

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: 2009-6768
Issue No: 2009
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
April 1, 2009
St.Clair County DHS

ADMINISTRATIVE LAW JUDGE: Gary F. Heisler

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 April 1, 2009. Claimant appeared and testified.

ISSUES

Did the Department of Human Services properly deny Claimant's application for Medical Assistance (MA) based on disability?

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 43 year-old male. Claimant is 70 inches tall and weighs approximately 165 pounds. Claimant's formal education consists of 10 years of school.
- (2) Claimant has past relevant work in automobile body repair and painting.

- (3) Claimant last worked in August, 2008 at an automobile body repair shop.

Claimant reports he left that employment because he was let go.

- (4) On August 29, 2008, Claimant applied for Medical Assistance (MA) based on disability.

- (5) On November 3, 2008, Claimant submitted a request for hearing.

- (6) On November 5, 2008, the Department of Human Services Medical Review Team determined that Claimant was not disabled in accordance with the standards for Medical Assistance (MA).

- (7) On November 12, 2008, Claimant was sent notice of the Department's determination.

- (8) On January 2, 2009, the Department of Human Services State Hearing Review Team determined that Claimant was not disabled in accordance with the standards for Medical Assistance (MA).

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).

Disability determinations done by the State of Michigan for Medical Assistance (MA) based on disability use the Social Security Administration standards found in United States Code of Federal Regulations (CFR) at Title 20, Part 416. The law defines disability 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 at least 12 months. To meet this definition, you must have severe impairments that make you unable to do your past relevant work or any other substantial gainful work that exists in the national economy.

In accordance with the Federal Regulations an initial disability determination is a sequential evaluation process. The evaluation consists of five steps that are followed in a set order.

STEP 1

At this step, a determination is made on whether Claimant's is engaging in substantial gainful activity (20 CFR 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. Substantial work activity is work activity that involves doing significant physical or mental activities. Gainful work activity is work activity that you do for pay or profit (20 CFR 416.972). If you are engaged in SGA, you are not disabled regardless of how severe your physical or mental impairments are and regardless of your age, education, and work experience.

At this hearing Claimant testified that he is working full time again. Claimant is engaged in substantial gainful activity. Claimant is not disabled.

STEP 2

At the second step, it is determined whether you have a medically determined impairment that is severe or a combination of impairments that is severe (20CFR 416.920(c)). An impairment or combination of impairments is severe within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or

combination of impairments is not severe when medical and other evidence establishes only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work (20 CFR 416.921). If your medically determinable impairments are not severe you are not disabled.

Claimant asserted disability based upon a nervous breakdown. Relevant evidence in the record from medical sources includes: documentation of an inpatient stay at [REDACTED] from [REDACTED] (Pages 1-16); a Psychiatric/Psychological Examination Report (DHS-49-D) completed by [REDACTED] on [REDACTED] (Pages 19 & 20); and a Mental Residual Functional Capacity Assessment (DHS-49-E) completed by [REDACTED] on [REDACTED] (Pages 17 & 18).

On [REDACTED] Claimant was admitted to [REDACTED] for inpatient treatment after trying to jump out of a moving car. Claimant reported he was stressed and depressed about several things including loss of a job and the end of a 12 month sobriety from alcohol. Claimant was diagnosed with major depressive disorder, single episode. Claimant was treated with medications, improved, and was discharged on August 27, 2008. [REDACTED] was involved in Claimant's treatment and signed his Discharge Summary.

On the Psychiatric/Psychological Examination Report (DHS-49-D) [REDACTED] wrote that Claimant has no known limitations in daily functioning. On the Mental Residual Functional Capacity Assessment (DHS-49-E) [REDACTED] marked that Claimant is not significantly limited in any of the 20 evaluation areas.

There are two primary aspects to severity as used in this analysis. One aspect is the limitation placed on a person by the medically determined impairment. The other aspect is the duration of the limitation. The medical source evidence in the record shows that Claimant was

admitted to the hospital for treatment on [REDACTED]. Medical Assistance (MA) based on disability requires duration of 12 months. State Disability Assistance (SDA) requires duration of 90 days. This record contains no evidence from medical sources after September 15, 2008. The evidence in this record shows that on September 15, 2008 Claimant had no medically determined, mental limitation. Claimant's major depressive disorder, single episode does not meet the duration requirement of disability. Claimant is not disabled.

The purpose of the second step in the sequential evaluation process is to screen out claims lacking in medical merit. *Higgs v. Bowen* 880 F2d 860, 862 (6th Cir, 1988). As a result, the department may only screen out claims at this level which are "totally groundless" solely from a medical standpoint. The *Higgs* court used the severity requirement as a "*de minimus* hurdle" in the disability determination. The *de minimus* standard is a provision of a law that allows the court to disregard trifling matters.

STEP 3

At the third step, it is determined whether your impairments meet or equal the criteria of an impairment listed in a Social Security Administration impairment listing 20 CFR Part 404, Subpart P, Appendix 1. If your impairment meets or equals the criteria of a listing and meets the duration requirement, you are disabled.

Claimant's major depressive disorder, single episode was compared with Social Security Administration impairment listing 12.04 Affective Disorders. Claimant's major depressive disorder, single episode did not meet or equal the listing.

STEP 4

At the fourth step, we assess your residual functional capacity (RFC) to determine if you are still able to perform work you have done in the past. Your RFC is your ability to do physical

and mental work activities on a sustained basis despite limitations from your impairments. Your RFC is assessed using all the relevant evidence in the record. If you can still do your past relevant work you are not disabled under these standards.

The record contains no evidence of continuing medically determined limitations. Evidence in this record indicates that Claimant has completely recovered and has no mental or strength limitations. Claimant has the residual functional capacity to do all strength levels of work, sedentary through heavy. Claimants past relevant work in automobile body repair and painting would be within his residual functional capacity. Claimant is not disabled because he can perform his past relevant work. Claimant reports he is working full time again. Claimant is not disabled.

STEP 5

At the fifth step, your residual functional capacity (RFC) is considered along with your age, education, and work experience to see if you can make an adjustment to other work you have not previously done. If you have a combination of sufficient remaining abilities and transferable skills to adjust to other work, you are not disabled.

At step four, it was determined that Claimant has the capacity to perform all strength levels of work, sedentary through heavy. In accordance with the Social Security Administration Medical-Vocational Guidelines Claimant is a younger individual, with 10 years of schooling, and a history of unskilled work. In accordance with Social Security Administration Medical-Vocational Guidelines Rule 204.00 Claimant is not disabled.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the Department of Human Services properly denied Claimant's application for Medical Assistance (MA) based on disability.

It is ORDERED that the actions of the Department of Human Services, in this matter, are UPHELD.

/s/

Gary F. Heisler
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: August 5, 2009

Date Mailed: August 11, 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 receipt date of the rehearing decision.

GFH 

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