetable income that is less than the payment standard.
- (3) Except for a person described in subsection (1)(c) or (d), a person is not disabled for purposes of this section if his or her drug addiction or alcoholism is a contributing factor material to the determination of disability. 'Material to the determination of disability' means that, if the person stopped using drugs or alcohol, his or her remaining physical or mental limitations would not be disabling. If his or her remaining physical or mental limitations would be disabling, then the drug addiction or alcoholism is not material to the determination of disability and the person may receive State Disability Assistance. Such a person must actively participate in a substance abuse treatment program, and the assistance must be paid to a third party or through vendor payments. For purposes of this section, substance abuse treatment includes receipt of inpatient or outpatient services or participation in Alcoholics Anonymous or a similar program. 1995 PA 156, Sec. 605.
- (4) A refugee or asylee who loses his or her eligibility for the federal Supplemental Security Income program by virtue of exceeding the maximum time limit for eligibility as delineated in Section 402 of Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 8 U.S.C. 1612, and who otherwise meets the eligibility criteria under this section shall be eligible to receive benefits under the State Disability Assistance program.

Medical improvement. Medical improvement is any decrease in the medical severity of your impairment(s) which was present at the time of the most recent favorable medical decision that you were disabled or continued to be disabled. A determination that

there has been a decrease in medical severity must be based on changes (improvement) in the symptoms, signs and/or laboratory findings associated with your impairment(s)... 20 CFR 416.994(b)(1)(i).

At Step 1, claimant's impairments do not meet or equal any Social Security Listing.

At Step 2, at last positive decision, claimant was recovering from recent heart surgery. At review, claimant is fully recovered. The record contains no objective medical evidence to establish a severe heart condition or other physical/cognitive impairments.

At Step 3, claimant has medical improvement. See discussion at Step 2 above for MA.

At Step 4, claimant's medical improvement is related to the ability to perform work. See discussion at Step 3 above for MA.

At Step 5, the objective medical evidence of record indicates that claimant has a heel spur which is to be treated with ice and over the counter pain medication. The record does not indicate that causes severe impairment. Claimant is apparently fully recovered from his cardiac surgeries, but still has coronary artery disease. See discussion at Step 2 above for MA. Therefore, the objective medical evidence of record is sufficient to establish claimant does not have current severe impairments that prevent all work for 12 months or more.

At Step 6, claimant's past relevant employment has been doing cement work. See discussion at Step 4 above for MA. Therefore, the medical evidence of record is sufficient to establish that claimant has impairments that are so severe as to prevent claimant from performing all the tasks required by his past relevant employment.

At Step 7, see discussion at Step 2 above for MA. The objective medical evidence of record is sufficient to establish that claimant is able to perform light work activities. See discussion at Step 5 above for MA.

After careful examination of the record and for reasons discussed above, the Administrative Law Judge decides that claimant does not have severe impairments that prevent all work for 90 days or more at SDA medical review in February 2008. Therefore, claimant no longer qualified for SDA based on disability effective the medical review month.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that claimant has not established disability for Medical Assistance and the department has established that claimant is no longer disabled for State Disability Assistance at review.

Accordingly, the department's action is, hereby, UPHELD.

/s/

Jana A. Bachman
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: April 28, 2010

Date Mailed: April 30, 2010

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.

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