

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: 2010-1931

Issue No: 2009/4031

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

November 19, 2009

Kent County DHS

ADMINISTRATIVE LAW JUDGE: Marya A. Nelson-Davis

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 November 19, 2009.

ISSUE

Did the department properly determine that Claimant did not meet the disability standard for Medical Assistance based on disability (MA-P) and State Disability Assistance (SDA)?

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 May 29, 2009, Claimant applied for MA-P, retro MA-P, and SDA benefits.
- (2) On June 29, the Medical Review Team denied Claimant's MA-P and SDA application.
- (3) The department notified Claimant that he was denied MA-P and SDA benefits.

(4) On August 26, 2009, the department received Claimant's hearing request, protesting the denial of MA-P and SDA benefits.

(5) The State Hearing Review Team (SHRT) upheld the denial of MA-P and SDA benefits.

(6) Claimant applied for disability benefits based on having high blood pressure, seizures, and asthma-bronchitis. (Department Exhibit 1, p. 71)

(7) Claimant has a history of a seizure disorder, hypertension, and alcohol abuse. (Department Exhibit 1, p. 55)

(8) On March 17, 2009, Claimant was admitted to the hospital after having a reported seizure witnessed by his roommate; and the assessment revealed a possible seizure, likely secondary to alcohol withdrawal versus subtherapeutic [REDACTED] level, and elevated INR, likely secondary to alcoholic liver disease, thrombocytopenia, likely secondary to alcohol abuse, reactive airway disease (Claimant had wheezing on exam), and a heart murmur. (Department Exhibit 1, p. 54)

(9) According to the Emergency Room Report dated March 17, 2009, Claimant had stopped taking his [REDACTED] prescribed for his seizure disorder, one week ago; Claimant reported drinking alcohol, daily, 1 pint of vodka for the past 30 years; and it was determined that Claimant was in alcohol withdrawal, and he was put in four-point leather restraints in bed. (Department Exhibit 1, pp. 48-55)

(10) On March 17, 2009, Claimant's physical exam revealed the following: blood pressure 121/69; cardiac exam was normal; Claimant was alert and oriented to year and month, but not date; motor exam revealed normal tone, bulk, and strength in all 4 extremities; Claimant

had mild dysmetria on finger-to-nose, heel-to-shin; Claimant had mild tremors; and Claimant's gait was wide-based and mildly unsteady. (Department Exhibit 1, p. 46)

(11) Claimant's Doppler Study, done on March 18, 2009, revealed: moderate left ventricular dilatation, left ventricular hypertrophy, normal systolic function, and abnormal diastology; moderate mitral regurgitation; and post capillary pulmonary hypertension. (Department Exhibit 1, pp. 28 & 29)

(12) Claimant's chest x-ray done on March 18, 2009, was unremarkable. (Department Exhibit 1, p. 59)

(13) Claimant's ultrasound, done on March 18, 2009, revealed the following: hepatomegaly-abnormal echotexture of the liver which may reflect chronic hepatitis or cirrhosis; splenomegaly; manifestations of portal hypertension with enlarged main portal vein and abnormal retrograde blood flow within the portal venous system; and mild gallbladder wall thickening, nonspecific, but most likely related to underlying liver disease or hypoproteinemia. (Department Exhibit 1, pp. 57 & 58)

(14) The CT of Claimant's head, done on March 18, 2009, did not reveal any abnormal findings. (Department Exhibit 1, p. 56)

(15) Claimant is a 46-year-old male with a high school education and unskilled work experience. (Department Exhibit 1, pp. 68 & 69)

(16) Claimant was not engaged in substantial gainful activity at any time relevant to this matter.

#### 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).

Current legislative amendments to the Act delineate eligibility criteria as implemented by agency policy set forth in program manuals.

2000 PA 294, Sec. 604, of the statute states:

Sec. 604 (1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempted from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting 1 or more of the following requirements:

- (b) A person with a physical or mental impairment which meets federal SSI disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

"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.

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).

Since Claimant was not engaged in substantial gainful activity at any time relevant to this matter, the analysis continues.

...You can only be found disabled if you are unable 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. See 20 CFR 416.905. Your impairment must result from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.... 20 CFR 416.927(a)(1).

...You must provide medical evidence showing that you have an impairment(s) and how severe it is during the time you say that you are disabled. 20 CFR 416.912(c).

...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).

...The medical evidence...must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. 20 CFR 416.913(d).

