

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 201153777  
Issue No: 2009; 4031  
Case No: [REDACTED]  
Hearing Date: January 3, 2012  
Iosco County DHS

**ADMINISTRATIVE LAW JUDGE:** Corey A. Arendt

**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 January 3, 2012. Claimant personally appeared and testified.

**ISSUE**

Whether the Department of Human Services (Department) properly denied Claimant's application for Medical Assistance (MA-P) and Retro-Medicaid?

**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 57 year-old woman whose birthday is [REDACTED]. Claimant is 5'5" tall and weighs 157 lbs. Claimant completed high school in 1994, and last worked in September of 2011 as an At-Home Caregiver. As an At-Home Caregiver, the Claimant was responsible for cooking and preparing meals, washing, bathing, grooming and transporting a live in resident. Prior to working as an At-Home Caregiver, the Claimant worked as a Certified Nursing Assistant at [REDACTED] and as a Project Coordinator for [REDACTED].
- (2) On October 1, 2010, [REDACTED], examined the Claimant. During the examination, the Claimant told [REDACTED], she had quit her job due to stress. (Department Exhibit B, p. 43).
- (3) On or around February 3, 2011, [REDACTED], examined the Claimant. The Claimant presented to [REDACTED] with complaints of tiredness, dryness, right-sided headaches and blood sugar levels being out of control. The Claimant told [REDACTED] her control of her blood

sugar was fairly good until last year and now her blood sugars have been running frequently above 300. The Claimant presented to [REDACTED] mildly overweight, alert and oriented and in no acute respiratory distress. [REDACTED] did not see any changes suggestive of rheumatoid arthritis. [REDACTED], recommended a fasting C-peptide to have an idea of how much endogenous insulin is present and encouraged the Claimant to track her blood sugar before and two hours after meals for a few days. (Department Exhibit B, pp. 69, 70).

- (4) On or around February 23, 2011, the Claimant saw [REDACTED] with complaints of abdominal pain and variability in her blood sugars. [REDACTED] examined the patient and reviewed a recent CT scan of the Claimant's abdomen. The CT scan revealed significant hepatic steatosis with enlargement of the liver. The Claimant did not show any signs of leukocytosis and had a normal pancreatic amylase and lipase. The Claimant did show a mild elevation of the ALT. [REDACTED] did not see any changes suggestive of rheumatoid arthritis. [REDACTED] reassured the Claimant that nothing appeared to be serious and encouraged the Claimant to try to maximize the dose of Glucophage as tolerated. (Department Exhibit B, pp. 71-72, 83).
- (5) On or around February 25, 2011, the Claimant saw [REDACTED] with complaints of abdominal pain and variability in her blood sugars. The Claimant presented to [REDACTED] with improvement in her blood sugars after having increased her dose of metformin to two tablets daily. (Department Exhibit B, pp. 74-75).
- (6) On March 3, 2011, the Claimant saw [REDACTED], PAC for a follow up diabetes check and medication refill. The Claimant presented to [REDACTED] with improving blood sugar levels and a stable blood pressure. At the time of examination, the Claimant's pain and anxiety were stable. (Department Exhibit B, p. 25, 26).
- (7) On April 4, 2011, the Claimant saw [REDACTED], for a medication refill. During the visit, [REDACTED] told the claimant she needed to better control her sugars and work on a healthier diet and increase non-weight bearing exercise to help with joint pain and to help lose weight. (Department Exhibit B, pp. 23, 24).
- (8) On June 10, 2011, the Claimant completed and submitted to the Department an Activities of Daily Living questionnaire. In the questionnaire, the Claimant indicated she visits with friends and family 3 to 4 times a week and that she participates in church service weekly. (Department Exhibit B, pp. 5-9).

- (9) On June 14, 2011, the Claimant saw [REDACTED]. The Claimant continued to have very high blood sugar readings. The Claimant told [REDACTED] she had not been taking her NovoLog with her meals. [REDACTED] provided the Claimant with a sliding scale for NovoLog to be used at meal time. [REDACTED] explained to the Claimant the importance of taking NovoLog every time she eats. (Department Exhibit B, pp. 77-78).
- (10) On June 14, 2011, [REDACTED], examined the Claimant. The Claimant told [REDACTED] she was depressed. During the examination, the Claimant told [REDACTED] she was feeling additional stress because she had lost a significant amount of monthly income and thus she was borrowing money from relatives and friends and was experiencing shame as a result. After the examination, [REDACTED] assessed the Claimant as having generalized anxiety disorder. (Department Exhibit 2, pp. 14, 15).
- (11) On or around June 16, 2011, the Claimant submitted to the Department a Medical-Social questionnaire. In the questionnaire, the Claimant indicated her illness, injuries or conditions that limited her ability to work included uncontrollable diabetes, anxiety, rheumatoid arthritis and high blood pressure. (Department Exhibit B, pp. 10-11).
- (12) On June 16, 2011, the Claimant applied for Medicaid based on disability and retro-active Medicaid for March 2011, April 2011 and May 2011.
- (13) On July 22, 2011, [REDACTED] performed a psychological exam on the Claimant. The Claimant told [REDACTED] she suffered from Posttraumatic Stress Syndrome, Uncontrolled Diabetes Mellitus, Hypertension and Rheumatoid Arthritis. The Claimant described herself to Dr. Sommerschild as a social person up until two months ago and that since then she has been too embarrassed to go out in public. The Claimant told [REDACTED] she has give up on her friends and doesn't socialize. Based upon the examination, [REDACTED] diagnosed the Claimant as having posttraumatic stress disorder along with generalized anxiety and a mood disorder due to diabetes and arthritis. [REDACTED] concluded the Claimant's prognosis was marginal to poor. (Department Exhibit C, pp. 2-7)
- (14) On August 3, 2011, the Medical Review Team (MRT) denied Claimant's application for MA stating Claimant is capable of performing other work. (Department Exhibit B, pp. 1, 2).
- (15) On August 9, 2011, the Department sent Claimant notice that her application was denied. (Department Exhibit A, p. 1-5).

- (16) On August 30, 2011, Claimant filed a request for a hearing to contest the Department's negative action.
- (17) On December 8, 2011, the State Hearing Review Team (SHRT) denied Claimant's application stating Claimant's impairments do not meet/equal the intent or severity of a Social Security listing and furthermore the Claimant retains the capacity to perform a wide range of medium work. (Department Exhibit C, p. 1).
- (18) Claimant has applied for Social Security disability and has been denied. At the time of the hearing, the Claimant was in the appeal process.

### **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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

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, that being a five-step sequential evaluation process for determining whether an individual is disabled. (20 CFR 404.1520(a) and 416.920(a)). The steps are followed in order. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience is reviewed. If it is determined that the Claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, the Administrative Law Judge must determine whether the Claimant is engaging in substantial gainful activity. (20 CFR 404.1520(b) and 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. "Substantial work activity" is work activity that involves doing significant physical or mental activities. (20 CFR 404.1572(a) and 416.972(a)). "Gainful work activity" is work that is usually done for pay or profit, whether or not a profit is realized. (20 CFR 404.1572(b) and 416.972(b)). Generally, if an individual has earnings from employment or self-employment above a specific level set out in the regulations, it is

presumed that he/she has demonstrated the ability to engage in SGA. (20 CFR 404.1574, 404.1575, 416.974, and 416.975). If an individual engages in SGA, he/she is not disabled regardless of how severe his/her physical or mental impairments are and regardless of his/her age, education, and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the Administrative Law Judge must determine whether the claimant has a medically determinable impairment that is “severe” or a combination of impairments that is “severe” and that said impairment(s) have met the duration requirement (20 CFR 404.1520(c) and 416.920(a)(2)(ii) and (c)). An impairment or combination of impairments is “severe” within the meaning of the regulations if it significantly limits an individual’s ability to perform basic work activities. An impairment or combination of impairments is “not severe” when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual’s ability to work (20 CFR 404.1521 and 416.921; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p). In order for an impairment(s) to meet the duration requirement, the impairment(s) must have lasted or be expected to last for at least 12 months, unless the impairment(s) is expected to result in death (20 CFR 416.909). If the claimant does not have a severe medically determinable impairment or combination of impairments that have met the duration requirement, he/she is not disabled. If the claimant has a severe impairment or combination of impairments that have met the duration requirement, the analysis proceeds to the third step.

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). 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).

At step three, the Administrative Law Judge must determine whether the Claimant's impairment or combination of impairments meets or medically equals the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1. (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, and 416.926). If the Claimant's impairment or combination of impairments meets or medically equals the criteria of a listing and meets the duration requirement, (20 CFR 404.1509 and 416.909), the Claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the Administrative Law Judge must first determine the Claimant's residual functional capacity. (20 CFR 404.1520(e) and 416.920(e)). An individual's residual functional capacity is his/her

ability to do physical and mental work activities on a sustained basis despite limitations from his/her impairments. In making this finding, all of the Claimant's impairments, including impairments that are not severe, must be considered. (20 CFR 404.1520(e), 404.1545, 416.920(e), and 416.945; SSR 96-8p).

Next, the Administrative Law Judge must determine at step four whether the Claimant has the residual functional capacity to perform the requirements of his/her past relevant work. (20 CFR 404.1520(f) and 416.920(f)). The term past relevant work means work performed (either as the Claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the Claimant to learn to do the job and have been SGA. (20 CFR 404.1560(b), 404.1565, 416.960(b), and 416.965). If the Claimant has the residual functional capacity to do his/her past relevant work, the Claimant is not disabled. If the Claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g) and 416.920(g)), the Administrative Law Judge must determine whether the Claimant is able to do any other work considering his/her residual functional capacity, age, education, and work experience. If the Claimant is able to do other work, he/she is not disabled. If the Claimant is not able to do other work and meets the duration requirements, he/she is disabled.

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).

At Step 1, I find the Claimant is not engaged in substantial gainful activity as the Claimant has not worked since September of 2011. Therefore, Claimant is not disqualified from receiving disability at Step 1.

At Step 2, the Claimant's symptoms are evaluated to see if there is an underlying medically determinable physical or mental impairment(s) that could reasonably be expected to produce the Claimant's pain or other symptoms. This must be shown by medically acceptable clinical and laboratory diagnostic techniques. Once an underlying physical or mental impairment(s) has been shown, the Administrative Law Judge must evaluate the intensity, persistence, and limiting effects of the Claimant's symptoms to determine the extent to which they limit the Claimant's ability to do basic work activities. For this purpose, whenever statements about the intensity, persistence, or functionally limiting effects of pain or other symptoms are not substantiated by objective medical evidence, a finding on the credibility of the statements based on a consideration of the entire case record must be made.

I find the objective medical evidence of record does support the Claimant's contention that she is suffering from a severe impairment. The objective medical evidence of record shows Claimant's impairments do meet the *de minimus* level of severity and duration required for further analysis.

At Step 3, I find 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. Accordingly, Claimant cannot be found to be disabled based upon medical evidence alone. 20 CFR 416.920(d).

At Step 4, I find the objective medical evidence of record is not sufficient to establish that Claimant has severe impairments that have lasted or are expected to last 12 months or more and prevent her from performing the duties required from her past relevant employment for 12 months or more. Although the Claimant quit her job as a Certified Nursing Assistant in January of 2011, she continued working in the same capacity at home, caring for her sister as an At-Home Caregiver. The Claimant worked as an At-Home Caregiver until September of 2011 when her sister passed away. Had her sister not passed away, the Claimant would have continued working in the same capacity. Accordingly, Claimant is disqualified from receiving disability at Step 4.

Although I have found the Claimant disqualified from receiving disability at both Steps 3 and 4, I will continue to proceed through the sequential evaluation process to determine whether or not Claimant has the residual functional capacity to perform other jobs.

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).

**Medium work.** Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).



Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

At Step 5, I find the Claimant has failed to present the required competent, material and substantial evidence which would support a finding that Claimant has an impairment or combination of impairments which would significantly limit the physical or mental ability to do basic work activities. 20 CFR 416.920(c). Although Claimant has cited medical problems, the clinical documentation submitted by Claimant is not sufficient to establish a finding that Claimant is disabled. Based on the medical evidence of record, the Claimant is capable of performing a wide range of medium work. In addition, the Claimant has described daily activities which are not limited to the extent one would expect, given the complaints of disabling symptoms and limitations. There is no objective medical evidence to substantiate Claimant's claim that the alleged impairment(s) are severe enough to reach the criteria and definition of disabled. Furthermore, given the Claimant's age (57), education (high school) there are no guidelines that would direct a finding of disabled (Vocational Rule 203.15-203.17). Accordingly, Claimant is not disabled for the purposes of the Medical Assistance disability (MA-P) program.

The Department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy when it determined that Claimant was not eligible to receive Medical Assistance.

### **DECISION AND ORDER**

I find, based upon the above findings of fact and conclusions of law, decide the department has appropriately established on the record that it was acting in compliance with department policy when it denied Claimant's application for Medical Assistance.

Accordingly, the department's decision is **AFFIRMED**.

It is SO ORDERED.

/s/\_\_\_\_\_

Corey A. Arendt  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: January 11, 2012

Date Mailed: January 12, 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.

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