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

IN THE MATTER OF:



Reg. No.:	201317098
Issue No.:	2009
Case No.:	
Hearing Date:	April 3, 2013
County:	Menominee

ADMINISTRATIVE LAW JUDGE: Janice G. Spodarek

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 April 3, 2013. Participants on behalf of Claimant included and and the services (DHS) included to the services (DHS) includ

ISSUE

Did the Department of Human Services (DHS) properly deny Claimant's Medical Assistance (MA) 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. On 10/14/12, Claimant applied for MA and SDA with the Michigan Department of Human Services (DHS). Claimant currently receives SDA due to working with MRS. There is no SDA issue.
- 2. Claimant did not apply for retro MA.
- 3. On 11/13/12, the MRT denied.
- 4. On 11/19/12, the DHS issued notice.
- 5. On 11/28/13, Claimant filed a hearing request.
- 6. On 2/1/13, the State Hearing Review Team (SHRT) denied Claimant.

- 7. Claimant has been denied twice SSI by Social Security Administration (SSA). Claimant currently has an appeal pending from 6/1/10 denial by Federal ALJ
- 8. Claimant is a -year-old standing 5'9 and weighing 225 pounds.
- 9. Claimant does not have an alcohol/drug abuse problem or history. // Claimant smokes. Claimant has a nicotine addiction.
- 10. Claimant does not have a driver's license. Claimant testified that he has not been able to pay for the permit and he needs to take the test.
- 11. Claimant has a
- 12. Claimant is not currently working. Claimant is working with MRS to retrain. Claimant with a parent and does many activities around the house including laundry, household chores, trash, etc. Claimant is paid for doing this work in the household. This is not presumptive substantial gainful activities (SGA).
- 13. Claimant alleges disability on the basis of severe migraines, attention deficit hyperactive disorder, anxiety and severe depression.
- 14. The 2/1/13 SHRT findings and conclusions of its decision are adopted and incorporated by reference herein/to the following extent:

Medical Summary:

Claimant functions in the low average range of intelligence per evaluation 11/11/08.

History of congenital cataract OS, removed with surgery-aphakia and retinal detachment OS in 2006, repaired with surgery. Best corrective left eye vision 20/15 in the right and light perception left. Normal vision in the right eye. Denied per 203.28 as guide.

- 15. 1/12/12 progress note indicates reports of bilateral knee pain. X-rays reported as negative. Range of motion within normal limits. No swelling or tenderness in the knees. Examination otherwise unremarkable. Impression was ADHD-stable, dysthymia-stable, obesity, bilateral knee pain due to obesity and right sided jaw pain probably secondary to wisdom tooth erupting.
- 16. Claimant testified at the administrative hearing that he does not need any assistance with his activities of daily living. Claimant does household chores for his mother and takes care of the house.

- 17. Claimant testified at the administrative hearing that he works out twice a week, does some jogging, push-ups and sit-ups.
- 18. Claimant testified at the administrative hearing the he is looking work possibly at a lumbar mill, full-time. Claimant testified that he would "take anything that pays."

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 Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

In order to receive MA benefits based upon disability or blindness, Claimant must be disabled or blind as defined in Title XVI of the Social Security Act (20 CFR 416.901). DHS, being authorized to make such disability determinations, utilizes the SSI definition of disability when making medical decisions on MA applications. MA-P (disability), also is known as Medicaid, which is a program designated to help public assistance Claimants pay their medical expenses. Michigan administers the federal Medicaid program. In assessing eligibility, Michigan utilizes the federal regulations.

Relevant federal guidelines provide in pertinent part:

"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.

The federal regulations require that several considerations be analyzed in sequential order:

...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.

The regulations require that if disability can be ruled out at any step, analysis of the next step is not required. These steps are:

- 1. If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or your age, education, and work experience. 20 CFR 416.920(b). If no, the analysis continues to Step 2.
- 2. Does the client have a severe impairment that has lasted or is 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 416.909(c).
- 3. Does the impairment appear on a special Listing of Impairments or are the client's symptoms, signs, and Iaboratory findings at least equivalent in severity to the set of medical findings specified for the listed impairment that meets the duration requirement? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.920(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. Sections 200.00-204.00(f)?
- 5. 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? This step considers the residual functional capacity, age, education, and past work experience to see if the client can do other work. If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(g).

At application Claimant has the burden of proof pursuant to:

...You must provide medical evidence showing that you have an impairment(s) and how severe it is during the time you say that you are disabled. 20 CFR 416.912(c).

Federal regulations are very specific regarding the type of medical evidence required by Claimant to establish statutory disability. The regulations essentially require laboratory or clinical medical reports that corroborate Claimant's claims or Claimant's physicians' statements regarding disability. These regulations state in part:

...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 sure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms).... 20 CFR 416.913(b).

...Statements about your pain or other symptoms will not alone establish that you are disabled; there must be medical signs and laboratory findings which show that you have a medical impairment.... 20 CFR 416.929(a).

...The medical evidence...must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. 20 CFR 416.913(d).

Medical findings consist of symptoms, signs, and laboratory findings:

- (a) **Symptoms** are your own description of your physical or mental impairment. Your statements alone are not enough to establish that there is a physical or mental impairment.
- Signs are anatomical, physiological, or psychological (b) abnormalities which can be observed, apart from your Signs must be shown by statements (symptoms). medically acceptable clinical diagnostic techniques. Psychiatric medically demonstrable signs are phenomena which indicate specific psychological abnormalities e.g., abnormalities of behavior, mood, thought, memory, orientation, development. or perception. They must also be shown by observable facts that can be medically described and evaluated.
- (c) Laboratory findings are anatomical, physiological, or psychological phenomena which can be shown by the use of a medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests, electrophysiological studies (electrocardiogram, electroencephalogram, etc.), roentgenological studies (X-rays), and psychological tests. 20 CFR 416.928.

It must allow us to determine --

- The nature and limiting effects of your impairment(s) for any period in question;
- (2) The probable duration of your impairment; and
- (3) Your residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

Information from other sources may also help us to understand how your impairment(s) affects your ability to work. 20 CFR 416.913(e).

...You can only be found disabled if you are unable 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. See 20 CFR 416.905. Your impairment must result from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.... 20 CFR 416.927(a)(1).

It is noted that Congress removed obesity from the Listing of Impairments shortly after the removal of drug addition and alcoholism. This removal reflects the view that there is a strong behavioral component to obesity. Thus, obesity in-and-of itself is not sufficient to show statutory disability.

Applying the sequential analysis herein, the first step in the analysis makes an assessment as to whether or not an individual is engage in work or work like settings. This step does not require that an individual actually be working if they are capable of working. Nor does this step require a showing that an individual be actually working and only working full-time.

As noted in the findings of facts, Claimant indicated that he is ready and willing to work. Claimant is interested in full-time work. Claimant testified that he would "take anything that pay." Claimant's testimony regarding work is consistent with his activities of daily living, and including taking care of all his needs, and taking care of his mother's household. Moreover, Claimant engages in working out approximately twice per week.

This ALJ does not find that Claimant meets statutory disability at step one of the analysis pursuant to the issues and requirements at 20 CFR 416.920(b).

It is also noted that Claimant has been denied on two occasions SSI by SSA. Jurisdiction is questionable pursuant to the issues and considerations at 42 CFR 435. 541.

It is further noted in the alternative, that should the sequential analysis be applied at step 5 of the analysis, the undersigned ALJ would concur with the SHRT decision with finding Claimant not disabled pursuant to 203.28 as guide.

In reaching these conclusions, it is noted that Claimant is a very young individual at 24 years old. Claimant's medical evidence as presented in this file doe not rise to statutory disability as defined and anticipated under Federal and State law. For these reasons, and for the reasons state above, statutory disability is not shown.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department's actions were correct.

Accordingly, the department's determination in this matter is UPHELD.

<u>/s/</u>

Janice G. Spodarek Administrative Law Judge for Maura D. Corrigan, Director Department of Human Services

Date Signed: 5/17/13

Date Mailed: 5/21/13

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 mailing date of the rehearing decision.

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

- A rehearing <u>MAY</u> 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

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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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