

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: 2009-7502
Issue No: 2009; 4031
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
February 5, 2009
Tuscola County DHS

ADMINISTRATIVE LAW JUDGE: William A. Sundquist

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, an in-person hearing was held on February 5, 2008.

ISSUE

Was disability medically established?

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 July 8, 2008, claimant applied for Medicaid/SDA and was denied on November 14, 2008 per PEM 264/261.

(2) Claimant's vocational factors are: age 31, 12th grade education, and past unskilled work as a janitor and doing odd jobs.

(3) Claimant's disabling symptoms/complaints are: able to perform basic work activities as defined below but has some difficulty performing multiple tasks because of forgetfulness, mind thinks faster than body reactions, and cannot work in large groups (more than two persons) because of anxiety; able to perform basic physical work activities as defined below, but has difficulty because of slow movements, intermittent irritable bowel (causing diarrhea) at any time.

(4) Claimant has not performed substantial gainful work since March 2008; he quit his job.

[MENTAL IMPAIRMENT]

(5) Medical exam on [REDACTED] states the claimant is limited in comprehension, sustained concentration and social interaction (Medical Packet, page 18).

(6) Medical exam on [REDACTED] states the claimant's GAF of 50; and that exam revealed no abnormalities in mental capability (Medical Packet, page 8).

[PHYSICAL IMPAIRMENT]

(7) Medical exam on [REDACTED] states that claimant has no physical limitations; that he needs no assistive device for ambulation; that he can use his extremities on a repetitive basis (Medical Packet, page 18).

(8) SHRT report dated [REDACTED] states the claimant's impairment(s) does not meet/nor equal a Social Security Listing (Medical Packet, page 132).

CONCLUSIONS OF LAW

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).

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 facts above are undisputed.

"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.

DISABILITY

A person is disabled for SDA purposes if he:

- . receives other specified disability-related benefits or services, or
- . resides in a qualified Special Living Arrangement facility, or
- . is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability.
- . is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).

If the client's circumstances change so that the basis of his/her disability is no longer valid, determine if he/she meets any of the other disability criteria. Do NOT simply initiate case closure. PEM, Item 261, p. 1.

Non-severe impairment(s). An impairment or combination of impairments is not severe if it does not significantly limit your physical or mental ability to do basic work activities. 20 CFR 416.921(a).

Basic work activities. When we talk about basic work activities, we mean 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).

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).

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).

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).

Claimant has the burden of proof to establish by a preponderance of the medical evidence in the record that his mental/physical impairment(s) meets the department's definition of disability for Medicaid/SDA purposes. PEM 264/261.

STEP #1

Because the claimant was not performing substantial gainful work on date of his Medicaid/SDA application, he meets the Step #1 eligibility test for 20 CFR 416.920(b).

STEP #2

This step determines whether the claimant, on date of application, had a severe mental/physical impairment as defined above, which has lasted or was expected to last for a

continuous period of at least 12 months (90 days for SDA). 20 CFR 416.916(a) and (b). A *de minimus* standard is applied in determining severity—any ambiguities are determined in the claimant’s favor.

Claimant’s claim that his disabling symptoms/complaints, on date of application, significantly limited him from performing basic work activities as defined above, alone, cannot establish a severe impairment, as defined above. It must be established by the objective medical evidence in the record. It was not.

The medical evidence stated above does support a severe mental impairment, but not a severe physical impairment nor the claimant’s disabling symptoms/complaints.

Mental Impairments

Medicals stated above in [REDACTED] state the claimant is limited in comprehension, sustained concentration and social interaction. These conclusions do not establish the claimant’s inability to understand, remember and carry out simple job instructions in a work setting. Therefore, a severe mental impairment, as defined above, has not been established.

Medicals stated above in [REDACTED] state the claimant’s GAF of 50. This is a borderline severe/nonsevere mental impairment and borderline difficulty with job functioning. Diagnostic and Statistical Evaluation of Mental Disorders (4th Edition, Revised). Also, the report states the claimant has no abnormalities in mental capabilities.

Physical Impairment

The medicals mentioned above in [REDACTED] state the claimant has no physical limitations. Therefore, a severe physical impairment has not been established.

Let's assume on date of application, a severe mental/physical impairment in combination had been medically established. Then, the remaining question is whether it has lasted or expected to last for a continuous period of at least 12 months (90 days for SDA). The objective medical evidence of record does not establish this durational requirement. Before you can be determined disabled, the severity/duration requirement must be established by the objective medical evidence. 20 CFR 416.920(a). Therefore, Step 2 has not been established.

STEP #3

This step determines whether the claimant, on date of application, meets and/or equals a Social Security Listing, and the durational requirement. The medical evidence stated above does not establish a Social Security Listing, and the durational requirement. SHRT determined the claimant ineligible under Listings 12.02, 12.04, 12.06, and 12.08. The claimant cited no listings in support of his claimed disability under Step 3.

STEP #4

This step determines whether the claimant, on date of application, was without a residual functional capacity for any of his past work despite a severe impairment during the last 15 years per 20 CFR 416.920(e).

The medical evidence stated above does not establish that claimant's inability to perform any of his past work as stated above. Therefore, Step 4 has not been established.

STEP #5

This step determines whether the claimant, on date of application, was without a residual functional capacity for any other work despite a severe impairment per 20 CFR 416.920(f).

The medical evidence stated above does not establish the claimant's inability to perform light-type work, as defined above. To the contrary, the medical evidence stated above shows the claimant's residual functional capacity for light work.

Persons with a residual functional capacity limited to light work as a result of a severe medically determinable **physical impairment(s)**, and the claimant's vocational factors stated above are not disabled under this step. Medical-Vocational Rule 202.13.

Therefore, this ALJ is not persuaded that disability has been established by a preponderance of the medical evidence.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that disability was not medically established.

Accordingly, Medicaid/SDA denial is UPHELD.

/s/ _____
William A. Sundquist
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: March 5, 2009

Date Mailed: March 6, 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.

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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.

WAS/tg

cc:

