

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER:



Reg No. 200915528
Issue No. 2009/4031
Case No. [REDACTED]
Load No. [REDACTED]
Hearing Date: June 4, 2009
Ingham 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 the claimant's request for a hearing. After due notice, an in-person hearing was held on June 4, 2010. Claimant was represented by [REDACTED]

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 a material fact:

1. June 27, 2008, claimant applied for MA, retroactive MA, and SDA.
2. November 7, 2008, the Medical Review Team (MRT) denied claimant's application. Department Exhibit A.
3. November 13, 2008, the department sent claimant written notice that the application was denied.
4. February 5, 2009, the department received claimant's timely request for hearing.

5. March 31, 2009, the State Hearing Review Team (SHRT) denied claimant's application. Department Exhibit B.
6. June 4, 2009, 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. August 3, 2009, after review of all medical evidence, the SHRT again denied claimant's application. SHRT Decision, 8-3-09.
7. Claimant asserts disability based on impairments caused by carpal tunnel syndrome, Hepatitis C, fibromyalgia, hot flashes, dizziness, syncope, sleep apnea, depression, and hypertension.
8. Claimant testified at hearing. Claimant is 52 years old, 5'9" tall, and weighs 240 pounds. Claimant completed the ninth grade and has limited reading, writing, and math skills. Claimant has a driver's license and is able to drive short distances. Claimant cares for his needs at home.
9. Claimant's past relevant employment has been in construction and as a mechanic.
10. April 23, 2008, claimant was admitted to hospital due to mental status changes with hallucinations and disorientation. He also had bradycardia. Claimant underwent cardiac testing that revealed normal left ventricular side with left ventricular ejection fraction of 65 percent. Left atrium, right atrium and right ventricle were normal. There was a trace of tricuspid regurgitation. Tests are suggestive of Grade 1 diastolic dysfunction with trace of pulmonary regurgitation and aortic valve sclerosis. Mental status change was believed to be due to multiple medications for pain and possible abuse of these medications. It is also noted that claimant is positive for Hepatitis C and has been known to abuse drugs in the past. He has a history of pancreatitis and depression. He has sleep apnea and is treated by a C-PAC machine. Claimant was discharged on April 27, 2008. Department Exhibit A, pgs 34-56.
11. October 14, 2008, claimant underwent an independent physical examination and a narrative report was prepared that indicates in pertinent part: chest has occasional forced end-expiratory wheeze. No accessory muscles of respiration. Heart has regular rate and rhythm with no bruits. Claimant is obese without tenderness, masses, or organomegaly. Back is negative for CVA tenderness. Patient has slow but full range of motion of the neck, shoulders, elbows, wrists, hands, hips, knees, ankles, and feet. He has some mild paraspinal tenderness. He has significant tightness of both

trapezii. He has no shoulder impingement. He has positive Tinel on the right and positive Phalen on the right as well. Assessment is that patient has long history of anxiety, depression, and bipolar disease complicated by a learning disability; history of gastroesophageal reflux disease; chronic pain syndrome; fibromyalgia; history of hypertension which is well controlled at this time; 25 to 30 year history of smoking; history of Hepatitis C; and sleep apnea which is treated by C-PAC. Department Exhibit A, pgs 10-15.

12. June 3, 2009, claimant's physician completed a Medical Examination Report (DHS-49) following exam that took place that same day. Doctor indicates current diagnoses of carpal tunnel syndrome, fibromyalgia, major depressive disorder, pigment disbursement syndrome, Hepatitis C, and obstructive sleep apnea. Physical exam revealed a normal exam with the following exceptions: fatigue, sleep apnea, reduced grip strength bilaterally, reduced sensation bilaterally in the hands, severe depression and insomnia. Doctor opines claimant's condition is deteriorating. He is not able to perform any lifting or any repetitive actions with either upper extremities. Claimant has mental limitations in the area of memory and sustained concentration due to medications. Claimant Exhibit A, pgs 15-16.
13. October 10, 2008, claimant underwent independent psychological evaluation and a narrative report was prepared. The report indicates that claimant has low average verbal, performance, and full scale IQ with scores ranging from 80 to 86. Patient appeared to be fairly anxious during evaluation. He exhibited some vegetative signs of depression, including flat affect. Beck depression inventory showed evidence of significant lows of depression characterized by sadness, hopelessness, feelings of failure, diminished capacity to experience pleasure from life, significant feelings of guilt, self loathing, self blame, crying, severe irritability, loss of interest in other people, difficulty concentrating, the feeling that he cannot do any work at all, fatigue, appetite disturbance, significant worry about his physical condition. Claimant was oriented x 3. He exhibited low average capabilities for general fund of information. Abstract reasoning was in the low average as was judgment. AXIS I diagnoses were dysthymic disorder, anxiety disorder with generalized anxiety due to multiple medical problems, methamphetamine dependence in sustained full remission, and alcohol dependence in sustained full remission. GAF was assessed at 55. Department Exhibit A, pgs 4-9.

14. February 2009, medical treatment records indicate that claimant continues to have constant pain in bilateral hands. He has third through fifth digit numbness on the left hand and one through third digit numbness on the right hand. He has history of surgery on both wrists. Claimant Exhibit A, pg 1.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the 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 (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) 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 and so is not disqualified from receiving disability at Step 1.

At Step 2, the objective medical evidence of record establishes that claimant has low average intellectual capacity. He also suffers from significant levels of depression and accompanying crying jags, irritability, difficulty concentrating, feelings of hopelessness and sadness. AXIS I diagnoses are dysthymic disorder and anxiety disorder. GAF is assessed at 55 indicative of moderate symptoms or difficulty. The objective medical evidence of record establishes that claimant suffers from carpal tunnel syndrome which results in decreased grip strength and decreased sensation bilaterally. Claimant continues to suffer pain in his wrists bilaterally. Finding of Fact 10-14; DSM –IV 1994 R.

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. Accordingly, 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 as a mechanic and in construction. See discussion at Step 2 above. Finding of Fact 9-14. It would appear claimant's mental condition and carpal tunnel syndrome would prevent him from being able to perform the duties required by his past relevant employment.

At Step 4, the objective medical evidence of record is sufficient to establish that claimant has severe impairments that prevent him from performing the duties required by his past relevant employment for a period of 12 months or more. 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 discussion at Step 2 above. Finding of Fact 10-14.

At Step 5, the objective medical evidence of record is sufficient to establish that claimant is capable of performing unskilled sedentary work duties that do not involve repetitive actions with the upper or lower extremities. Considering claimant's vocational profile (closely approaching advanced age, limited education, and history of unskilled work) and relying on Vocational Rule 201.09, claimant is disabled. Accordingly, claimant is not disqualified from receiving disability at Step 5.

Claimant meets the federal statutory requirements to qualify for disability. Accordingly, claimant meets the disability requirements for Medical Assistance based on disability.

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2001 PA 82. The Family Independence Agency (FIA or agency) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. Agency 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.

After careful examination of the record and for the reasons discussed at Steps 4 and 5 above, the Administrative Law Judge decides that claimant does have severe impairments that have lasted or are expected to last 90 days or more and prevent all employment for 90 days or more. Accordingly, claimant meets the disability requirements for State Disability Assistance.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that claimant established disability for Medical Assistance and State Disability Assistance.

Accordingly, the department's action is, hereby, REVERSED. The department is to initiate a determination of claimant's financial assistance for Medical Assistance and State Disability Assistance in compliance with department policy and this Decision and Order. Medical review is set for January 2012.

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

Date Signed: November 29, 2010

Date Mailed: November 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 mailing 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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