



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]
Date Mailed: [REDACTED] July 6, 2017
MAHS Docket No.: 17-004878
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250. After due notice, a telephone hearing was held on [REDACTED], from [REDACTED], Michigan. Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by [REDACTED].

ISSUE

Whether the Department properly determined that Petitioner was not disabled for purposes of the State Disability Assistance (SDA) benefit programs?

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 October 12, 2016, Petitioner applied for SDA.
2. On [REDACTED], the Medical Review Team (MRT) denied Petitioner's application for SDA per BEM 261 because the nature and severity of Petitioner's impairments would not preclude work activity at the above stated level for 90 days and is capable of performing other work under Medical Vocation Grid Rule 202.21 per 20 CFR 416.920(f).
3. On [REDACTED], the Department Caseworker sent Petitioner a notice that his application was denied.
4. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action.

5. Petitioner is a [REDACTED]-year-old man, whose date of birth is [REDACTED]. Petitioner is [REDACTED]' [REDACTED]" tall, and weighs [REDACTED] pounds. Petitioner completed High School and trade school for an electrical apprentice. Petitioner can read, write, and do basic math. Petitioner was last employed as a cook in [REDACTED], at the light to medium level. He was also employed as a stocker at the light to medium level, server, and temporary worker.
6. Petitioner's alleged impairments are bipolar disorder, spinal fusion on [REDACTED] with complications, and chronic pain.
7. Petitioner was seen for an MRI of the lumbar spine with and without contrast. The radiologist's clinical impression was postoperative changes due to a posterior fusion, laminectomy, and interbody spacer device placement at L5-S1. No evidence of recurrent herniation is seen. There is some enhancing tissue extending into the region of the left lateral recess although this does not appear to efface the exiting or traversing left sided roots. Petitioner Exhibit 1, pgs. a-c.
8. On [REDACTED], Petitioner was seen for an IR Myelogram Lumbar. The radiologist's clinical impression was negative lumbar myelogram. The nerve roots are all well delineated. There was no evidence of nerve root cut off or herniated disc on these images. No herniated discs were seen. Petitioner has had a pedicle screw and interbody fusion at L5-S1 with a normal alignment. Petitioner's Exhibit 1, pgs. d-e.
9. On [REDACTED], Petitioner was seen by his treating orthopedic specialist for a following up of his [REDACTED] fusion surgery. His leg pain had improved dramatically. However, he was still having severe back pain. He still presented with persistent low back pain. A CT myelogram of the lumbosacral region was ordered. Department Exhibit 1, pgs. 147-151.
10. On [REDACTED], Petitioner was seen for a mental health [REDACTED] [REDACTED] (CMH). He requested services because he feels as though his life was out of control. Petitioner was diagnosed with a mood disorder, nos, polysubstance dependence, and borderline personality disorder. He was given a GAF of 50. He reported suicidal ideation with no active plan. Petitioner was eligible for Level 3 DBT Case Management services. There was no evidence of a severe thought disorder. Department Exhibit 1, pgs. 48-51.
11. On [REDACTED] Petitioner presented to the emergency room at [REDACTED] [REDACTED] for alcohol intoxication, depression, self-mutilation, suicidal thoughts, and threats where he was admitted with a release date of [REDACTED]. He had feelings of worthlessness, tearful, and decreased interest. Petitioner had a recent medication change, stressful life event, and disrupted living situation. There was evidence of suicidal and homicidal ideation with no plan. He had no evidence of a thought disorder. Petitioner had poor judgment

with no insight. He was diagnosed with bipolar disorder, depressed, severe. He was given a GAF of 21 initially. He participated in individual and group session with medications provided for his mental impairments. His discharge condition was fair. There were no side effects from the medications prescribed. During hospitalizations, he was compliant with no behavioral problems. His condition had improved at discharge with no risk factors or evidence of a severe thought disorder. He good social judgment and was fully engaged in his care. His GAF was 41-50, serious symptoms. Department Exhibit 1, pgs. 234-274.

12. On [REDACTED], Petitioner underwent a psychiatric evaluation at [REDACTED]. He was diagnosed with bipolar disorder type 1, depressed with a history of psychotic features and cannabis abuse with a history of polysubstance abuse. He was given a GAF of 45. There was no evidence of risk factors or a severe thought disorder. He did have sleep and appetite disturbances with poor self-esteem and lack of confidence. His prognosis was guarded and his judgment and insight was impaired. His treatment recommendations were periodic psychotropic medication evaluation to alleviate the symptoms of the illness and to assess the benefits and side effects of the medication, psychotherapy, crisis intervention, NA/AA meetings, and medical problem follow up care by his primary care physician. Department Exhibit 1, pgs. 160-165.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

The Department conforms to State statute in administering the SDA program.

2000 PA 294, Sec. 604, of the statute states:

Sec. 604. (1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempted from the supplemental security income citizenship requirement

who are at least 18 years of age or emancipated minors meeting 1 or more of the following requirements:

- (a) A recipient of supplemental security income, social security, or medical assistance due to disability or 65 years of age or older.
- (b) A person with a physical or mental impairment which meets federal supplemental security income disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

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

A set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience are reviewed. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

Medical evidence may contain medical opinions. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge reviews all medical findings and other evidence that support a medical source's statement of disability. 20 CFR 416.927(e).

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence or pace; and ability to tolerate increased mental demands associated with competitive work). 20 CFR, Part 404, Subpart P, Appendix 1, 12.00(C).

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Pursuant to 20 CFR 416.920, a five-step sequential evaluation process is used to determine disability. An individual's current work activity, the severity of the impairment, the residual functional capacity, past work, age, education and work experience are evaluated. If an individual is found disabled or not disabled at any point, no further review is made.

The first step is to determine if an individual is working and if that work is "substantial gainful activity" (SGA). If the work is SGA, an individual is not considered disabled regardless of medical condition, age or other vocational factors. 20 CFR 416.920(b).

Secondly, the individual must have a medically determinable impairment that is "severe" or a combination of impairments that is "severe." 20 CFR 404.1520(c). An impairment or combination of impairments is "severe" within the meaning of regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work. 20 CFR 404.1521; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p. If Petitioner does not have a severe medically determinable impairment or combination of impairments, Petitioner is not disabled. If Petitioner has a severe impairment or combination of impairments, the analysis proceeds to the third step.

The third step in the process is to assess whether the impairment or combination of impairments meets a Social Security listing. If the impairment or combination of impairments meets or is the medically equivalent of a listed impairment as set forth in Appendix 1 and meets the durational requirements of 20 CFR 404.1509, the individual is considered disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the trier must determine Petitioner's residual functional capacity. 20 CFR 404.1520(e). An individual's residual functional capacity is his ability to do physical and mental work activities on a sustained basis despite limitations from his impairments. In making this finding, the trier must consider all of Petitioner's impairments, including impairments that are not severe. 20 CFR 404.1520(e) and 404.1545; SSR 96-8p.

The fourth step of the process is whether Petitioner has the residual functional capacity to perform the requirements of his past relevant work. 20 CFR 404.1520(f). The term past relevant work means work performed (either as Petitioner actually performed it or as is it generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. If Petitioner has the residual functional capacity to do past relevant work, then Petitioner is not disabled. If Petitioner is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth step.

In the fifth step, an individual's residual functional capacity is considered in determining whether disability exists. An individual's age, education, work experience and skills are used to evaluate whether an individual has the residual functional capacity to perform work despite limitations. 20 CFR 416.920(e).

Here, Petitioner has satisfied requirements as set forth in steps one and two of the sequential evaluation. However, Petitioner's impairments do not meet a listing as set forth in Appendix 1, 20 CFR 416.926 for step 3. Therefore, vocational factors will be considered to determine Petitioner's residual functional capacity to do relevant work and past relevant work.

In the present case, Petitioner was seen for an MRI of the lumbar spine with and without contrast. The radiologist's clinical impression was postoperative changes due to a posterior fusion, laminectomy, and interbody spacer device placement at L5-S1. No evidence of recurrent herniation is seen. There is some enhancing tissue extending into the region of the left lateral recess although this does not appear to efface the exiting or traversing left sided roots. Petitioner Exhibit 1, pgs. a-c.

On [REDACTED], Petitioner was seen for an IR Myelogram Lumbar. The radiologist's clinical impression was negative lumbar myelogram. The nerve roots are all well delineated. There was no evidence of nerve root cut off or herniated disc on these images. No herniated discs were seen. Petitioner has had a pedicle screw and interbody fusion at L5-S1 with a normal alignment. Petitioner's Exhibit 1, pgs. d-e.

On [REDACTED], Petitioner was seen by his treating orthopedic specialist for a following up of his [REDACTED], fusion surgery. His leg pain had improved dramatically. However, he was still having severe back pain. He still presented with persistent low back pain. A CT myelogram of the lumbosacral region was ordered. Department Exhibit 1, pgs. 147-151.

On [REDACTED], Petitioner was seen for a mental health [REDACTED] (CMH). He requested services because he feels as though his life was out of control. Petitioner was diagnosed with a mood disorder, nos, polysubstance dependence, and borderline personality disorder. He was given a GAF of 50. He reported suicidal ideation with no active plan. Petitioner was eligible for Level 3 DBT Case Management services. There was no evidence of a severe thought disorder. Department Exhibit 1, pgs. 48-51.

On [REDACTED], Petitioner presented to the emergency room at [REDACTED] for alcohol intoxication, depression, self-mutilation, suicidal thoughts, and threats where he was admitted with a release date of [REDACTED]. He had feelings of worthlessness, tearful, and decreased interest. Petitioner had a recent medication change, stressful life event, and disrupted living situation. There was evidence of suicidal and homicidal ideation with no plan. He had no evidence of a thought disorder. Petitioner had poor judgment with no insight. He was diagnosed with bipolar disorder, depressed, severe. He was given a GAF of 21 initially. He participated in individual and group session with medications provided for his mental impairments. His discharge condition was fair. There were no side effects from the medications prescribed. During hospitalizations, he was compliant with no behavioral problems. His condition had improved at discharge with no risk factors or evidence of a severe thought disorder. He good social judgment and was fully engaged in his care. His GAF was 41-50, serious symptoms. Department Exhibit 1, pgs. 234-274.

On [REDACTED], Petitioner underwent a psychiatric evaluation at [REDACTED]. He was diagnosed with bipolar disorder type 1, depressed with a history of psychotic features and cannabis abuse with a history of polysubstance abuse. He was given a GAF of 45. There was no evidence of risk factors or a severe thought disorder. He did have sleep and appetite disturbances with poor self-esteem and lack of confidence. His prognosis was guarded and his judgment and insight was impaired. His treatment recommendations were periodic psychotropic medication evaluation to alleviate the symptoms of the illness and to assess the benefits and side effects of the medication, psychotherapy, crisis intervention, NA/AA meetings, and medical problem follow up care by his primary care physician. Department Exhibit 1, pgs. 160-165.

This Administrative Law Judge finds that Petitioner was hospitalized for his mental impairments. He was stabilized with therapy and medications. In addition, he had a psychiatric evaluation that stated that he should be on medications and in treatment. Petitioner stated during the hearing that he was not in therapy nor taking medications for his mental impairments. He is in noncompliance with his treatment plan for his mental impairments. Petitioner had a fusion surgery for his low back pain. He some improvements, but continued to smoke cigarettes which would slow down his recovery.

It is the finding of this Administrative Law Judge, based upon the medical evidence and objective, physical and psychological findings that Petitioner testified that he does perform some of his daily living activities, but his mother has a chore provider who does the household chores. Petitioner does feel that his condition has worsened because he fell within 3 months, where he slipped and fell down the stairs. Petitioner stated that he does have mental impairments where he is not taking medication nor in therapy. Petitioner smokes a ½ a pack of cigarettes a day. He drinks alcohol occasionally. He stopped using illegal and illicit drugs of cocaine over a year ago. Petitioner did not feel there was any work he could do.

At Step 4, this Administrative Law Judge finds that Petitioner has not established that he cannot perform any of his prior work. He was previously employed as a cook in [REDACTED], at the light to medium level. He was also employed as a stocker at the light to medium level, server, and temporary worker. Petitioner is not in therapy, nor taking medication for his mental impairments. He has issues with his back with chronic low back pain even though he had fusion surgery in [REDACTED], which may limit him to light work. Therefore, Petitioner is disqualified from receiving disability at Step 4. Petitioner is capable of performing his past work, at the light level as a stocker or temporary worker. He does not have a driver's license due to drunk driving. However, the Administrative Law Judge will still proceed through the sequential evaluation process to determine whether Petitioner has the residual functional capacity to perform some other less strenuous tasks than in his prior jobs.

The objective medical evidence on the record is insufficient that Petitioner lacks the residual functional capacity to perform some other less strenuous tasks than in his previous employment or that he is physically unable to do any tasks demanded of him. Petitioner's testimony as to his limitation indicates his limitations are non-exertional and exertional.

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence, or pace; and ability to tolerate increased mental demands associated with competitive work).... 20 CFR, Part 404, Subpart P, App. 1, 12.00(C).

In the instant case, Petitioner testified that he has bipolar disorder. Petitioner is not taking medication nor in therapy for his mental impairments. See MA analysis step 2. There was no evidence of a serious thought disorder or risk factors. He is in noncompliance with his treatment plan, which requires him to be in therapy and taking medications for his mental impairments. Petitioner will be limited to simple and unskilled work.

In the final step of the analysis, the trier of fact must determine if Petitioner's impairment(s) prevent Petitioner from doing other work. 20 CFR 416.920(f). This determination is based upon Petitioner's:

1. residual functional capacity defined simply as "what can you still do despite your limitations?" 20 CFR 416.945;
2. age, education, and work experience, 20 CFR 416.963-965; and
3. the kinds of work which exist in significant numbers in the national economy which Petitioner could perform despite her limitations. 20 CFR 416.966.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in

the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Sedentary work. Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 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. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the 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. 20 CFR 416.967(b).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

At Step 5, Petitioner can meet the physical requirements of light work, based upon Petitioner's physical abilities. Under the Medical-Vocational guidelines, a younger age individual with a high school education, and a semi-skilled and unskilled work history, who is limited to light work, is considered not disabled. 20 CFR 404, Subpart P, Appendix 2, Rule 202.21. The Medical-Vocational guidelines are not strictly applied with non-exertional impairments such as bipolar disorder. 20 CFR 404, Subpart P, Appendix 2, Section 200.00. Using the Medical-Vocational guidelines as a framework for making this decision and after giving full consideration to Petitioner's mental and physical impairments, the Administrative Law Judge finds that Petitioner could perform

simple and unskilled light work and that Petitioner does not meet the definition of disabled under the SDA program.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner not disabled for purposes of the SDA benefit program. Petitioner could perform simple and unskilled light work and that Petitioner does not meet the definition of disabled under the SDA program.

Accordingly, the Department's determination is **AFFIRMED**.

CF/bb



Carmen G. Fahie

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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 48909-8139

DHHS

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Petitioner

[REDACTED]