

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 201110285

Issue No: 2009

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

April 28, 2011

Macomb County DHS

ADMINISTRATIVE LAW JUDGE: [REDACTED]

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 28, 2011.

ISSUE

Was the denial of claimant's application for MA-P for lack of disability correct?

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 applied for MA-P on August 5, 2010.
- (2) Claimant is 26 years old.
- (3) Claimant has a high school equivalent education.
- (4) Claimant is not currently working.
- (5) Claimant has a work history consisting of various jobs, but only a few jobs have lasted for over one month.

- (6) Claimant's longest period of employment in his life was for 7 months doing clerical work.
- (7) Claimant's impairments have prevented him from holding a job.
- (8) Claimant estimates that he has spent a total of 2 years of his life in the hospital.
- (9) Claimant has been diagnosed with Marfan's Syndrome, a connective tissue disorder that manifests in the claimant with repeated spontaneous pneumothorax, cardiovascular brachycardia, joint and bone pain, syncope, and vision problems.
- (10) Claimant has been in the hospital at least 9 times since June, 2010, due to Marfan's complications, including four times for pneumothorax, and at least two times for cardiovascular complications.
- (11) Claimant has had four permanent pacemakers placed; all have been removed secondary to infection.
- (12) On September 15, 2010, the Medical Review Team denied MA-P, stating that claimant was capable of doing other work.
- (13) On December 3, 2010, claimant filed for hearing.
- (14) On January 6, 2011, the State Hearing Review Team denied MA-P, and Retro MA-P, stating that claimant was capable of other work, citing vocational rule 201.27.
- (15) On April 28, 2011, a hearing was held before the Administrative Law Judge.

- (16) Claimant was represented by Georgia Patthanacharoenphon of L&S Associates.

### 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 Bridges Reference Manual (BRM).

Federal regulations require that the Department use the same operative definition of the term “disabled” as is used by the Social Security Administration for Supplemental Security Income (SSI) under Title XVI of the Social Security Act. 42 CFR 435.540(a).

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

This is determined by a five step sequential evaluation process where current work activity, the severity and duration of the impairment(s), statutory listings of medical impairments, residual functional capacity, and vocational factors (i.e., age, education, and work experience) are considered. These factors are always considered in order according to the five step sequential evaluation, and when a determination can be made

at any step as to the claimant's disability status, no analysis of subsequent steps are necessary. 20 CFR 416.920

The first step that must be considered is whether the claimant is still partaking in Substantial Gainful Activity (SGA). 20 CFR 416.920(b). To be considered disabled, a person must be unable to engage in SGA. A person who is earning more than a certain monthly amount (net of impairment-related work expenses) is ordinarily considered to be engaging in SGA. The amount of monthly earnings considered as SGA depends on the nature of a person's disability; the Social Security Act specifies a higher SGA amount for statutorily blind individuals and a lower SGA amount for non-blind individuals. Both SGA amounts increase with increases in the national average wage index. The monthly SGA amount for statutorily blind individuals for 2010 is \$1,640. For non-blind individuals, the monthly SGA amount for 2010 is \$1000.

In the current case, claimant has testified that he is not working, and the Department has presented no evidence or allegations that claimant is engaging in SGA. Therefore, the Administrative Law Judge finds that the claimant is not engaging in SGA, and thus passes the first step of the sequential evaluation process.

The second step that must be considered is whether or not the claimant has a severe impairment. 20 CFR 416.920(c). A severe impairment is an impairment expected to last 12 months or more (or result in death), which significantly limits an individual's physical or mental ability to perform basic work activities. The term "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 (6<sup>th</sup> Cir, 1988). As a result, the Department may only screen out claims at this level which are “totally groundless” solely from a medical standpoint. This is a *de minimus* standard in the disability determination that the court may use only to disregard trifling matters. As a rule, any impairment that can reasonably be expected to significantly impair basic activities is enough to meet this standard.

In the current case, claimant has presented more than sufficient evidence of Marfan’s Syndrome that prevents claimant from engaging in work related activities. Claimant has severe respiratory and cardiac complications that interfere with work activities. Claimant has trouble with walking and lifting; doing strenuous activities often results in syncope. Claimant has attempted to hold jobs in the past; medical complications have prevented claimant from working. Records show that claimant has had at least nine hospital admissions since June, 2010. Claimant has had 4 permanent pacemakers placed, but these pacemakers have been removed due to complications from infection.

These limitations are severe and create significant impairments in claimant's functioning, meet the durational requirements, and impair claimant's ability to perform work-related activities. Thus, claimant easily passes Step 2 of our evaluation.

In the third step of the sequential evaluation, we must determine if the claimant's impairment is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.925. This is, generally speaking, an objective standard; either claimant's impairment is listed in this appendix, or it is not. However, at this step, a ruling against the claimant does not direct a finding of "not disabled"; if the claimant's impairment does not meet or equal a listing found in Appendix 1, the sequential evaluation process must continue on to step four.

The Administrative Law Judge finds that the claimant's medical records contain medical evidence of an impairment that meets or equals a listed impairment.

Appendix 1 of Subpart P of 20 CFR 404, Section 14.00 has this to say about connective tissue diseases:

- A.** Involvement of two or more organs/body systems, with:
  - 1. One of the organs/body systems involved to at least a moderate level of severity; and
  - 2. At least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss).

Marfan's Syndrome is a genetic disorder of the connective tissue. Claimant currently manifests with repeated pneumothorax; since June, 2010, claimant has been hospitalized four times for this condition. Furthermore, claimant exhibits severe cardiovascular symptoms; claimant has bradycardia fibrillation, acute chest pains, DVT, and non-sustained tachycardia. Claimant has had 4 permanent pacemakers placed,

but these pacemakers have been removed due to complications from infection.

Claimant therefore has at least two affected systems with a moderate level of severity.

Furthermore, claimant testified to at least two of the constitutional signs, fatigue and malaise. Given claimant's extensive hospitalization record, the undersigned finds this testimony credible. Even if claimant did not have these symptoms, the undersigned would feel that claimant's documented medical records equaled this listing; claimant has frequent hospitalizations, for symptoms that occur routinely. Claimant's medical records show an individual who clearly cannot sustain a job, and therefore, at the very least, equals the intent of the listings in question. Therefore, the undersigned finds that claimant meets or equals the listings and therefore meets step three of the five step process. As claimant meets step 3, a finding of disabled is directed.

With regard to steps 4 and 5, when a determination can be made at any step as to the claimant's disability status, no analysis of subsequent steps are necessary. 20 CFR 416.920. Therefore, the Administrative Law Judge sees no reason to continue his analysis, as a determination can be made at step 3.

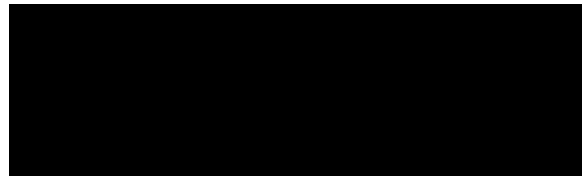
#### DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the claimant is disabled for the purposes of the MA program. Therefore, the decision to deny claimant's application for MA-P was incorrect.

Accordingly, the Department's decision in the above stated matter is, hereby, REVERSED.

The Department is ORDERED to process claimant's MA-P application and award required benefits, provided claimant meets all non-medical standards as well. The

Department is further ORDERED to initiate a review of claimant's disability case in June, 2012.



Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 05/31/11

Date Mailed: 06/02/11

**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.

RJC/dj

cc:



Macomb County DHS (Dist #12) / DHS-1843



Administrative Hearings