

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: 2008-10374

Issue No: 2009; 4031

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

June 19, 2008

Oakland County DHS

ADMINISTRATIVE LAW JUDGE: Janice Spodarek

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, a telephone conference hearing was held on June 19, 2008.

ISSUE

Did the Department of Human Services (DHS) properly deny claimant's Medical Assistance (MA-P) and State Disability Assistance (SDA) application?

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 6/6/07, claimant applied for MA-P and SDA with the Michigan DHS.
- (2) Claimant did not apply for retro MA.
- (3) On 10/30/07, the MRT denied.
- (4) On 11/6/07, the DHS issued notice.

(5) On 11/26/07, claimant filed a hearing request.

(6) Claimant has an SSI application pending with the Social Security Administration (SSA). Claimant testified that he was denied at least two prior times in the last 6 ½ years. Claimant has never been approved. As to whether claimant is alleging the same medical impairments, claimant's answer was unclear.

(7) On 3/12/08, the State Hearing Review Team (SHRT) denied claimant.

(8) As of the date of application, claimant was a 43-year-old male standing 5' 7" tall and weighing 133 pounds. Claimant has an 11<sup>th</sup> grade education and was in special education in school.

(9) Claimant testified that he does not smoke.

(10) Claimant testified that he does not have a current alcohol/drug abuse problem. Claimant testified that he had some substance abuse history.

(11) Claimant does not have a driver's license as he allowed it to expire. Claimant also testified that it was suspended due to driving on a suspended license.

(12) Claimant is not currently working. Claimant testified that he has not worked in 25 years and that he was supported previously by his mother and now by his sister. Contrary information in claimant's file shows a work history as a cook, dish washer, maintenance worker, and in landscaping. Claimant last worked, based on Exhibit 28, in 2002. Claimant's work history is unskilled.

(13) Claimant alleges disability on the basis of mental illness, seizure disorder, asthma, carpal tunnel.

(14) The 3/12/08, SHRT findings and conclusions of its decision are adopted and incorporated by reference to the following extent:

Psychiatric report of 10/07 indicates claimant does not have a mental impairment that keeps him from working. Exhibit 20.

Reports he had seizures since childhood but they are relatively under good control with medication. On physical exam 8/07, gait was without assistive device. Tenderness with movement of the cervical and lumbar spine reported. Right wrist showed swelling and the right hand had decreased grip. Left hand grip and hand use good. Heart was functioning with regular rate and rhythm. Lungs were clear. Blood pressure 116/74. Cerebral functions intact. Claimant was alert and oriented x3 with judgment and insight within normal limits.

Analysis: Walks without assistive device. Neck and back tenderness are reported. Full use of left upper extremity is reported. No severe mental limitations clinically documented.

Decision: Retains the residual functional capacity to perform at least unskilled light or sedentary work that does not require working around unprotected heights or dangerous machinery or the full use of both hands. Therefore, MA-P denied pursuant to the provisions in Medical Vocational Grid Rules 201.18/202.17.

(15) An FIA-49 completed 6/15/07 states that claimant can stand or walk less than 2 hours out of an 8-hour workday and cannot use either hand or arm for repetitive actions. Claimant can occasionally lift 10 pounds. In the section where there are lab findings and x-ray findings upon which the conclusions on the form are supported, the physician left that section blank. Exhibits 40, 41.

(16) A DHS-54A completed on 6/15/07, states that claimant cannot work at his usual occupation or any job for a lifetime. There is no accompanying medical documentation to support the conclusions. Exhibit 42.

### 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).

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).

Statutory authority for the SDA program states in part:

- (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.

In order to receive MA benefits based upon disability or blindness, claimant must be disabled or blind as defined in Title XVI of the Social Security Act (20 CFR 416.901). DHS, being authorized to make such disability determinations, utilizes the SSI definition of disability when making medical decisions on MA applications. MA-P (disability), also is known as Medicaid, which is a program designated to help public assistance claimants pay their medical expenses. Michigan administers the federal Medicaid program. In assessing eligibility, Michigan utilizes the federal regulations.

Relevant federal guidelines provide in pertinent part:

"Disability" is:

...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.

The federal regulations require that several considerations be analyzed in sequential order:

...We follow a set order to determine whether you are disabled. We review any current work activity, the severity of your impairment(s), your residual functional capacity, your past work, and your age, education and work experience. If we can find that you are disabled or not disabled at any point in the review, we do not review your claim further.... 20 CFR 416.920.

The regulations require that if disability can be ruled out at any step, analysis of the next step is not required. These steps are:

1. If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or your age, education, and work experience. 20 CFR 416.920(b). If no, the analysis continues to Step 2.
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 416.909(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 that meets the duration requirement? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.920(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. Sections 200.00-204.00(f)?
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? This step considers the residual functional capacity, age, education, and past work experience to see if the client can do other work. If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(g).

At application claimant has the burden of proof pursuant to:

...You must provide medical evidence showing that you have an impairment(s) and how severe it is during the time you say that you are disabled. 20 CFR 416.912(c).

Federal regulations are very specific regarding the type of medical evidence required by claimant to establish statutory disability. The regulations essentially require laboratory or clinical medical reports that corroborate claimant's claims or claimant's physicians' statements regarding disability. These regulations state in part:

...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 sure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms).... 20 CFR 416.913(b).

...Statements about your pain or other symptoms will not alone establish that you are disabled; there must be medical signs and laboratory findings which show that you have a medical impairment.... 20 CFR 416.929(a).

...The medical evidence...must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. 20 CFR 416.913(d).

Medical findings consist of symptoms, signs, and laboratory findings:

- (a) **Symptoms** are your own description of your physical or mental impairment. Your statements alone are not enough to establish that there is a physical or mental impairment.
- (b) **Signs** are anatomical, physiological, or psychological abnormalities which can be observed, apart from your statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena which indicate specific psychological abnormalities e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception. They must also be shown by observable facts that can be medically described and evaluated.
- (c) **Laboratory findings** are anatomical, physiological, or psychological phenomena which can be shown by the use of a medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests,

electrophysiological studies (electrocardiogram, electroencephalogram, etc.), roentgenological studies (X-rays), and psychological tests. 20 CFR 416.928.

It must allow us to determine --

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

Information from other sources may also help us to understand how your impairment(s) affects your ability to work. 20 CFR 416.913(e).

...You can only be found disabled if you are unable 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. See 20 CFR 416.905. Your impairment must result from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.... 20 CFR 416.927(a)(1).

Applying the sequential analysis herein, claimant is not ineligible at the first step as claimant is not currently working. 20 CFR 416.920(b). The analysis continues.

The second step of the analysis looks at a two-fold assessment of duration and severity. 20 CFR 416.920(c). This second step is a *de minimus* standard. Ruling any ambiguities in claimant's favor, this Administrative Law Judge (ALJ) finds that claimant meets both. The analysis continues.

The third step of the analysis looks at whether an individual meets or equals one of the Listings of Impairments. 20 CFR 416.920(d). There is no I.Q. testing contained in claimant's file. The file as it exists indicates, pursuant to a mental status evaluation conducted on [REDACTED] [REDACTED] regarding claimant's prognosis that: "The patient does not have a mental disorder which keeps him from working." Exhibit 20. Claimant does not meet or equal any of the listings

of impairments. Claimant's most significant alleged limitation is his mental status. The analysis continues.

The fourth step of the analysis looks at the ability of the applicant to return to past relevant work. This step examines the physical and mental demands of the work done by claimant in the past. 20 CFR 416.920(f).

As noted in the Findings of Fact, the record is unclear as to claimant's prior relevant work. Thus, ruling the ambiguities in claimant's favor, this Administrative Law Judge will continue the analysis.

In this case, this ALJ finds that claimant cannot return to past relevant work on the basis of the medical evidence. The analysis continues.

The fifth and final step of the analysis applies the biographical data of the applicant to the Medical Vocational Grids to determine the residual functional capacity of the applicant to do other work. 20 CFR 416.920(g). After a careful review of the credible and substantial evidence on the whole record, this Administrative Law Judge finds that claimant does not meet statutory disability on the basis of Medical Vocational Grid Rules 202.17 and in the alternative, 201.18.

In reaching this conclusion, it is noted that claimant's most significant impairment is his alleged mental impairment. However, the recent mental evaluation in essence finds that claimant is capable of working despite any alleged mental impairment.

It is also noted that the DHS-54A and 49 indicate that claimant is very restricted or cannot work at all. However, federal law and regulations are quite specific as to what types of medical evidence is required to show statutory disability. The requirements found at 20 CFR 416.913(b), .913(d), and .913(e), require corroborating medical documentation to support finding a conclusion of disability. Under the law, the forms completed by the physician, which are lacking

corroborating medical documentation as that section was left blank and the forms were not accompanied, are conclusory pursuant to:

...Evidence that you submit or that we obtain 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 your impairment(s), including your symptoms, diagnosis and prognosis, what you can still do despite impairment(s), and your physical or mental restrictions. 20 CFR 416.927(a)(2).

...A statement by a medical source that you are "disabled" or "unable to work" does not mean that we will determine that you are disabled. 20 CFR 416.927(e).

For these reasons, and for the reasons stated above, statutory disability is not shown.

It is noted that should claimant reapply, this Administrative Law Judge would recommend I.Q. testing.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department's actions were correct.

Accordingly, the department's determination in this matter is UPHELD.

/s/ \_\_\_\_\_  
Janice Spodarek  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: May 29, 2009

Date Mailed: May 29, 2009

**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.

2008-10374/JS

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the mailing date of the rehearing decision.

JS/cv

cc:

