

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013-44770
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: September 9, 2013
County: Wayne DHS (18)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, an in-person hearing was held on September 9, 2013, from Taylor, Michigan. Participants included the above-named Claimant. [REDACTED] testified and appeared as Claimant's authorized hearing representative. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Lead Worker.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) on the basis that Claimant is not a disabled individual.

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On [REDACTED]/12, Claimant applied for MA benefits, including retroactive MA benefits from [REDACTED]/2012 (see Exhibits 9-10).
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On [REDACTED] 13, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 19-20).

4. On [REDACTED]/13, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action (Exhibits 16-18) informing Claimant of the denial.
5. On [REDACTED] 13, Claimant's AHR requested a hearing disputing the denial of MA benefits (see Exhibit 2).
6. On [REDACTED]/13, SHRT determined that Claimant was not a disabled individual by determining that Claimant did not have an impairment expected to last 12 months or longer.
7. On [REDACTED] 13, an administrative hearing was held.
8. Claimant presented new medical documents (Exhibits A1-A47) at the hearing.
9. On [REDACTED]/13, an updated hearing packet was forwarded to SHRT.
10. On [REDACTED]/13, SHRT determined that Claimant was not disabled by determining that Claimant did not have an impairment expected to last 12 months or longer.
11. On [REDACTED] 13 the Michigan Administrative Hearings System received the hearing packet and updated SHRT decision.
12. As of the date of the administrative hearing, Claimant was a [REDACTED]-year-old male with a height of 5'11" and weight of 220 pounds.
13. Claimant has no known relevant history of alcohol or illegal substance abuse.
14. Claimant's highest education year completed was the 12th grade.
15. As of the date of the administrative hearing, Claimant had no ongoing medical coverage.
16. Claimant alleged disability based on impairments and issues including stroke-related problems and migraine headaches.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

Prior to a substantive analysis of Claimant's hearing request, it should be noted that Claimant's AHR noted special arrangements in order to participate in the hearing; specifically, an in-person hearing was requested. Claimant's AHR's request was granted and the hearing was conducted accordingly.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 (10/2010), p. 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* AMP is an MA program available to persons not eligible for Medicaid through the SSI-related or FIP-related categories though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

Disability for purposes of MA benefits is established if one of the following circumstances applies:

- by death (for the month of death);
- the applicant receives Supplemental Security Income (SSI) benefits;
- SSI benefits were recently terminated due to financial factors;
- the applicant receives Retirement Survivors and Disability Insurance (RSDI) on the basis of being disabled; or
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances).

BEM 260 (7/2012) pp. 1-2

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for Medicaid eligibility without undergoing a medical review process which determines whether Claimant is a disabled individual. *Id.* at 2.

Generally, state agencies such as DHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally defined as the inability to do any substantial gainful activity (SGA) 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 functionally identical definition of disability is found under DHS regulations. BEM 260 (7/2012), p. 8.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id.* at 9.

Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute substantial gainful activity. *Id.*

The person claiming a physical or mental disability has the burden to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The 2012 monthly income limit considered SGA for non-blind individuals is \$1,010.

Medical records noted that Claimant returned to work (see Exhibit A23), though no date was provided. Evidence of Claimant's income amount was not presented. Without income amount information, it cannot be determined if Claimant performed SGA since the date of claimed disability. Due to a lack of evidence, the disability analysis may proceed to step two.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the 12 month duration requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id.*

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or

- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6th Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1st Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirement is intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1st Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with the relevant submitted medical documentation.

Hospital documents (Exhibits 42-47) from an admission dated [REDACTED]/12 were presented. It was noted that Claimant arrived as a trauma code level II following a motorcycle accident where Claimant was struck from behind. It was noted that Claimant underwent an internal fixation of right humerus shaft surgery on [REDACTED]/13. It was noted that Claimant also underwent a right leg four compartment fasciotomy on [REDACTED]/13. It was noted that a CT of Claimant's brain, facial bone and cervical spine each revealed no acute process. Other noted injuries included a partially torn Achilles tendon and several bone contusions. It was noted that claimant was discharged on [REDACTED]/12 and was scheduled to follow-up as outpatient in 1-2 weeks. Discharge medications included pain meds.

DHS presented hospital documents (Exhibits 29-37) from an admission dated [REDACTED]/12. It was noted that Claimant presented with a complaint of right shoulder pain radiating down the right arm. It was noted that x-rays of Claimant's right shoulder were taken; an impression of a grossly normal appearance was noted.

Hospital documents (Exhibits A1-A7) dated [REDACTED]/12 were presented. It was noted that Claimant presented with complaints of right arm pain. It was noted that Claimant had insurance and was attending physical therapy. It was noted that Claimant took Norco for pain but it was 10/10 at night. It was noted that Claimant had limited range of motion in the right shoulder. An impression of an incomplete bone union was noted following radiography of Claimant's humerus and elbow. A plan was noted for Claimant to continue therapy while Claimant's medications were adjusted.

Radiology documents (Exhibits 48-51; A8-A13) dated [REDACTED]/13 were presented. It was noted that radiology was taken of Claimant's right elbow and right humerus. A physician

noted an impression that Claimant's fractures "healed without evidence of hardware failure".

Hospital documents (Exhibits A19-A47) from an admission dated [REDACTED]/13 were presented. It was noted that Claimant presented with abnormal speech and behavior. A complaint of headache was also noted. It was noted that a CT of Claimant's head showed no acute intracranial pathology. It was noted that an MRI of the brain showed ventricles were symmetrical and midline. An impression of acute ischemic stroke was noted. It was noted that MRI showed changes in the right frontal area. It was noted that Claimant was treated with seizure medication and that his condition improved resulting in discharge on [REDACTED]/13.

Treatment documents (Exhibits A14-A18) dated [REDACTED]/13 were presented. It was noted that Claimant presented with headache complaints. It was noted that Claimant should start taking various medications.

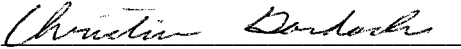
Claimant's claim of disability coincided with a motorcycle accident from [REDACTED]/2012. Medical records established that Claimant was seriously injured. Records from [REDACTED]/2013 also verified that Claimant's injuries were healed. Claimant's motorcycle injuries do not meet the durational requirements for a severe impairment, and disability is denied for the period of [REDACTED]/2012-[REDACTED]/2013.

In [REDACTED]/2013, Claimant suffered an ischemic stroke. It is known that the stroke was described as "acute" which is interpreted to be an isolated incident. If Claimant has a permanent impairment, it is too soon to tell. More importantly, the presented records failed to establish that Claimant will have impairments that will last 12 months or longer.

Based on the presented medical evidence, Claimant failed to establish meeting the durational requirements for a severe impairment. Accordingly, DHS properly denied Claimant's application for MA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied Claimant's MA benefit application dated [REDACTED]/12, including retroactive MA benefits from [REDACTED]/2012, based on a determination that Claimant is not disabled. The actions taken by DHS are **AFFIRMED**.


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

Date Signed: 11/15/2013

Date Mailed: 11/15/2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

CG/hw

cc:

