

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No: 2010-39517

Issue No: 2009

Case No:



Load No:

Hearing Date:

July 15, 2010

Grand Traverse County DHS

**ADMINISTRATIVE LAW JUDGE:** Landis Y. Lain

**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 July 15, 2010. Claimant personally appeared and testified.

**ISSUE**

Whether claimant meets the disability criteria for Medical Assistance (MA-P) and retroactive Medical Assistance (retro MA-P)?

**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 April 21, 2010, claimant filed an application for Medical Assistance and Retroactive Medical Assistance benefits.
- (2) There was some question as to whether or not claimant applied for State Disability Assistance benefits.
- (3) On May 8, 2008, the department caseworker sent claimant notice that her application was denied.
- (4) On May 25, 2010, the medical review team denied claimant's application for Medical Assistance and retroactive Medical Assistance stating that claimant's impairment's did not meet duration. However, the Medical Review Team approved claimant for State Disability Assistance benefits until October 2010.

- (5) On May 28, 2010, the department case worker sent claimant notice that her application for Medical Assistance benefits was denied.
- (6) On June 8, 2010, claimant filed a request for a hearing to contest the department's negative action.
- (7) On June 25, 2010, the State Hearing Review Team again denied claimant's application stating that it had insufficient evidence and requested a complete physical examination.
- (8) The hearing was held on July 15, 2010, at the hearing claimant waived the time periods requested to submit additional medical information.
- (9) Additional medical information was submitted and sent to the State Hearing Review Team on September 27, 2010.
- (10) On October 1, 2010, the State Hearing Review Team approved claimant for Medical Assistance and retroactive Medical Assistance benefits stating in its' analysis and recommendation: the claimant has a history of CVA. She has receptive and expressive aphasia and hemiparesis. Her speech was dysarthric, slow and stammering. Her comprehension, abstract reasoning, memory and problem solving were all impaired. She had reduced muscle strength in all extremities but more in the right leg. The claimant's impairment's do not meet/equal the intent or severity of an appropriate Social Security Listing. The medical evidence of record indicates that the claimant does not retain the capacity to perform simple unskilled sedentary work on a sustained basis. Therefore, based on the claimant's vocational profile of closely approaching retirement age of 61, 12<sup>th</sup> grade education and history of unskilled and semi-skilled work, MA-P is approved using Vocational Rule 201.04 as a guide. Retroactive MA-P was considered in this case and is approved effective January 2010. SDA was previously approved by the MRT. At the medical review in October 2013, please obtain updated forms, attach the prior folder and obtain updated medical records from January 2013 to current.
- (11) Claimant is a 61-year-old woman whose birth date is [REDACTED]. Claimant is 5'3" tall and weighed 156 pounds on the date of hearing. Claimant is a high school graduate. Claimant can no longer read and write and does not have basic math skills since her stroke.
- (12) Claimant last worked in 2005 in a Nursing Home. Claimant has also worked doing office work.
- (13) Claimant alleges as disabling impairments: chronic back problems, CVA (strokes), hypertension and aphasia, as well as memory problems and cognitive deficiency and core peripheral vision.

## 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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) 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

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).

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).

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).

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).

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).

Because of the SHRT determination, it is not necessary for the Administrative Law Judge to discuss the issue of disability per BRIDGES Administrative Manual, Item 600. The department is required to initiate a determination of claimant's financial eligibility for the requested benefits if not previously done.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the claimant meets the definition of medically disabled under the Medical Assistance Program and the State Disability Assistance Program as of the April 21, 2010, application date. Claimant also meets the definition of disabled as of the January 2010, retroactive Medical Assistance application.

Accordingly, the department's decision is REVERSED. The department is ORDERED to initiate a review of the April 21, 2010, application if it has not already done so to determine if all other non-medical criteria are met. The department shall inform the claimant of a determination in writing. The department shall conduct a medical review in October 2013. At that time, the department shall assist claimant in gathering all updated medical information and submit it to the Medical Review Team.

Landis

/s/  
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Y. Lain  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: 10/19/10

Date Mailed: 10/19/10

**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.

LYL/alc

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