

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012-22134
Issue Nos.: 2009, 4031
Case No.: [REDACTED]
Hearing Date: April 5, 2012
County: Wayne (82-17)

ADMINISTRATIVE LAW JUDGE: Robert J. Chavez

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 5, 2012, from the Department of Human Services office for Wayne County, Michigan, District 17. Participants on behalf of claimant included claimant's brother, [REDACTED].

ISSUE

Whether the Department properly determined 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. Claimant was a recipient of MA-P and SDA benefits.
2. On December 8, 2011, a medical review of claimant's disability status was conducted.
3. Claimant was found to have medically improved, and her MA-P and SDA benefits were placed into closure, because claimant was not considered disabled.
4. Medical evidence from the previous file was considered; new evidence consisted of a mental status report and a physical status report.

5. Claimant is 28 years old.
6. Claimant has a high school education.
7. Claimant is not currently working.
8. New medical records do not differ substantially from previous medical reports.
9. The mental status exam gives claimant a GAF of 50 and does not differ significantly in capacity assessments.
10. Claimant submitted additional records that show a mental hospitalization in [REDACTED] shortly before her review. On the day that claimant was released, notes show that claimant was anxious, impulsive, and disheveled.
11. Claimant's witnesses note that claimant has violent mood swings, requires surveillance to prevent harm to herself and others, and has frequent manias, including hallucinations, suicidal ideation, and anger with violence.
12. Medical records show that claimant had significant disagreements with a previous treating source.
13. On December 21, 2011, claimant filed for hearing.
14. On February 23, 2012, the State Hearing Review Team (SHRT) denied MA-P and SDA, using the five-step process and not the eight-step medical improvement process.
15. On April 5, 2012, a hearing was held before the Administrative Law Judge.
16. New evidence was submitted; on September 5, 2012, SHRT again denied MA-P and SDA using the five-step process in place of the eight-step medical improvement 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 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).

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (Department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. Department policies are found in BAM, BEM and 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.

However, once an individual has been determined to be disabled for the purposes of disability benefits, continued entitlement to benefits must be periodically reviewed. 20 CFR 416.994. In evaluating whether disability continues, the Administrative Law Judge must follow a sequential evaluation process, not unlike the initial disability evaluation, in which current work activities, severity of impairment, and the possibility of medical improvement and its relationship to the individual’s work ability are assessed. Review ceases and benefits continue if there is substantial evidence to find that the individual is unable to engage in substantial gainful activity (SGA). 20 CFR 416.994(b)(5).

In determining the continuation of disability, an eight-step process is followed. First, there must be a determination of whether claimant is engaging in SGA. Second, the undersigned will determine whether claimant has an impairment which meets or equals the severity of a listed impairment. This is followed by a determination of whether there has been medical improvement. If there has been medical improvement, a determination of whether the medical improvement is related to claimant’s ability to work must be made. If there has been no medical improvement, the undersigned will consider whether any exceptions apply if claimant has made no medical improvement. If there has been medical improvement and the improvement is related to claimant’s ability to work, a determination of whether the impairment is severe will be made. For the seventh step, the undersigned will assess a claimant’s current ability to engage in SGA. Finally, the claimant will be judged according to their capacity to perform any other work, given the claimant’s age, education, and past work experience. 20 CFR 416.994(b)(5)(i-viii).

The first step that must be considered is whether the claimant is still partaking in 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 2012 is \$1,690. For non-blind individuals, the monthly SGA amount for 2012 is \$1,010.

In the current case, claimant has testified that she 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.

In the second 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. 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 three.

The Administrative Law Judge finds that claimant's medical records do not contain medical evidence of an impairment that meets or equals a listed impairment. We, therefore, proceed to the next step.

In this step, the undersigned must determine whether there has been medical improvement as defined in 20 CFR 416.994(b)(1)(i). 20 CFR 416.994 (b)(5)(iii). Medical improvement is defined as any decrease in the medical severity of the impairment which was present at the time of the most recent favorable medical decision that the claimant was disabled or continues to be disabled. A determination that there has been a decrease in the medical severity must be based on improvement in the symptoms, signs, and/or laboratory findings associated with claimant's impairment. If there has been medical improvement as shown by a decrease in the medical severity, the undersigned must proceed to step 4, as discussed above. If there has been no decrease in severity and, thus, no medical improvement, step 4 is skipped, and the undersigned will proceed to step 5.

In the current case, the Department has failed to meet its burden of proof in showing medical improvement, shown by a decrease in medical severity. The medical evidence presented does not indicate an improvement or a decrease in medical severity. The medical evidence consists of a mental residual capacity assessment and a physical capacity assessment. These assessments are largely similar to the assessments of the prior year. The Department has the burden of proof to show actual improvement. The evidence presented by the Department shows, at most, stability, but certainly not improvement. In addition, claimant has presented evidence of a mental hospitalization that occurred in [REDACTED]. Claimant was released from the hospital with many severe symptoms. Claimant's witnesses credibly testified to symptoms and conditions that are consistent with the medical record. Therefore, as the medical records cannot be said to show improvement, the Department has not met its burden of proof in showing improvement, and the undersigned will continue to step 5.

If there has been no medical improvement or it is found that the medical improvement is not related to the claimant's ability to work, the Administrative Law Judge must consider whether any of the exceptions in 20 CFR 416.994(b)(3) and (4) applies. If no exceptions apply, disability will be found to continue. If one of the first group of

exceptions to medical improvement applies, the sequential process continues. If an exception from the second group of exceptions to medical improvement applies, disability will be found to have ended. The second group of exceptions to medical improvement may be considered at any point in this process. 20 CFR 416.994(b)(5)(v).

The law provides for certain limited situations when disability can be found to have ended even though medical improvement has not occurred, if the claimant can engage in SGA. These exceptions to medical improvement are intended to provide a way of finding that a person is no longer disabled in those limited situations where, even though there has been no decrease in severity of the impairment(s), evidence shows that the person should no longer be considered disabled or never should have been considered disabled. If one of these exceptions applies, it must also be shown that, taking all current impairment(s) into account, not just those that existed at the time of the most recent favorable medical decision, the claimant is now able to engage in SGA before disability can be found to have ended. 20 CFR 416.994(b)(3).

The first group of exceptions, found in 20 CFR 416.994(b)(3), is as follows:

- (i) Substantial evidence shows that you are the beneficiary of advances in medical or vocational therapy or technology (related to your ability to work);
- (ii) Substantial evidence shows that you have undergone vocational therapy (related to your ability to work);
- (iii) Substantial evidence shows that based on new or improved diagnostic or evaluative techniques your impairment(s) is not as disabling as it was considered to be at the time of the most recent favorable decision;
- (iv) Substantial evidence demonstrates that any prior disability decision was in error. This exception to medical improvement based on error is considered if substantial evidence (which may be evidence on the record at the time any prior determination of the entitlement to benefits based on disability was made, or newly obtained evidence which relates to that determination) demonstrates that a prior determination was in error. A prior determination will be found in error only if:
 - (A) Substantial evidence shows on its face that the decision in question should not have been made (e.g., the evidence in your file such as pulmonary function study values was misread

or an adjudicative standard such as a listing in appendix 1 of subpart P of part 404 of this chapter or a medical/vocational rule in appendix 2 of subpart P of part 404 of this chapter was misapplied), or;

- (B) At the time of the prior evaluation, required and material evidence of the severity of your impairment(s) was missing. That evidence becomes available upon review, and substantial evidence demonstrates that had such evidence been present at the time of the prior determination, disability would not have been found, or;
- (C) Substantial evidence which is new evidence which relates to the prior determination (of allowance or continuance) refutes the conclusions that were based upon the prior evidence (e.g., a tumor thought to be malignant was later shown to have actually been benign). Substantial evidence must show that had the new evidence, (which relates to the prior determination) been considered at the time of the prior decision, the claim would not have been allowed or continued. **A substitution of current judgment for that used in the prior favorable decision will not be the basis for applying this exception.**

In examining the record, the undersigned finds that no exceptions of the first group apply.

In addition to the first group of exceptions to medical improvement, the following exceptions may result in a determination that the claimant is no longer disabled. In these situations the decision will be made without a determination that the claimant has medically improved or can engage in SGA. 20 CFR 416.994(b)(4).

The second group of exceptions to medical improvement, found at 20 CFR 416.994(b)(4), is as follows:

- i) A prior determination or decision was fraudulently obtained;
- ii) Claimant did not cooperate;

- iii) Claimant is unable to be located;
- iv) Claimant failed to follow prescribed treatment which would be expected to restore the ability to engage in substantial gainful activity.

The undersigned has considered the record and finds no evidence that claimant meets any of these exceptions.

Therefore, as no exceptions apply, disability must be found to continue. 20 CFR 416.994(b)(5)(v). As claimant is found disabled at this step, no further evaluation is needed, and the undersigned declines to do so. Finally, as disability must be found to continue, the Department was in error when in closed claimant's MA-P and SDA benefit cases for medical improvement.

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 and SDA program. Therefore, the decisions to close claimant's MA-P and SDA benefits were incorrect.

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

The Department is ORDERED to:

1. Remove all negative actions against claimant's benefit case in question.
2. Initiate a review of claimant's disability case in October 2013.



Robert J. Chavez
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: October 18, 2012

Date Mailed: October 18, 2012

NOTICE: Michigan Administrative Hearing System (MAHS) 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. MAHS 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. (60 days for FAP cases)

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt 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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

RJC/pf

cc:

