



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR



Date Mailed: May 23, 2018  
MAHS Docket No.: 18-002440  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

### **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 April 24, 2018, from Lansing, Michigan. Petitioner was represented by herself. Janie Driggs also testified for Petitioner. The Department of Health and Human Services (Department), Respondent, was represented by [REDACTED], Eligibility Specialist. Department Exhibit 1, pp. 1-937 was received and admitted. Petitioner Exhibit A, pp.1-25 was received and admitted.

### **ISSUE**

Whether the Department properly determined that Petitioner was no longer disabled for purposes of the Medical Assistance (MA) and 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. Petitioner is a recipient of MA and SDA based on a disability.
2. The Medical Review Team determined that Petitioner was no longer disabled on [REDACTED].
3. On [REDACTED], Notice of Case Action was sent to Petitioner informing her that her MA and SDA benefits would close.

4. Petitioner filed a request for hearing on [REDACTED], regarding the MA and SDA closures.
5. A telephone hearing was held on [REDACTED].
6. Petitioner is [REDACTED]' [REDACTED]" tall, and weighs [REDACTED] pounds.
7. Petitioner is [REDACTED] years of age.
8. Petitioner's impairments have been medically diagnosed as pelvic floor disfunction, cervical stenosis, endometriosis, asthma, Gastroesophageal Reflux Disease (GERD), depression, and Post Traumatic Stress Disorder (PTSD).
9. Petitioner has the following symptoms: pain, fatigue, joint swelling, dysphagia, shortness of breath, insomnia, crying spells, panic attacks, and memory problems.
10. Petitioner completed 9<sup>th</sup> grade.
11. Petitioner is able to read, write, and perform basic math skills.
12. Petitioner is not working. Petitioner last worked in [REDACTED] at an auto parts store.
13. Petitioner lives with a roommate.
14. Petitioner testified that he cannot perform some household chores.
15. Petitioner takes the following prescribed medications:
  - a. [REDACTED]
  - b. [REDACTED]
  - c. [REDACTED]
  - d. [REDACTED]
  - e. [REDACTED]
  - f. [REDACTED]
16. Petitioner testified to the following physical limitations:
  - a. Sitting: 2 minutes
  - b. Standing: 5 minutes
  - c. Walking: 20 feet
  - d. Bend/stoop: difficulty
  - e. Lifting: 4-5 pounds
  - f. Grip/grasp: difficulty

17. Petitioner testified that her health problems have gotten worse since 2016, when she was found to be disabled.
18. An MRI of Petitioner's cervical spine completed on [REDACTED], showed the following under IMPRESSION: "There is a small central and left lateral disc herniation at C4-C5 but no significant neural foraminal narrowing at that level. There is a broad-based disc herniation at C5-6 with some bilateral neural foraminal narrowing change and mild spinal cord compression change at that level. No other levels of cervical disc herniation or neural foraminal narrowing identified. No expansile lesion or syrinx cavity or abnormal signal change in cervical spinal cord. Slight reversal of the normal lordotic curvature of the cervical spinal column noted which may be related to neck pain or muscle spasm in the neck." (Ex. A, p.11)

### **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 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 Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department of Human Services ("DHS"), formerly known as the Family Independence Agency, 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 Bridges Reference Manual ("BRM").

Receipt of SSI or RSDI 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.

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). The person claiming a physical, or mental, disability has the burden to establish it 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). Similarly, conclusory statements by a physician, or mental health professional, that an individual is disabled or blind, absent supporting medical evidence is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment, other than pain medication, that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

Once an individual has been found disabled for purposes of MA benefits, continued entitlement is periodically reviewed in order to make a current determination, or decision, as to whether disability remains in accordance with the medical improvement review standard. 20 CFR 416.993(a); 20 CFR 416.994. In evaluating a claim for ongoing MA benefits, federal regulations require a sequential evaluation process be utilized. 20 CFR 416.994(b)(5). The review may cease, and benefits continued if sufficient evidence supports a finding that an individual is still unable to engage in substantial gainful activity. *Id.* Prior to deciding an individual's disability has ended the Department will develop, along with Petitioner's cooperation, a complete medical history covering, at least, the 12 months preceding the date the individual signed a request seeking continuing disability benefits. 20 CFR 416.993(b). The Department may order a consultative examination to determine whether or not the disability continues. 20 CFR 416.993(c).

The first step in the analysis in determining whether an individual's disability has ended requires the trier of fact to consider the severity of the impairment(s) and whether it meets, or equals, a listed impairment in Appendix 1 of subpart P of part 404 of Chapter 20 CFR 416.994(b)(5)(i). If a Listing is met, an individual's disability is found to continue with no further analysis required.

If the impairment(s) does not meet or equal a Listing, then Step 2 requires a determination of whether there has been medical improvement as defined in 20 CFR 416.994(b)(1); 20 CFR 416.994(b)(5)(ii). Medical improvement is defined as any decrease in the medical severity of the impairment(s) which was present at the time of the most favorable medical decision that the individual was disabled or continues to be disabled. 20 CFR 416.994(b)(1)(i). If no medical improvement is found and no exception applies (see listed exceptions below), then an individual's disability is found

to continue. Conversely, if medical improvement is found, Step 3 calls for a determination of whether there has been an increase in the residual functional capacity ("RFC") based on the impairment(s) that were present at the time of the most favorable medical determination. 20 CFR 416.994(b)(5)(iii).

If medical improvement is not related to the ability to work, Step 4 evaluates whether any listed exception applies. 20 CFR 416.994(b)(5)(iv). If no exception is applicable, disability is found to continue. *Id.* If the medical improvement is related to an individual's ability to do work, then a determination of whether an individual's impairment(s) are severe is made. 20 CFR 416.994(b)(5)(iii), (v). If severe, an assessment of an individual's residual functional capacity to perform past work is made. 20 CFR 416.994(b)(5)(vi). If an individual can perform past relevant work, disability does not continue. *Id.* Similarly, when evidence establishes that the impairment(s) do (does) not significantly limit an individual's physical, or mental, abilities to do basic work activities, continuing disability will not be found. 20 CFR 416.994(b)(5)(v). Finally, if an individual is unable to perform past relevant work, vocational factors such as the individual's age, education, and past work experience are considered in determining whether despite the limitations an individual is able to perform other work. 20 CFR 416.994(b)(5)(vii). Disability ends if an individual is able to perform other work. *Id.*

The first group of exceptions (as mentioned above) to medical improvement (i.e., when disability can be found to have ended even though medical improvement has not occurred) found in 20 CFR 416.994(b)(3) are as follows:

- (i) Substantial evidence shows that the individual is the beneficiary of advances in medical, or vocational, therapy or technology (related to the ability to work);
- (ii) Substantial evidence shows that the individual has undergone vocational therapy related to the ability to work;
- (iii) Substantial evidence shows that based on new, or improved, diagnostic, or evaluative, techniques the impairment(s) is not as disabling as previously determined at the time of the most recent favorable decision;
- (iv) Substantial evidence demonstrates that any prior disability decision was in error.

The second group of exceptions [20 CFR 416.994(b)(4)] to medical improvement are as follows:

- (i) A prior determination was fraudulently obtained;
- (ii) The individual failed to cooperate;
- (iii) The individual cannot be located;
- (iv) The prescribed treatment that was expected to restore the individual's ability to engage in substantial gainful activity was not followed.

If an exception from the second group listed above is applicable, a determination that the individual's disability has ended is made. 20 CFR 416.994(b)(5)(iv). The second group of exceptions to medical improvement may be considered at any point in the process. *Id.*

As discussed above, the first step in the sequential evaluation process to determine whether Petitioner's disability continues looks at the severity of the impairment(s) and whether it meets, or equals, a listed impairment in Appendix 1.

At the time of the Petitioner's initial approval, Petitioner had a diagnosis of pelvic floor disorder, asthma, GERD, endometriosis, seizure disorder, depression, and PTSD. Petitioner was previously found disabled.

**Listing:**

In this case, Petitioner's diagnosis has not changed. Petitioner's impairments do not meet or equal listing, 12.04 and 1.04. In light of the foregoing, a determination of whether Petitioner's condition has medically improved is necessary.

As noted above, Petitioner was previously found disabled as of 2016. In comparing those medical records to the recent evidence (as detailed above), it is found that Petitioner's condition has not medically improved. Accordingly, Petitioner's disability is found to have continued at Step 2. 20 CFR 416.994(b)(1); 20 CFR 416.994(b)(5)(ii) The Department has failed to meet its burden proving that Petitioner has had medical improvement that would warrant a finding that Petitioner is no longer disabled. The Department could not explain at hearing in what way Petitioner's health had improved.

In this case, Petitioner is found disabled for purposes of continued SDA and MA-P entitlement. The Department failed to present adequate proof that Petitioner has had medical improvement.

Therefore, the Administrative Law Judge finds that Petitioner met the Department's definition of disabled for the purposes of continued SDA and MA-P.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds Petitioner disabled for purposes of continued SDA and MA benefits.

Accordingly, it is **ORDERED**:

1. The Department's determination is **REVERSED**.
2. The Department shall initiate review of the [REDACTED], redetermination application for SDA and MA-P to determine if all other non-medical criteria are met and inform the Petitioner of the determination.
3. The Department shall supplement for any lost benefits (if any) that Petitioner was entitled to receive if otherwise eligible and qualified in accordance with Department policy.
4. The Department shall review Petitioner's continued eligibility in [REDACTED], in accordance with Department policy.

AM/bb

  
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**Aaron McClintic**  
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) 763-0155; 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]