

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.: 2009-29404  
Issue No.: 2009, 4031  
Case No.: [REDACTED]  
Load No.: [REDACTED]  
Hearing Date:  
September 30, 2009  
Wayne County DHS (55)

ADMINISTRATIVE LAW JUDGE: Linda Steadley Schwarb

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 hearing was held on September 30, 2009. Claimant appeared and testified. Following the hearing, the record was kept open for the receipt of additional medical evidence. Additional documents were received and reviewed.

ISSUE

Did the Department of Human Services (DHS or department) properly determine that claimant is not "disabled" for purposes of the Medical Assistance (MA-P) and State Disability Assistance (SDA) programs?

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 has been an ongoing recipient of MA-P and SDA benefits based upon an application from April 15, 2008.
- 2) On June 5, 2009, the department notified claimant that, effective June 17, 2009, the department intended to terminate claimant's ongoing MA-P and SDA benefits based upon the belief that claimant no longer met the requisite disability criteria.
- 3) On June 8, 2009, claimant filed a timely hearing request to protest the department's proposed negative action.
- 4) Thereafter, the department deleted its proposed negative action pending the outcome of the instant hearing.
- 5) Claimant, age 49, is a high-school graduate.
- 6) Claimant last worked in April of 2007 as hi-lo driver/material handler. Claimant has also performed relevant work as a machine operator. Claimant's relevant work history consists exclusively of unskilled work activities.
- 7) Claimant has a history of hypertension, hyperlipidemia, and a [REDACTED] cerebral vascular accident (right basal ganglia bleed).
- 8) Claimant continued to suffer from residual left hemiparesis and pain secondary to his [REDACTED] cerebral vascular accident as well as hypertension, hyperlipidemia, and low back pain.
- 9) When comparing current medical documentation with documentation from the most recent [REDACTED], Medical Review Team approval, it is found that medical improvement of claimant's condition has not occurred as there has been no decrease in the severity of claimant's impairments as shown by changes in symptoms, signs, and/or laboratory findings.

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).

Federal regulations require that the department use the same operative definition for “disabled” as used for Supplemental Security Income (SSI) under Title XVI of the Social Security Act. 42 CFR 435.540(a).

“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

Once an individual has been determined to be “disabled” for purposes of disability benefits, continued entitlement to benefits must be periodically reviewed. In evaluating whether an individual’s disability continues, 20 CFR 416.994 requires the trier of fact to follow a sequential evaluation process by which current work activities, severity of impairment(s), and the possibility of medical improvement and its relationship to the individual’s ability to work are assessed. Review may cease and benefits may be continued at any point if there is substantial evidence to find that the individual is unable to engage in substantial gainful activity. 20 CFR 416.994(b)(5).

First, the trier of fact must determine if the individual is working and if work is substantial gainful activity. 20 CFR 416.994(b)(5)(i). In this case, claimant is not currently working. Accordingly, claimant may not be disqualified for MA at this step in the sequential evaluation process.

Secondly, if the individual has an impairment or combination of impairments which meet or equal the severity of an impairment listed in Appendix 1 to Subpart P of Part 404 of Chapter 20, disability is found to continue. 20 CFR 416.994(b)(5)(ii). This Administrative Law Judge finds that claimant's impairments are not "listed impairments" nor equal to listed impairments. Accordingly, the sequential evaluation process must continue.

In the third step of the sequential evaluation, the trier of fact must determine whether there has been medical improvement as defined in 20 CFR 416.994(b)(1)(i). 20 CFR 416.994(b)(5)(iii). Medical improvement is defined as any decrease in the medical severity of the impairment(s) which was present at the time of the most recent favorable medical decision that the claimant was disabled or continues 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 claimant's impairment(s). If there has been medical improvement as shown by a decrease in medical severity, the trier of fact must proceed to Step 4 (which examines whether the medical improvement is related to the claimant's ability to do work). If there has been no decrease in medical severity and thus no medical improvement, the trier of fact moves to Step 5 in the sequential evaluation process.

In this case, claimant was most recently approved for MA-P by the Medical Review Team on May 26, 2008. The Medical Review Team, in its consideration, relied upon the medical records documenting claimant's [REDACTED] cerebral vascular accident with right basal ganglia

bleed. A report from claimant's treating internist on [REDACTED], indicated that claimant was limited to occasionally lifting up to ten pounds as well as limited to standing and walking less than two hours in an eight-hour work day and sitting less than six hours in an eight-hour work day. The physician indicated that left-sided weakness secondary to claimant's stroke precluded repetitive activities in the left upper and lower extremities. On [REDACTED], claimant's treating neurologist opined that claimant had suffered from an infarct in the right internal capsule with hemorrhage in [REDACTED] resulting in residual left hemiparesis and pain. Claimant was noted to have ongoing hypertension and hyperlipidemia. On [REDACTED], claimant's treating internist continued to opine that claimant was limited to standing and walking less than two hours in an eight-hour work day and sit less than six hours in an eight-hour work day. The physician noted that claimant was medically required to use a walking cane for ambulation. The physician again noted left-sided weakness which precluded repetitive activities with the upper and lower left extremities. On [REDACTED], claimant was seen by a consulting internist for the department. The consultant noted left lower extremity weakness and limp on the left side with an unsteady gait. She provided the following impression:

1. **STROKE:** The examinee has a history of stroke stating that it occurred in [REDACTED], he was admitted, he states, that on just one occasion for that problem. He continues to have weakness in his left upper and lower extremities and tearing from his left eye and occasional slurred speech.
2. **HYPERTENSION:** The examinee has a history of hypertension, currently on medication, his blood pressure is still poorly controlled on exam today. He has not been readmitted for this problem. He states he is taking his medication as prescribed.
3. **MILD DEPRESSION:** The examinee has a history of mild depression, currently on Tортиртыline and Elavil.
4. **HYPERLIPIDEMIA:** The examinee has a history of hyperlipidemia, currently on Zocor.

The consulting internist did indicate that clinical evidence supported the need for a walking aid in order to reduce pain and address claimant's limp on the left side. On [REDACTED], claimant's treating neurologist continued to opine that claimant was limited to standing or walking less than two hours in an eight-hour work day and sitting less than six hours in an eight-hour work day. The specialist indicated that claimant was medically required to use the cane for ambulation and continued to be incapable of repetitive activities with the upper and lower left extremities. After careful consideration of the entire hearing record, the Administrative Law Judge, when comparing past medical documentation with current medical documentation, finds that there has been no medical improvement.

In the fifth step of the sequential evaluation, the trier of fact must consider whether any of the exceptions in 20 CFR 416.994(b)(3) and (b)(4) apply. If none of them apply, claimant's disability must be found to continue. 20 CFR 416.994(b)(5)(v).

The first group of exceptions to medical improvement (i.e., when disability can be found to have ended even though medical improvement has not occurred), found in 20 CFR 416.994(b)(3), are as follows:

- (1) Substantial evidence shows that the claimant is the beneficiary of advances in medical or vocational therapy or technology (related to claimant's ability to work).
- (2) Substantial evidence shows that the claimant has undergone vocational therapy (related to claimant's ability to work).
- (3) Substantial evidence shows that based on new or improved diagnostic or evaluative techniques, claimant's impairment(s) is not as disabling as it was considered to be at the time of the most recent favorable medical decision.
- (4) Substantial evidence demonstrates that any prior disability decision was in error.

In examining the record, this Administrative Law Judge finds that there is nothing to suggest that any of the exceptions listed above apply to claimant's case.

The second group of exceptions is medical improvement, found at 20 CFR 416.994(b)(4), are as follows:

- (1) A prior determination was fraudulently obtained.
- (2) Claimant did not cooperate.
- (3) Claimant cannot be located.
- (4) Claimant failed to follow prescribed treatment which would be expected to restore claimant's ability to engage in substantial gainful activity.

After careful review of the record, this Administrative Law Judge finds that none of the above-mentioned exceptions apply to claimant's case. Accordingly, per 20 CFR 416.994, the undersigned concludes that claimant's disability for purposes of MA must continue.

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).

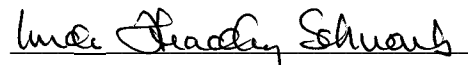
A person is considered disabled for purposes of SDA if the person has a physical or mental impairment which meets federal SSI disability standards for at least 90 days. Receipt of SSI or RSDI benefits based upon disability or blindness or the receipt of MA benefits based upon disability or blindness (MA-P) automatically qualifies an individual as disabled for purposes of the SDA program. Other specific financial and non-financial eligibility criteria are found in

PEM Item 261. Inasmuch as claimant continues to be “disabled” for purposes of MA, he must also be found to continue to be “disabled” for purposes of SDA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that claimant continues to be “disabled” for purposes of the Medical Assistance and State Disability Assistance programs.

Accordingly, the department’s determination in this matter is hereby reversed. The department is ordered to maintain claimant’s eligibility for Medical Assistance and State Disability Assistance if claimant is otherwise eligible for program benefits. The department should review claimant’s continued eligibility for benefits in June of 2011.

  
Linda Steadley Schwarz  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: March 2, 2010

Date Mailed: March 9, 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.



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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.

LSS/pf

cc:

