

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: 2008-6723

Issue No: 2009; 4031

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

February 26, 2008

Wayne 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 hearing was held.

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 8/10/07, the MRT denied.
- (4) On 8/23/07, the DHS issued notice.

(5) On 10/10/07, claimant filed a hearing request.

(6) As of the administrative hearing, claimant had a denial of his SSI application with the Social Security Administration (SSA). Claimant testified that he appealed the denial. Claimant should have received a decision by this point in time and presumably has been denied. Claimant has not informed DHS as to the outcome of the SSA decision.

(7) On 1/29/08, the State Hearing Review Team (SHRT) denied claimant. Pursuant to claimant's request to hold the record open for the submission of new and additional medical documentation, on 6/13/08 SHRT once again denied claimant. The undersigned Administrative Law Judge was on an extended scheduled leave of absence from 8/1/08, returning full time 2/1/09. None of the pending cases reassigned while on the leave; no protected time afforded before or after leave for issuing decisions.

(8) As of the date of application, claimant was a 47-year-old male standing 5' 8" tall and weighing 165 pounds. Claimant has an 11<sup>th</sup> grade education.

(9) Claimant testified that he does not have any alcohol/drug abuse problems or history with alcohol. Claimant testified that he had a drug problem approximately 8 to 9 years ago. Contrary evidence indicates, pursuant to Exhibit 21--a 7/26/07 history and physical which states that claimant reported "... quit smoking six months back..." uses marijuana occasionally. See Exhibit 21. Claimant testified that he has not smoked for 8 to 9 years. See Exhibit 21.

(10) Claimant testified that he does not have a driver's license due to it being suspended for his plates having expired in 2003.

(11) Claimant is not currently working. Claimant's DHS-49-F indicates claimant last worked in 2006 as a soundboard sound man. Prior to that, claimant worked throughout his life as a boiler/maintenance operator. See Exhibit 9. Claimant's work history is unskilled.

(12) Claimant alleges disability on the basis of asthma and kidney problems.

(13) Pursuant to SHRT's request for additional medical, claimant underwent an HCC evaluation on March 14, 2008. This evaluation concluded that patient demonstrated hypertension. Shortness of breath, difficulty breathing at night and coughing. The physician notes that he cannot determine at this time whether his primary care physician has found that he has pulmonary pathology or if there is associated cardiac pathology to account for symptomatology as it relates to breathing complaints. Claimant can ambulate without auxiliary ambulation aid. As to gross dexterity, claimant can open a jar, button, write legibly, tie his shoes, pick up a coin.

(14) A DHS-49, signed 6/4/07, shows claimant has asthma and borderline hypertension. Claimant has no mental limitations. Claimant can lift up to 10 pounds and has no restrictions with regards to simple grasping, reaching, pushing/pulling, and fine manipulation. Claimant can use both his feet and legs for operating foot controls.

(15) Claimant did not testify at the administrative hearing that he was unable to take care of his activities of daily living.

#### 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.

At administrative hearings, individuals applying for MA have the burden of proof pursuant to 20 CFR 416.912(c). Claimant testified at the administrative hearing that he had a pending SSI application which was initially denied in 2006. That application should have been processed by now and presumably claimant has been denied. Claimant did not allege differing impairments. Under PEM Item 260 and 42 CFR 435.541, a final SSI disability determination is binding on the state agency. There is no jurisdiction to proceed where claimant has received an unfavorable decision.

However, as the record in this case does not contain sufficient verification regarding an SSI denial, this ALJ will, in the alternative, apply the sequential analysis.

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.

Taken as a whole, claimant's medical file does not show a severe and significant impairment except to the extent that claimant has a 10 pound weight restriction pursuant to the DHS-49 completed by claimant's physician. Thus, ruling the ambiguities in claimant's favor, this Administrative Law Judge will continue the analysis.

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). Claimant does not. 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).

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 pursuant to Medical Vocational Grid Rule 201.18. In reaching this decision, it is noted that claimant's medical evidence, taken as a whole fails to show statutory disability and, generally fails to show a significant/severe impairment. However, claimant does have a 10 pound weight restriction. Thus, Medical Vocational Grid Rule 1 is being used in applying claimant's biographical data to the grids. Once again, pursuant to the grid at 201.18, claimant does not meet statutory disability and thus, the department's denial must be upheld.

The record taken as a whole fails to meet the sufficiency requirements found at 20 CFR 416.913(b), .913(d), and .913(e). Regulations further require that complaints and symptoms be

corroborated by sufficient medical documentation pursuant to 20 CFR 416.927. The evidence taken as a whole simply does not meet this requirement.

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: November 4, 2009

Date Mailed: November 5, 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.

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:

[REDACTED]