

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

IN THE MATTER OF:

[REDACTED]

Reg No. 200929220
Issue No. 2009
Case No. [REDACTED]
Load No. [REDACTED]
Hearing Date: October 7, 2009
Midland County DHS

ADMINISTRATIVE LAW JUDGE: Marlene B. Magyar

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 October 7, 2009. Claimant personally appeared and testified. She was represented by [REDACTED]

ISSUE

Did the department properly determine claimant is not disabled by Medicaid (MA)/retro-MA eligibility standards?

FINDINGS OF FACT

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

1. Claimant is a single, 24-year-old high school graduate (3.5 GPA) with a history of severe cardiac problems; she also has extensive post-secondary education (40 credits/General Business, but no degree)(Department Exhibit #1, pgs 61 and 131).
2. Claimant's recurrent sinus tachycardia resulted in cardiac pacemaker placement in November 2008 with MERSA complications which necessitated another surgery and a second, dual-chamber cardiac pacemaker placement in December 2008
3. Three months earlier, specifically on September 30, 2008, claimant's authorized representative filed a disability-based MA/retro-MA application on claimant's behalf.

4. Claimant stands approximately 5'3" tall and weighs approximately 130 pounds; she is right hand dominant, per self report.
5. Claimant has a valid driver's license but she has never been gainfully employed.
6. Claimant was residing with her parents as of the October 7, 2009 disability hearing date, and also, she was approximately two months pregnant at that time with a May 2010 delivery anticipated.
7. Several months before claimant's specialist decided on pacemaker placement, specifically in June and July 2008, claimant was hospitalized repeatedly (multiple ablations performed) with no resolution of symptoms, hence subsequent pacemaker placement was deemed medically necessary (Department Exhibit #1, pgs 49-57 and 149-150).
8. Since pacemaker placement claimant is routinely monitored for symptom management; additionally, as is not uncommon with cardiac patients, she is required to take a blood thinner daily to prevent clotting [REDACTED]
9. The only other medication claimant was using as of her hearing date were prescription bronchodilators ([REDACTED]) as needed for shortness-of-breath symptoms attributed to her asthma history.
10. Claimant is followed by cardiac specialists at the [REDACTED]
11. Claimant's April 2009 [REDACTED] records note her chest x-rays were normal, her oxygenization was normal on room air (although she requested 2 liters for comfort) and her most recent EKG and stress tests were negative with no risk factors for myocardial infarction (Client Exhibit A, pgs 17-18 and 20-22).
12. Additionally, claimant underwent an independent psychological evaluation in February 2009, which revealed no severe cognitive, emotional or mental impairments; her Global Assessment Function (GAF) was assessed at 60 (normal)(Department Exhibit #3, pgs 1-5).
13. During this examination, claimant revealed she experienced depressive symptoms four or five years earlier but with treatment those symptoms resolved and she was no longer depressed (Department Exhibit #3, pg 1).

14. After review of all medical evidence submitted by the parties before and after hearing, the department's State Hearing Review Team (SHRT) doctors recommended the following:

The medical evidence of record indicates that the claimant retains the capacity to perform a wide range of simple, unskilled, light work. The claimant has no reported work history.

Therefore, based on the claimant's vocational profile (younger individual, 14 years of education and no reported work history), MA-P is denied using Vocational Rule 202.20 as a guide. Retroactive MA-P was considered in this case and is also denied (See SHRT decision dated October 9, 2009).

15. Additionally, claimant stated at hearing she filed a Social Security disability application based on the same impairments; this application also was denied and was pending appeal at that time.

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

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 to make appropriate mental adjustments, if a mental disability is being alleged, 20 CFR 416.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908 and 20 CFR 416.929. By the same token, a conclusory statement by a physician or mental health professional that an individual is disabled or blind is not sufficient without supporting medical evidence to establish disability. 20 CFR 416.929.

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).

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.

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).

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).

A statement by a medical source finding that an individual is "disabled" or "unable to work" does not mean that disability exists for the purposes of the program. 20 CFR 416.927(e).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge reviews all medical findings and other evidence that support a medical source's statement of disability.... 20 CFR 416.927(e).

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).

Claimant is not disqualified from receiving MA/retro-MA at Step 1, because she has no work experience of any kind, having reported at hearing she has never been employed (but for sporadic babysitting).

At Step 2, claimant's cardiac treatment history, in combination with her longstanding asthma, has left her with some symptoms which meet the *de minimus* standard necessary to continue this analysis. However, it must be noted the law does not require an applicant to be completely symptom free before a finding of lack of disability can be rendered. In fact, if an applicant's symptoms can be managed to the point where gainful employment can be achieved, a finding of not disabled must be rendered. This Administrative Law Judge finds claimant's ongoing cardiac monitoring and current prescription medications are fully capable of adequate symptom management. Nevertheless, giving claimant every benefit of doubt, this analysis will continue.

At Step 3, the medical evidence on this record does not support a finding that claimant's diagnosed impairments, standing alone or combined, are severe enough to meet or equal any specifically listed impairments; consequently, the analysis must continue.

At Step 4, the record reveals claimant has never worked in any type of job. As such, an analysis of the last step in the sequential evaluation process must be undertaken.

At Step 5, the very last step in the analysis, an applicant's age, education and previous work experience (vocational factors) must be assessed in light of the documented impairments. Claimant is a young individual with a high school education and extensive post-secondary education as well. Consequently, at Step 5, this Administrative Law Judge finds, from the medical evidence of record, that claimant retains the residual functional capacity to perform at least light, unskilled work currently existing in the national economy, as that term is defined above.

Claimant's biggest barrier to employability appears to be her complete lack of connection to the competitive workforce. Claimant should be referred to [REDACTED] for assistance with job training, followed by placement consistent with her skills, interests and abilities. Put simply, claimant is not disabled under the MA/retro-MA definitions because she can return to any number of light work jobs, as directed by Medical Vocational Rule 202.20. As such, claimant's disputed application must remain denied.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department properly determined claimant is not disabled by MA/retro-MA eligibility standards.

Accordingly, the department's application denial action is AFFIRMED.

 /s/
Marlene B. Magyar
Administrative Law Judge
for Duane Berger, Acting Director
Department of Human Services

Date Signed: January 6, 2011

Date Mailed: January 6, 2011

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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