Medical findings consist of symptoms, signs, and laboratory findings:

- (a) **Symptoms** are your own description of your physical or mental impairment. Your statements alone are not enough to establish that there is a physical or mental impairment.
- (b) **Signs** are anatomical, physiological, or psychological abnormalities which can be observed, apart from your statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena which indicate specific psychological abnormalities e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception. They must also be shown by observable facts that can be medically described and evaluated.
- (c) **Laboratory findings** are anatomical, physiological, or psychological phenomena which can be shown by the use of a medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests, electrophysiological studies (electrocardiogram, electroencephalogram, etc.), roentgenological studies (X-rays), and psychological tests. 20 CFR 416.928.

It must allow us to determine --

- (1) The nature and limiting effects of your impairment(s) for any period in question;

- (2) The probable duration of your impairment; and
- (3) Your residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

...Evidence that you submit or that we obtain 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 your impairment(s), including your symptoms, diagnosis and prognosis, what you can still do despite impairment(s), and your physical or mental restrictions. 20 CFR 416.927(a)(2).

[As Judge]...We are responsible for making the determination or decision about whether you meet the statutory definition of disability. In so doing, we review all of the medical findings and other evidence that support a medical source's statement that you are disabled.... 20 CFR 416.927(e).

...A statement by a medical source that you are "disabled" or "unable to work" does not mean that we will determine that you are disabled. 20 CFR 416.927(e).

Claimant applied for MA-P and SDA benefits based on having high blood pressure, seizures, and asthma-bronchitis. Claimant has a history of seizure disorder, hypertension, and alcohol abuse. Claimant provided the necessary objective medical evidence to establish that he has a combination of medical problems that would significantly affect his ability to work and meet the MA-P and SDA duration standard. Therefore, the analysis continues.

SHRT considered listings 3.03 and 4.04 in determining whether Claimant met the MA-P and SDA disability standard. This Administrative Law Judge agrees with the Department's determination that Claimant failed to establish that he has a severe impairment which meets or equals a listed impairment found at 20 CFR, Part 404, Subpart P, Appendix 1. Therefore, the analysis continues.

The objective medical evidence fails to establish that Claimant was unable to do any of his past relevant unskilled work for a continuous period of at least 90 days or 1 year. However,

the analysis will continue to determine Claimant's residual functional capacity or what he is able to do despite limitations. 20 CFR 416.945 and 20 CFR 416.961.

**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).

This Administrative Law Judge finds that Claimant should be able to do at least light work, but avoid unprotected heights and operating machinery due to his seizure disorder. On March 17, 2009, Claimant was admitted to the hospital after having a reported seizure that was witnessed by his roommate. However, Claimant had stopped taking his seizure medication, and he reported drinking alcohol, daily, 1 pint of vodka for the past 30 years. The assessment revealed a possible seizure, likely secondary to alcohol withdrawal. While hospitalized, Claimant underwent successful medical treatment and was discharged on March 23, 2009. According to the Discharge Documentation, Claimant was given the following the instructions: not use tobacco in any form or drink alcohol; take medication as prescribed; engage in activity as able and exercise daily with balancing and endurance exercises; and follow up with his primary care physician. (Department Exhibit 1, p. 24) The objective medical evidence establishes that by the time he was released from the hospital, Claimant's medical condition had improved as it relates to the ability to work and was not expected to prevent him from engaging in at least light work for a continuous period of at least 90 days for SDA purposes, and 1 year for MA-P purposes if he complied with prescribed medical treatment. Further, Claimant testified at the hearing that he is able to do normal activities of daily living, which include some housework and yard work.

Medical vocational guidelines have been developed and can be found in 20 CFR, Subpart P, Appendix 2, Section 200.00. When the facts coincide with a particular guideline, the guideline directs a conclusion as to disability. 20 CFR 416.969.

Claimant is a young individual with a high school education and unskilled work experience. 20 CFR 416.963, 20 CFR 416.964, and 20 CFR 416.968. Using Medical Vocational Rule 202.20 as a guideline, claimant would be considered not disabled. According to this Medical Vocational Rule, a young individual under the age of 50, with a high school education and unskilled work experience, limited to light work, is not disabled.

In conclusion, Claimant does not meet the standard for disability as set forth in the Social Security regulations. Accordingly, the department's MA-P and SDA decision is upheld.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department properly determined that Claimant did not meet the MA-P and SDA disability standard.

Accordingly, the department's MA-P and SDA decision is affirmed.

/s/  
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Marya A. Nelson-Davis  
Administrative Law Judge  
for Marianne Udow, Director  
Department of Human Services

Date Signed: March 31, 2010

Date Mailed: March 31, 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

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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.

MAND/db

cc:

