

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

IN THE MATTER OF:



Reg. No.: 20133866
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: January 17, 2013
County: Wayne DHS (55)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, an in-person hearing was held on January 17, 2013, from Detroit, Michigan. Participants included the above-named claimant. [REDACTED] appeared as Claimant's authorized hearing representative (AHR). Participants on behalf of Department of Human Services (DHS) included [REDACTED], Specialist.

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 11/28/11, Claimant applied for MA benefits (see Exhibits 11-12), including retroactive MA benefits from 9/2011 (see Exhibits 9-10; 58-59).
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 7/7/12, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 16-17).
4. On 7/11/12, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On 9/27/12, Claimant requested a hearing disputing the denial of MA benefits (see Exhibit 2).
6. On 11/30/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibit 65-66), in part, by application of Medical-Vocational Rule 202.21.
7. On 1/17/13, an administrative hearing was held.
8. At the administrative hearing, Claimant presented new additional records (Exhibits A1-A111).
9. Subsequently, all of the medical documents were forwarded to SHRT.
10. On 3/6/13, SHRT determined that Claimant was not a disabled individual (see Exhibit A112-A113), in part, by application of Medical-Vocational Rule 201.21.
11. As of the date of the administrative hearing, Claimant was a [REDACTED] year old male with a height of 5'10" and weight of 325 pounds.
12. Claimant has no known relevant history of tobacco, alcohol or illegal substance abuse.
13. Claimant completed the 12th grade and obtained an associate's degree in Business Management.
14. As of the date of the administrative hearing, Claimant had no medical coverage.
15. Claimant alleged that he is disabled based on impairments and issues including: knee restrictions, depression, CHF and breathing difficulties related to pulmonary emboli (PE).

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). DHS (formerly known as the Family Independence Agency) 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 Reference Tables Manual (RFT).

MA provides medical assistance to individuals and families who meet financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

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 at 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 (see BEM 260 at 1-2):

- 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).

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 at 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 2011 monthly income limit considered SGA for non-blind individuals is \$1,000. The 2012 income limit is \$1010/month.

In the present case, Claimant denied having any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Without ongoing employment, it can only be concluded that Claimant is not performing SGA. It is found that Claimant is not performing SGA; accordingly, 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.

Medical treatment documents (Exhibits 40-43) dated [REDACTED] were presented. It was noted that Claimant reported bilateral ankle and knee pain. It was noted that Claimant had marked edema in both legs up to the knee.

Hospital documents (Exhibits 48-54) dated [REDACTED] were presented. It was noted that Claimant complained of bloody urethral discharge. A prescription copy was noted. Claimant appeared to be discharged on the same day.

Hospital documents (Exhibits 55-59) dated [REDACTED] were presented. It was noted that Claimant presented with complaints of chronic sciatica pain. Claimant was given Norco, Prednisone and Valium and discharged on the same date.

A Medical- Social Questionnaire (Exhibits 5-7) dated [REDACTED] was presented. The form was signed by a self-described Medicaid Advocate. The form listed two past hospital encounters, both in 9/2011- one for sciatica and one for acute urinary tract infection.

A consultative physical examination report (Exhibits 30-38) dated [REDACTED] was presented. It was noted that an x-ray of Claimant's left knee revealed degenerative changes with pointed tibial spines and posterior patellar spurring. It was noted that Claimant had mild range of motion restrictions in the shoulders and moderate motion restrictions in the lumbar. Moderate restrictions were also noted for Claimant's knees, with more restrictions on the left. It was noted that Claimant had a limping gait. The examining physician provided an assessment which noted: chronic lumbar radiculopathy on the left- noted as moderate in intensity, arthritis of the knees, chronic osteoarthritis in multiple joints, bilateral wrist pain (worse on the left), uncontrolled hypertension, coronary artery disease, morbid obesity and depression. It was noted that Claimant did not have the following abilities: bending, stooping, carrying, tying shoes, picking up items, or climbing stairs. The examining physician noted that Claimant could perform 6-8 hours of work, walk without difficulty, sit without difficulty and lift 20 pounds without difficulty.

A consultative mental examination report (Exhibits 19-22) dated [REDACTED] was presented. It was noted that Claimant had a 20 year history of employment prior to becoming recently homeless. It was noted that Claimant reported problems involving: crying spells, feeling isolated, low motivation, disturbed sleep, poor memory, anxiety attacks and fatigue. Claimant also reported seeing hallucinations of his deceased mother and having conversations with his deceased sister. It was noted that Claimant had decreased motor activity. The examiner provided a diagnosis based on Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM IV). Axis I diagnoses included major depressive disorder, with psychotic features and panic disorder, chronic. Claimant's GAF was 60. Claimant's prognosis was fair.

Medical documents (Exhibits A1-A5) dated [REDACTED] were presented. It was noted that Claimant complained of breathing difficulties. It was noted that no edema was present. A generic assessment of dyspnea was noted. It was also noted that Claimant be admitted overnight.

Hospital documents (Exhibits A33-A111) were presented. It was noted that Claimant reported a worsening of breathing difficulties. The documents noted that Claimant was hospitalized from 9/14/12-9/19/12. A history of hypertension and diabetes was noted. It was noted that CT Thorax protocol showed bilateral pulmonary emboli involving the major branches of arteries. A diagnosis of systolic CHF was noted. Claimant's ejection fraction was noted as 35-40%.

Medical documents (Exhibits A6-A8) from a [REDACTED] encounter were presented. It was noted that Claimant presented for a return visit following a recent hospitalization. It was noted that the hospitalization uncovered blood clots in Claimant's lungs. CHF was also noted as a recent diagnosis. It was noted that Claimant return in a week for Coumadin.

Follow-up medical documents (Exhibits A9-A12) from [REDACTED] were presented. It was noted that Claimant reported no depression symptoms, no leg pain but had shortness of breath.

Claimant's medical history verified that Claimant has significant breathing difficulties. Based on 9/2012 hospitalization records, it was verified that the respiratory restrictions are related to multiple clots in the lungs and CHF. A restriction to Claimant's ability to walk and lift may be reasonably presumed based on documented history of complaints and diagnoses of PE and CHF.

Claimant's breathing difficulties are documented only as far back as 9/2012. Sciatic pain is documented as far back as 9/2011 while joint pain is documented as far back as 1/2011. The evidence supports finding that Claimant meets the durational requirements for a severe impairment.

As it was found that Claimant established significant impairment to basic work activities for a period longer than 12 months, it is found that Claimant established having a severe impairment. Accordingly, the disability analysis may move to step three.

The third step of the sequential analysis requires a determination whether the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920 (a)(4)(iii). If Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

Claimant reported several impairments. Claimant's reported impairments are covered by the following SSA listings: CHF (Listing 4.02), joint pain (Listing 1.02) and respiratory restrictions (Listing 3.00). There is no verification of stress testing or that Claimant's ejection fraction is low enough to meet the listing for CHF. Claimant failed to establish an inability to ambulate effectively to meet the listing for joint pain. There is no evidence of respiratory testing to meet any of the listings involving respiratory dysfunction. Claimant failed to establish meeting a SSA listing.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity (RFC) and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if it is determined that a claimant can perform past relevant work. *Id.*

Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

Claimant has a lengthy history in fast food management. Claimant testified that each of his jobs required long periods of standing and occasionally lifting boxes of 40 pounds. Claimant testified that he can no longer perform the standing or lifting required of his former employment due to breathing difficulties and knee pain. Claimant's testimony is supported by medical evidence. Accordingly, it is found that Claimant cannot perform his past relevant employment and the analysis may proceed to step five.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P,

Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b) Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.*

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.*

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR

416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

SHRT determined that Claimant was capable of performing sedentary employment (see Exhibits A112-113). For purposes of this decision, only an analysis of sedentary employment will be undertaken.

Claimant's breathing difficulties, CHF diagnoses, ejection fraction of 35-40% and joint pain could be consistent with a finding that Claimant is restricted from performing even sedentary employment. The mere consistency is not sufficient to justify the finding.

Claimant's AHR smartly made the point that Claimant suffers edema which requires Claimant to raise his legs for extended periods. The AHR contended that Claimant's need to elevate his legs would prevent Claimant from performing even sedentary employment. The AHR contention is reasonable, if it can be established that edema is a chronic problem for Claimant.

Claimant testified that he regularly elevates his legs to avoid swelling. It was also documented in 1/2011 that Claimant had marked edema in both legs. This evidence is further support of a finding of less than sedentary employment. Claimant's 9/2012 medical records also noted swollen legs (see Exhibit A50).

The medical evidence was not conclusive, but was sufficient to establish that Claimant is restricted from performing even sedentary employment. If Claimant is not capable of performing even sedentary employment, a finding of disability is appropriate. Accordingly, the DHS denial of Claimant's MA benefit application based on a finding that Claimant is not disabled was improper.


DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds that DHS improperly denied Claimant's application for MA benefits. It is ordered that DHS:

- (1) reinstate Claimant's MA benefit application dated 11/28/11, including the request for retroactive MA benefits from 9/2011;
- (2) evaluate Claimant's MA benefit eligibility on the basis that Claimant is a disabled individual;

- (3) initiate a supplement for any benefits not issued as a result of the improper application denial; and
- (4) schedule a review of benefits in one year from the date of this administrative decision, if Claimant is found eligible for future MA benefits.

The actions taken by DHS are REVERSED.


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

Date Signed: 3/13/2013

Date Mailed: 3/13/2013

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

CG/hw

cc:

