STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

Claimant

Reg. No:2010-024Issue No:2009/4031Case No:1Load No:1Hearing Date:1October 28, 2009Genesee 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 claimant's request for a hearing. After due notice, a telephone hearing

was held on October 28, 2009. Claimant and her fiancee personally appeared and testified.

<u>ISSUE</u>

Did the department properly determine claimant is not disabled by Medicaid (MA) and State Disability Assistance (SDA) 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 twice divorced, 47-year-old high school graduate with post-secondary certification as a Medical Assistant who lives independently in a apartment.

2010-024/mbm

(2) Claimant was diagnosed with epilepsy approximately four years ago; she successfully weaned herself off her and and medications until September 2009 (Department Exhibit #1, pg 59).

(3) On September 30, 2009, claimant reports she had her first seizure in more than a year; consequently, her medication (was restarted and she has been seizure free since.

(4) Claimant was diagnosed with Multiple Sclerosis in October 2001 (Department Exhibit #1, pg 173).

(5) Claimant's past relevant work history is in the Medical Assistant field, but she has not been employed anywhere since she got laid off from a medical receptionist job in 2002
(Department Exhibit #1, pg 172).

(6) On May 7, 2009, claimant applied for disability-based medical coverage (MA) and a monthly cash grant (SDA).

 (7) Claimant alleges she is unable to engage in any type of substantial gainful work activity due to Multiple Sclerosis, Epilepsy, Bipolar Disorder/Depression and Chronic
Obstructive Pulmonary Disorder (COPD).

(8) Claimant's outpatient mental status reports issued between October 2006 and February 2009 consistently document full alertness and orientation times three, no suicidal/homicidal ideations and no visual/auditory hallucinations except once in February 2008, when she was reportedly dysthymic (mild depression) because she discontinued outpatient therapy several months earlier (Department Exhibit #1, pgs 32-45; 36).

(9) Claimant subsequently restarted therapy as recommended.

(10) As of claimant's October 28, 2009 hearing date, her psychotropic medication schedule included

(11) Claimant's Multiple Sclerosis exacerbations are being kept in check with regular,

self-administered and also, she uses daily for pain management (Department Exhibit #1, pg 61).

(12) In March 2006, claimant underwent an independent psychological examination(Department Examination (Department Exhibit #1, pgs 178-183).

(13) Claimant's cognitive intellectual functioning was assessed in the low average

range (Verbal IQ: 83; Performance IQ: 81; Full Scale IQ: 80)(Department Exhibit #1, pg 182).

(14) Claimant's mental residual ability to do work-related activities was assessed as

excellent or good in all areas of testing except maintaining attention and concentration for

extended periods, in which she got a fair rating score (Department Exhibit #1, pgs 182 and 183).

(15) Claimant's overall test results indicate a mixed pattern of symptoms with

somatic reactivity under stress being a primary difficulty, stating in relevant part:

She reports numerous somatic complaints. She tends to believe that life is no longer worthwhile, and that she is losing control of her thought processes. There is a strong possibility that she has seriously contemplated suicide in the past, but denies current suicidal ideation. She has good social skills. She believes that others are generally unsympathetic toward her health problems. Individuals with this profile tend to be passive-dependent and demanding in interpersonal relationships. She might tend to control others by complaining of physical symptoms. Persons with this profile are often diagnosed with Somatization or a similar disorder and might also receive an Axis II diagnosis of Dependent Personality Disorder. This profile description was consistent with [claimant's] presentation during today's testing (Department Exhibit #1, pg 181).

(16) Claimant stands approximately 5'2" tall and weighs approximately 115 pounds;

she is right hand dominant.

2010-024/mbm

(17) Claimant has a long history of heavy cigarette smoking; smoking cessation was recommended during a January 2009 hospitalization for chronic bronchitis (Department Exhibit #1, pg 135).

(18) Claimant was hospitalized briefly for intermittent COPD flare-ups four times between October 2008 and January 2009 (Department Exhibit #1, pg 14).

(19) In September 2009, claimant was hospitalized for five days with pneumonia, per self report.

(20) Additionally, at her October 28, 2009 hearing, claimant stated she uses standard prescription inhalers and a nebulizer as needed for shortness-of-breath symptom management.

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).

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).

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 SDA program differs from the federal MA regulations in that the durational requirement is 90 days. This means that the person's impairments must meet the SSI disability standards for 90 days in order for that person to be eligible for SDA benefits.

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.

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).

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).

If an individual fails to follow prescribed treatment which would be expected to restore their ability to engage in substantial gainful activity without good cause, there will not be a finding of disability.... 20 CFR 416.994(b)(4)(iv).

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 <u>not</u> required. These steps are:

- 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/SDA at Step 1, because she has not been

gainfully employed since she got laid-off from her sedentary receptionist position in 2002 (See

Finding of Fact #5 above).

At Step 2, claimant's diagnosed physical impairments, in combination, meet the *de minimus* level of severity and duration required for further analysis. However, it must be noted no severe mental impairments have been shown, and claimant's mental symptoms appear perfectly capable of adequate stabilization as long as she continues to comply with her medication and outpatient mental health counseling.

Furthermore, 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 physical and/or mental symptoms can be managed to the point where substantial gainful

2010-024/mbm

employment can be achieved, a finding of not disabled must be rendered. Nevertheless, claimant's medically managed physical impairments require further analysis, as stated above.

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 was involved in basically sedentary work activities during her years in the Medical Assistant field, first as an assistant office manager/biller, then later, handling an even less stressful job as a general receptionist. This Administrative Law Judge finds nothing in the medical records submitted to date would render claimant incapable of returning to unskilled, low stress general receptionist duties in a variety of existing areas like medical offices, retail offices and/or telemarketing positions. Consequently, this analysis could end at Step 4, with a finding that claimant could return to her past relevant work. However, even if an analysis of Step 5 was required, claimant would be unsuccessful in establishing a legally disabling condition. At Step 5 (the last step), and individual's age, education and previous work experience (vocational factors) must be assessed in light of the documented impairments. Claimant is a younger individual with a post-secondary degree and a semi-skilled/unskilled work history as an office manager/general receptionist. Consequently, at Step 5, this Administrative Law Judge finds, from the medical evidence of record, claimant also retains the residual functional capacity to perform unskilled light work, as that term is defined above.

Claimant's biggest barrier to employability appears to be her lack of recent connection to the competitive work force. Claimant should be referred to

) for assistance with job training and/or placement consistent with her skills, interests and

abilities. Claimant is not disabled under the MA/SDA definitions, because she can return to other work, as directed by Medical-Vocational Grid Rules 201.21 and 202.21.

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/SDA

eligibility standards.

Accordingly, the department's action is AFFIRMED.

<u>/s/</u>

Marlene B. Magyar Administrative Law Judge for Ismael Ahmed, Director Department of Human Services

Date Signed: <u>November 4, 2009</u>

Date Mailed: November 4, 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 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. MBM/db

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