# STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

# IN THE MATTER OF:



Reg. No.201146488Issue No.2009Case No.1000Hearing Date:January 5, 2012Genesee 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 the claimant's request for a hearing. After due notice, an in-person hearing was held on January 5, 2012

# <u>ISSUE</u>

Was disability, as defined below, 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 September 30, 2008, Claimant applied for Medicaid (and three months retro), was denied on December 22, 2010 per BEM 260, and requested a hearing on April 21, 2011
- 2. Claimant's vocational factors on date of application are: age 53, high school education, and past work experience as a skilled teacher's aide, chore service worker, and security guard.
- 3. In June, July and August 2008, Claimant was off work for this interim period due to a stroke.
- 4 In June, July and August 2008, Claimant alleged disability due to disabling complaint of a stroke.

#### 201146488/WAS

5. On November 18 2008, the Claimant neurologically had no motor or sensory deficit; that he had normal reflexes and coordination; that the Romberg sign was negative; that Claimant had worked had for 38 years and still continues to work; that he is able to sit, stand, bend, stoop, carry, push, pull, button clothes, tie shoes, dress-undress, dial telephone, open door, make a fist, pick up coin, pick up pencil, write, squat and arise from squatting, get on and off examining table, climb stairs; that he is able to walk on heels and toes and tandem walk; that his gait is stable and within normal limits; that he needs no assistive device for walking; and that his overall strength grip is 5/5 (Medical Packet, pages 39-42).

## 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 Family Independence Agency (FIA or agency) administers the MA program pursuant to MCL 400.10, *et seq..*, and MCL 400.105; MSA 16.490(15). Agency policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

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.

We follow a set order to determine whether you are disabled. We review any current work activity, the severity of your impairment(s), your residual functional capacity, your past work, and your age, education and work experience. If we can find that you are disabled or not disabled at any point in the review, we do not review your claim further.... 20 CFR 416.920.

Claimant has the burden of proof to establish disability in accordance with the five step process below. 20 CFR 416.912(a)

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 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)
- 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).

At Step 1, disability is denied due to Claimant being currently employed and admittedly able to do full-time work.

If disability had not already been denied at Step 1, it would be denied at Step 2. The medical evidence of record, on date of application, does not establish the Claimant's significant inability to perform basic physical work activities, for the required one-year **continuous** duration, as defined below.

## Severe/Non-severe Impairment

...If you do not have any impairment or combination of impairments which significantly limits your physical or mental ability to do basic work activities, we will find that you do not have a severe impairment and are, therefore, not disabled. We will not consider your age, education, and work experience. 20 CFR 416.920(c).

**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 dealing with changes in a routine work setting. 20 CFR 416.921(b).

The question is whether the Claimant's disabling complaints and diagnosed disorder, on date of application, significantly limited his ability to perform basic work activities, as defined above.

Claimant testified that he was off work for three months before his application due to a stroke and, thereafter, resumed his past part-time employment, three hours a day, seven days a week, earning over \$600 a month. He stated that he has a residual functional capacity to do his job full-time.

## **DURATION OF IMPAIRMENTS**

You cannot be determined disabled without medically establishing the duration requirement, as defined below.

...[The impairment]...must have lasted or must be expected to last for a continuous period of at least 12 months. We call this the duration requirement. 20 CFR 416.909.

The medical evidence of record, on date of application, does not establish a severe physical impairment that has lasted or was expected to last for a one year continuous duration.

Therefore, disability has not been established at Steps 1 and 2, as defined above, by the competent, material and substantial evidence on the whole record.

## **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 denial is UPHELD.

/s/

William A. Sundquist Administrative Law Judge For Maura D. Corrigan, Director Department of Human Services

Date Signed: January 23, 2012

Date Mailed: January 24, 2012

**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.

WAS/jvd

CC:		