

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

**IN THE MATTER OF:**

Reg. No: 201276094

Issue No: 2009

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

**DECISION AND ORDER**

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 [REDACTED]. Claimant appeared and testified. Claimant's Authorized Hearings Representative, [REDACTED] through [REDACTED] appeared for the Claimant. The Department was represented by [REDACTED].

**ISSUE**

Did the Department properly deny Claimant's Medical Assistance program (MA-P) application?

**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 [REDACTED], with a request for retroactive coverage back to [REDACTED].
2. The Medical Review Team denied the application on [REDACTED].
3. Claimant filed a request for hearing on [REDACTED] regarding the MA denial.
4. An in-person hearing was held on [REDACTED].
5. On [REDACTED], the State Hearing Review Team denied the application because the medical evidence of record indicates that the Claimant retains the capacity to perform a wide range of light work.
6. Claimant is 5' 9" tall and weighs 100 pounds having lost 25 pounds in the last year.

7. Claimant is 24 years of age.
8. Claimant's impairments have been medically diagnosed as neuropathy, diabetes, and ADHD.
9. Claimant has the following symptoms: muscle spasm, pain, fatigue, shortness of breath, insomnia, concentration problems, vomiting, and dizziness.
10. Claimant completed 9<sup>th</sup> grade.
11. Claimant is able to read, write, and perform basic math skills with difficulty.
12. Claimant is working part-time earning \$ [REDACTED] per month providing chore services for his mother 20 hours per month. Claimant last worked full time as a farm worker.
13. Claimant lives with his mother.
14. Claimant testified that he cannot perform some household chores.
15. Claimant takes the following prescribed medications:
  - a. [REDACTED]
  - b. [REDACTED]
  - c. [REDACTED]
  - d. [REDACTED]
16. Claimant testified to the following physical limitations:
  - i. Sitting: 20 minutes
  - ii. Standing: 20 minutes
  - iii. Walking: 100 feet
  - iv. Bend/stoop: difficulty
  - v. Lifting: 8 lbs.
  - vi. Grip/grasp: no limitations
17. Following hearing updated records were gathered and forwarded to the State Hearing Review. Claimant agreed to this and waived timeliness standards.
18. On [REDACTED] the State Hearing Review Team again denied Claimant's appeal because if Claimant was treatment compliant, the medical evidence of record does not document a mental/physical impairment that significantly limits the Claimant's ability to perform basic work activities.

19. Claimant testified to experiencing pain at a high level of 8 on an every day basis with some pain always present at a low level of 5-6.
20. There are numerous mentions in Claimant's medical records of Claimant being noncompliant with his prescribed treatments and of him leaving the hospital against medical advice.
21. On [REDACTED], Claimant left the hospital against medical advice after an episode of diabetic ketoacidosis.
22. On [REDACTED], Claimant left the hospital against medical advice.

### **CONCLUSIONS OF LAW**

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his or her claim for assistance has been denied. MAC R 400.903(1). Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The department will provide an administrative hearing to review the decision and determine the appropriateness of that decision. BAM 600.

Pursuant to Federal Rule 42 CFR 435.540, the Department uses the Federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the MA-P 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.

Federal regulations require that the department use the same operative definition for "disabled" as used for Supplemental Security Income (SSI) under Title XVI of the Social Security Act. 42 CFR 435.540(a).

"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.

In determining whether an individual is disabled, 20 CFR 416.920 requires the trier of fact to follow a sequential evaluation process by which current work activity, the severity of the impairment(s), residual functional capacity, and vocational factors (i.e., age,

education, and work experience) are assessed in that order. When a determination that an individual is or is not disabled can be made at any step in the sequential evaluation, evaluation under a subsequent step is not necessary.

First, the trier of fact must determine if the individual is working and if the work is substantial gainful activity. 20 CFR 416.920(b). In this case, the Claimant is not working. Therefore, the Claimant is not disqualified at this step in the evaluation.

The second step to be determined in considering whether the Claimant is considered disabled is whether the severity of the impairment. In order to qualify the impairment must be considered severe which is defined as an impairment which significantly limits an individual's physical or mental ability to perform basic work activities. Examples of these include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, 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).

In this case, the Claimant's medical evidence of record supports a finding that Claimant has significant physical and mental limitations upon Claimant's ability to perform basic work activities such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; Medical evidence has clearly established that the Claimant has an impairment (or combination of impairments) that has more than a minimal effect on the Claimant's work activities. See Social Security Rulings: 85-28, 88-13, and 82-63.

In the third step of the analysis, the trier of fact must determine if the Claimant's impairment (or combination of impairments) is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. This Administrative Law Judge finds that the Claimant's medical record does not support a finding that the Claimant's impairment(s) is a "listed impairment" or equal to a listed impairment. See Appendix 1 of Subpart P of 20 CFR Part 404, Part A. Listings 9.00 was considered.

The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for a recovery and/or medical assessment of ability to do work-related activities or ability to reason and to make appropriate mental adjustments, if a mental disability is being alleged. 20 CFR 416.913. A conclusory statement by a physician or mental health professional that an

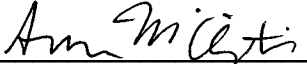
individual is disabled or blind is not sufficient, without supporting medical evidence, to establish disability. 20 CFR 416.927.

The fourth step of the analysis to be considered is whether the Claimant has the ability to perform work previously performed by the Claimant within the past 15 years. The trier of fact must determine whether the impairment(s) presented prevent the Claimant from doing past relevant work. In the present case, the Claimant's past employment was as a chore provider and farmer. Working as a chore provider as testified to by Claimant would be considered light work. The Claimant's impairments would not prevent him from doing past relevant work, because he is capable of performing work on light exertional level when compliant with treatment. Therefore, Claimant's appeal is denied at step 4. Claimant's testimony regarding his limitations and ability to sit, stand, walk, lift and carry are not supported by substantial evidence. 20 CFR 416.930 and 20 CFR 416.936 are also cited due to evidence supporting Claimant's noncompliance for correctable or treatable impairments.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Claimant is not medically disabled for the purposes of the MA-P program.

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

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

Date Signed: May 1, 2013

Date Mailed: May 1, 2013

**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 60 days of the filing of the original request.

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

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cc:

