

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.: 2010-26685
Issue No.: 2009, 4031
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date:
April 21, 2010
Wayne County DHS (82)

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 April 21, 2010. Claimant appeared and testified. Claimant was represented by [REDACTED]. 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) On November 18, 2009, an application was filed on claimant's behalf for MA-P and SDA benefits. The application requested MA-P retroactive to August of 2009.
- 2) On December 15, 2009, the department denied claimant's application for benefits based upon the belief that claimant did not meet the requisite disability criteria.
- 3) On March 9, 2010, a hearing request was filed to protest the department's determination.
- 4) Claimant, age 50, is a high-school graduate.
- 5) Claimant last worked in 2003 as a laborer in a stamping plant. Claimant has also worked as a laundry worker and performed office cleaning. Claimant's relevant work history consists exclusively of unskilled work activities requiring the ability to walk or stand for long periods of time and/or lift heavy objects.
- 6) Claimant was hospitalized [REDACTED] for unstable angina. She underwent left heart catheterization, left ventriculogram, aortogram, coronary angiogram, percutaneous coronary intervention, and placement of a drug-eluting stent.
- 7) Claimant was hospitalized [REDACTED] for recurrent unstable angina. She underwent cardiac catheterization and percutaneous coronary intervention and drug-eluting stent placement. Her discharge diagnosis was recurrent unstable angina, preserved left ventricular systolic function, hypertension, hypertensive heart disease, dyslipidemia, cocaine abuse, diabetes mellitus, and other non-cardiovascular issues.

- 8) Claimant was hospitalized [REDACTED] for chest pain. She underwent heart catheterization with placement of two drug-eluting stents. Her discharge diagnosis was unstable angina, coronary artery disease status post stent placement, hypertension, diabetes, chronic obstructive pulmonary disease, dyslipidemia, and osteoarthritis.
- 9) Claimant was hospitalized [REDACTED] and underwent heart catheterization and stent placement.
- 10) Claimant was hospitalized [REDACTED] and, again, underwent heart catheterization.
- 11) Claimant was hospitalized [REDACTED] and underwent further heart catheterization and stent placement.
- 12) Claimant was hospitalized [REDACTED] and underwent heart catheterization.
- 13) Claimant was hospitalized [REDACTED]. Her discharge diagnosis was asthma exacerbation with obstruction syncope secondary to cough, diabetes mellitus, hypertension, and coronary artery disease.
- 14) Claimant was hospitalized [REDACTED]. She underwent heart catheterization with stent placement.
- 15) Claimant currently suffers from unstable hypertension; severe hypertensive heart disease with history of multiple catheterizations and eight stent placements; recurrent unstable angina; dyslipidemia; cocaine abuse; Type II diabetes mellitus; chronic obstructive pulmonary disease; degenerative joint disease; depression; polysubstance abuse; and obstructive sleep apnea.

- 16) Claimant has severe limitations upon her ability to walk, stand, lift, push, pull, reach, carry, or handle as well as limitations upon her ability to respond appropriately to others and deal with change. Claimant's limitations have lasted or are expected to last twelve months or more.
- 17) Claimant's complaints and allegations concerning her impairments and limitations, when considered in light of all objective medical evidence, as well as the record as a whole, reflect an individual who is so impaired as to be incapable of engaging in any substantial gainful on a regular and continuing basis.

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

In determining whether an individual is disabled, 20 CFR 416.920 requires the trier of fact to follow a sequential evaluation process by which current work activity, the severity of the impairment(s), residual functional capacity, and vocational factors (i.e., age, education, and work experience) are assessed in that order. When a determination that an individual is or is not disabled can be made at any step in the sequential evaluation, evaluation under a subsequent step is not necessary.

First, the trier of fact must determine if the individual is working and if the work is substantial gainful activity. 20 CFR 416.920(b). In this case, claimant is not working. Therefore, claimant may not be disqualified for MA at this step in the sequential evaluation process.

Secondly, in order to be considered disabled for purposes of MA, a person must have a severe impairment. 20 CFR 416.920(c). A severe impairment is an impairment which significantly limits an individual's physical or mental ability to perform basic work activities. Basic work activities means 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 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.

In this case, claimant has presented the required medical data and evidence necessary to support a finding that she has significant physical and mental limitations upon her ability to perform basic work activities such as walking, standing, lifting, pushing, pulling, reaching, or carrying; responding appropriately to supervision, co-workers, and usual work situations; and dealing with changes in a routine work setting. Medical evidence has clearly established that claimant has an impairment (or combination of impairments) that has more than a minimal effect on claimant’s work activities. See Social Security Rulings 85-28, 88-13, and 82-63.

In the third step of the sequential consideration of a disability claim, the trier of fact must determine if the claimant’s impairment (or combination of impairments) is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. This Administrative Law Judge finds that the claimant’s medical record will not support a finding that claimant’s impairment(s) is a “listed impairment” or equal to a listed impairment. See Appendix 1 of Subpart P of 20 CFR, Part 404, Part A. Accordingly, claimant cannot be found to be disabled based upon medical evidence alone. 20 CFR 416.920(d).

In the fourth step of the sequential consideration of a disability claim, the trier of fact must determine if the claimant’s impairment(s) prevents claimant from doing past relevant work. 20 CFR 416.920(e). It is the finding of this Administrative Law Judge, based upon the medical

evidence and objective, physical and psychological findings, that claimant is not capable of the walking, standing, lifting, carrying, handling, personal interaction, or ability to respond to change as required by her past employment. Claimant has presented the required medical data and evidence necessary to support a finding that she is not, at this point, capable of performing such work.

In the fifth step of the sequential consideration of a disability claim, the trier of fact must determine if the claimant's impairment(s) prevents claimant from doing other work.

20 CFR 416.920(f). This determination is based upon the claimant's:

- (1) residual functional capacity defined simply as "what can you still do despite your limitations?" 20 CFR 416.945;
- (2) age, education, and work experience, 20 CFR 416.963-.965; and
- (3) the kinds of work which exist in significant numbers in the national economy which the claimant could perform despite his/her limitations. 20 CFR 416.966.

See *Felton v DSS*, 161 Mich. App 690, 696 (1987). Once claimant reaches Step 5 in the sequential review process, claimant has already established a *prima facie* case of disability. *Richardson v Secretary of Health and Human Services*, 735 F2d 962 (6th Cir, 1984). At that point, the burden of proof is on the state to prove by substantial evidence that the claimant has the residual functional capacity for substantial gainful activity.

In this case, claimant has a history of polysubstance abuse, hypertension, coronary artery disease, and Type II diabetes mellitus. She has had numerous hospitalizations with multiple heart catheterizations and eight stent placements. On [REDACTED], claimant's treating internist diagnosed claimant with diabetes mellitus Type II, coronary artery disease with several stents, hypertension, hypercholesterolemia, chronic obstructive pulmonary disease, degenerative joint

disease, depression, polysubstance abuse, and unstable angina. The treating physician opined that claimant was capable of occasionally lifting less than ten pounds. The provider indicated that claimant “has severe coronary artery disease and mild-moderate chronic obstructive pulmonary disease with shortness of breath upon activity.” On [REDACTED], claimant’s treating cardiologist diagnosed claimant with coronary artery disease. The physician indicated that claimant was limited to occasionally lifting up to ten pounds and incapable of pushing/pulling with the bilateral upper extremities. The physician opined that claimant was a Class 2 functional capacity in the New York Heart Classification. [Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.] On [REDACTED], claimant’s treating pulmonologist diagnosed claimant with sleep apnea, asthma, coronary artery disease with stents, diabetes mellitus, and hypertension. The specialist opined that claimant was limited to standing and walking less than two hours in an eight-hour work day. On [REDACTED], claimant’s treating practitioner diagnosed claimant with unstable hypertension (uncontrolled), unstable angina, Type II diabetes mellitus, coronary artery disease with hyperlipidemia, chronic obstructive pulmonary disease, degenerative joint disease, bipolar disorder, alcohol abuse, major depression, and obstructive sleep apnea. The physician opined that claimant was limited to occasionally lifting less than ten pounds and limited to standing and walking less than two hours in an eight-hour work day.

After careful review of claimant’s extensive medical record and the Administrative Law Judge’s personal interaction with claimant at the hearing, this Administrative Law Judge finds that claimant’s exertional and non-exertional impairments render claimant unable to engage in a full range of even sedentary work activities on a regular and continuing basis. 20 CFR 404,

Subpart P, Appendix 11, Section 201.00(h). See Social Security Ruling 83-10; *Wilson v Heckler*, 743 F2d 216 (1986). The department has failed to provide vocational evidence which establishes that claimant has the residual functional capacity for substantial gainful activity and that, given claimant's age, education, and work experience, there are significant numbers of jobs in the national economy which the claimant could perform despite claimant's limitations. Accordingly, this Administrative Law Judge concludes that claimant is disabled for purposes of the MA program.

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 has been found "disabled" for purposes of MA, she must also be found "disabled" for purposes of SDA benefits.

The Medical Social Work Consultant (MSWC), in conjunction with the Medical Review Team (MRT), is to consider the appropriateness of directing claimant to participate in appropriate substance abuse and/or mental health treatment as a condition of receipt of benefits.

Unless the MSWC determines that claimant has good cause for failure to participate in mandatory treatment, claimant will lose eligibility for MA-P and SDA benefits. See BEM, Item 260, p.5, and BEM, Item 261, pp. 3 and 4.

Further, a referral is to be made to Adult Protective Services for an evaluation of possible financial management problems. Specifically, before SDA benefits may be paid to claimant, Adult Protective Services is to assess the appropriateness of a payee or conservatorship for claimant because of mental health and/or substance abuse problems or other problems which may prevent adequate management or discharge of financial or other personal affairs. See Adult Services Manual, Item 215.

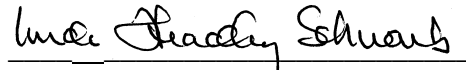
DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that claimant meets the definition of medically disabled under the Medical Assistance and State Disability Assistance programs as of August of 2009.

Accordingly, the department is ordered to initiate a review of the November 18, 2009, application, if it has not already done so, to determine if all other non medical eligibility criteria are met. The department shall inform claimant and her authorized representative of its determination in writing. Assuming that claimant is otherwise eligible for program benefits, the department shall review claimant's continued eligibility for program benefits in June of 2011.

The Medical Social Work Consultant, in conjunction with the Medical Review Team, is to consider the appropriateness of ordering claimant to participate in mandatory mental health

and/or substance abuse treatment as a condition of receipt of benefits. Further, a referral is to be made to Adult Protective Services consistent with this Order.


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

Date Signed: June 29, 2010

Date Mailed: June 30, 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.

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:

