



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: November 15, 2017
MAHS Docket No.: 17-010701
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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 October 16, 2017, from Lansing, Michigan. Petitioner personally appeared and testified. [REDACTED], Petitioner's Mental Health Case Worker, also appeared and testified on Petitioner's behalf. Petitioner submitted 40 exhibits which were admitted into evidence.

The Department of Health and Human Services (Department), Respondent, was represented by Hearing Facilitator, [REDACTED]. [REDACTED] testified on behalf of the Department. The Department submitted 1082 exhibits which were admitted into evidence. The record was closed at the conclusion of the hearing.

ISSUE

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

FINDINGS OF FACT

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

1. Petitioner was receiving SDA at all times pertinent to this case.
2. On [REDACTED], Petitioner filed a redetermination for SDA benefits alleging continuing disability.
3. On [REDACTED], the Medical Review Team (MRT) denied Petitioner's continuing SDA benefits. [Dept. Ex. 1162-1168].

4. On [REDACTED], the Department mailed Petitioner a Notice of Case Action, informing Petitioner the SDA benefits would close effective [REDACTED]. [Dept. Ex. 1-2, 1080-1082].
5. On [REDACTED], Petitioner submitted a Request for Hearing to the Department contesting the Department's denial.
6. A review of Petitioner's medical records indicate Petitioner has been diagnosed with Depression, Anxiety, Panic Disorder, Cluster B personality disorder, social phobia, posttraumatic stress disorder, bipolar disorder, hypertension, chronic sinusitis, and gastroesophageal reflux disease.
7. On [REDACTED], during a medication review, it was noted that Petitioner had been admitted to [REDACTED] on [REDACTED], for attempted suicide. The records reflect that Petitioner was then transferred to [REDACTED] on [REDACTED], from where she was discharged on [REDACTED]. [Dept. Exh. 427-431, 739-742].
8. During the hearing in the above captioned matter, Petitioner's Mental Health Case Worker, [REDACTED], credibly testified that Petitioner is diagnosed with posttraumatic stress disorder (PTSD), and anxiety. Petitioner is housebound and carries a box cutter. Petitioner has not responded well to medication and she has been in therapy. [Testimony of [REDACTED], 10/16/2017].
9. On [REDACTED], Petitioner underwent an independent mental status examination on behalf of the Department based on an interview with Petitioner. The examiner noted that Petitioner was not a good historian. No medical records were reviewed. The examiner noted that Petitioner's mood was anxious, paranoid, and fearful. Petitioner is quoted as saying, "the disability people are trying to keep me somewhere." The examiner indicated that Petitioner did not appear to engage in any exaggeration or minimization of symptomology. Her affect was sullen and mildly anxious, suspicious, and mildly paranoid. She presented and reported anxiety. Petitioner reported hearing voices when she was out. She reported hearing, "They're going to keep me. Go back home. It's a trap." Petitioner was unable to identify the voices and reported that the voices protect her. Petitioner reported carrying a knife and hammer as her weapons. The examiner noted that Petitioner was not seen as able to manage benefit funds, if awarded, due to judgment impairing Bipolar Disorder. Petitioner was diagnosed with Bipolar Disorder, Panic Disorder, with Agoraphobia. Her prognosis was guarded. [Dept. Exh. 386-390].

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services

Bridges Eligibility Manual (BEM), and Department of Health and Human Services Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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.

Current legislative amendments to the Act delineate eligibility criteria as implemented by department policy set forth in program manuals. 2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

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 exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:

(b) A person with a physical or mental impairment which meets federal SSI 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.

Specifically, this Act provides minimal cash assistance to individuals with some type of severe, temporary disability which prevents him or her from engaging in substantial gainful work activity for at least ninety (90) days.

Pursuant to the federal regulations at 20 CFR 416.994, once a client is determined eligible for disability benefits, the eligibility for such benefits must be reviewed periodically. Before determining that a client is no longer eligible for disability benefits,

the agency must establish that there has been a medical improvement of the client's impairment that is related to the client's ability to work. 20 CFR 416.994(b)(5).

To assure that disability reviews are carried out in a uniform manner, that a decision of continuing disability can be made in the most expeditious and administratively efficient way, and that any decisions to stop disability benefits are made objectively, neutrally, and are fully documented, we will follow specific steps in reviewing the question of whether your disability continues. Our review may cease and benefits may be continued at any point if we determine there is sufficient evidence to find that you are still unable to engage in substantial gainful activity. 20 CFR 416.994(b)(5).

The first question asks:

- (i) Are you engaging in substantial gainful activity? If you are (and any applicable trial work period has been completed), we will find disability to have ended (see paragraph (b)(3)(v) of this section).

Petitioner is not disqualified from this step because she has not engaged in substantial gainful activity at any time relevant to this matter. Furthermore, the evidence on the record fails to establish that Petitioner has a severe impairment which meets or equals a listed impairment found at 20 CFR 404, Subpart P, Appendix 1. Therefore, the analysis continues. 20 CF 416.994(b)(5)(ii).

The next step asks the question if there has been medical improvement. Medical improvement is any decrease in the medical severity of your impairment(s) which was present at the time of the most recent favorable medical decision that you were disabled or continued to be disabled. A determination that there has been a decrease in medical severity must be based on changes (improvement) in the symptoms, signs and/or laboratory findings associated with your impairment(s). 20 CFR 416.994(b)(1)(i).

If there is a decrease in medical severity as shown by the symptoms, signs and laboratory findings, we then must determine if it is related to your ability to do work. In paragraph (b)(1)(iv) of this section, we explain the relationship between medical severity and limitation on functional capacity to do basic work activities (or residual functional capacity) and how changes in medical severity can affect your residual functional capacity. In determining whether medical improvement that has occurred is related to your ability to do work, we will assess your residual functional capacity (in accordance with paragraph (b)(1)(iv) of this section) based on the current severity of the impairment(s) which was present at your last favorable medical decision. 20 CFR 416.994(b)(2)(ii).

Petitioner was admitted to [REDACTED] on [REDACTED], for attempted suicide. She was transferred to [REDACTED] on [REDACTED], where she was discharged on [REDACTED], with a guarded prognosis.

On [REDACTED], Petitioner underwent a medical evaluation on behalf of the Department on [REDACTED]. The evaluation does not indicate a decrease in medical severity based on improvement of Petitioner's symptoms. Further, the evaluation also indicated a guarded prognosis.

As a result, the Department has not met its burden of proof. The Department has provided no evidence that indicates Petitioner's medical condition has improved or that any improvement relates to her ability to do basic work activities. The agency provided some objective medical evidence from a medical source that opines Petitioner is currently capable of doing basic work activities. Because the Department did not meet show medical improvement, the agency's SDA eligibility determination cannot be upheld at this time.

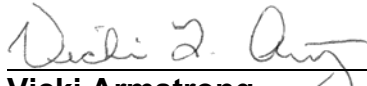
DECISION AND ORDER

Accordingly, the Department's determination is REVERSED.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reinstate Petitioner's SDA back to the date of denial and issue any retroactive SDA benefits she may otherwise be entitled to.
2. Redetermine Petitioner's SDA eligibility in [REDACTED].

VLA/bb



Vicki Armstrong
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]

Petitioner

[REDACTED]