



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: October 10, 2018
MAHS Docket No.: 18-008946
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Janice Spodarek

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, an administrative hearing was held on October 4, 2018, with the Administrative Law Judge (ALJ) initiating a conference call from Lansing, Michigan. All other parties appeared in-person at the county Department of Health and Human Services (Department or Respondent). Petitioner appeared and testified. The Respondent was represented by Angela Clark, Medical Contact ES.

ISSUE

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

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], 2018, Petitioner applied for SDA, a cash benefit program based on disability, with the Michigan Department of Health and Human Services.
2. Petitioner is a beneficiary of the Medicaid program and receives medical benefits under the Healthy Michigan Plan (HMP).
3. On June 26, 2018 the Medical Review Team (MRT) denied Petitioner's application.
4. On June 29, 2018, the Department issued notice, and on August 27, 2018, Petitioner filed a timely hearing request.

5. Petitioner testified that she has an SSI application pending with the Social Security Administration.
6. As of the date of application, Petitioner was a 32-year-old, standing 5' 4" tall and weighing about 133 pounds. Petitioner's Body Mass Index (BMI) is 22.8, classifying Petitioner as normal under the BMI.
7. Petitioner testified to no alcohol abuse problem or history. Petitioner has a drug abuse history. Petitioner testified that "I am addict."
8. Petitioner smokes. Petitioner has a nicotine addiction.
9. Petitioner does have a driver's license and can drive an automobile.
10. Petitioner has 13 years of education.
11. Petitioner testified that she has no income and gets financial assistance from friends and family. Petitioner has a minor daughter whom she sees every other Thursday and every other weekend.
12. Petitioner is not currently working. Petitioner last worked in January 2018. Petitioner has not had an active work history due to drug abuse, with many part-time jobs. After treatment, Petitioner "found the job of my dreams as a dispatcher". (Testimony of Petitioner.) Petitioner left work in January 2018 due to extreme and chronic nerve pain, and debilitating muscle pain and spasms, with multiple diagnoses and treatments which have yet to be fully treated and/or diagnosed.
13. Petitioner alleges disability on the basis of multiple impairments. Among Petitioner's alleged impairments are mental health diagnoses. Petitioner stated at the administrative hearing that her mental health issues are not disabling; Petitioner only alleges physical impairments.
14. Petitioner underwent treatment for Hepatitis C, which is cured but did not resolve her medical issues. Petitioner was diagnosed with mononeuritis multiplex which with treatment, has been ruled out as causing her chronic and debilitating pain. Petitioner was diagnosed with vertigo, left sided ear pain, nausea. Petitioner was diagnosed with TMJ and treated which did not resolve her pain. In [REDACTED] 2017, Petitioner had an EMG and cervical MRI and diagnosed with pinched nerve. Subsequent PT made the symptoms worse. Petitioner subsequently experienced diffuse and chronic numbness in her legs without resolution. In [REDACTED] 2017, Petitioner saw a neurologist who performed an EMG/NCS showing diffuse slowing of conduction velocities below 30 m/s. As of more recent, Petitioner's distribution of her numbness in hands changed to the point where her entire hand is numb in both arms. Petitioner has had serotonin syndrome and SI following initialization of duloxetine. A full workup by Dr. [REDACTED], Neurologist at [REDACTED] states in a [REDACTED], 2018, report that the current diagnosis is possible mononeuritis multiplex but specificities and etiologies not clearly delineated. Petitioner Exhibit 1.

15. Petitioner has had multiple abnormal exams without a specific or definitive medical explanation for Petitioner's medical nerve issues.
16. Petitioner's multiple alleged impairments include chronic liver disease, DDD, hepatitis, motor neuron disorders other than ALS, Peripheral neuropathy, anxiety and obsessive-compulsive disorders, substance addiction disorders, depressive bipolar and related disorders. Exhibit A.16.
17. Petitioner was a very credible witness.

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.

For the SDA program, the Department's Program Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. BEM, Item 261, p. 1.

As to the disability assessment, the State of Michigan follows the general guidelines with regards to the MA program to show SDA statutory disability with one major exception: duration for the SDA program is due to a disability which has lasted or can be expected to last for a continuous period of not less than 90 days. Unless otherwise noted below, the MA regulations, policy and law are followed.

Relevant federal guidelines provide in pertinent part:

Disability is:

...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.

Federal regulations require that several considerations be analyzed in sequential order:

We follow a set order to determine whether you are disabled. We review any current work activity, the severity of your impairment(s), your residual functional capacity, your past work, and your age, education and work experience. If we can find that you are disabled or not disabled at any point in the review, we do not review your claim further.... 20 CFR 416.920.

The regulations require that if disability can be ruled out at any step, analysis of the next step is not required.

These steps are:

1. If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or your age, education, and work experience. 20 CFR 416.920(b). Monthly income limit for 2017 presumptive SGA for non-blind individuals is \$1,170.00. If the applicant is not engaged SGA or presumptive SGA, the analysis continues to Step 2.
2. Does the client have a severe impairment that has lasted or is expected to last 12 months or more or result in death? If no, the client is ineligible for MA. If yes, the analysis continues to Step 3. 20 CFR 416.909(c).
3. Does the impairment appear on a special Listing of Impairments or are the client's symptoms, signs, and laboratory findings at least equivalent in severity to the set of medical findings specified for the listed impairment that meets the duration requirement? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.920(d).
4. Can the client do the former work that he/she performed within the last 15 years? If yes, the client is ineligible for MA. If no, the analysis continues to Step 5. Sections 200.00-204.00(f).

5. Does the client have the Residual Functional Capacity (RFC) to perform other work according to the guidelines set forth at 20 CFR 404, Subpart P, Appendix 2, Sections 200.00-204.00? This step considers the residual functional capacity, age, education, and past work experience to see if the client can do other work. If yes, the analysis ends, and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(g).

At application, Petitioner has the burden of proof:

...You must provide medical evidence showing that you have an impairment(s) and how severe it is during the time you say that you are disabled. 20 CFR 416.912(c).

Federal regulations are very specific regarding the type of medical evidence required to establish statutory disability. Statements alone made by the applicant and/or the applicant's physician are not sufficient. Rather, regulations require laboratory or clinical medical reports that corroborate an any applicant's or physicians' statements regarding disability. These regulations state in part:

...Medical reports should include:

1. Medical history;
2. Clinical findings (such as the results. of physical or mental status examinations);
3. Laboratory findings (such as sure, X-rays);
4. Diagnosis (statement of disease or injury based on its signs and symptoms) ... 20 CFR 416.913(b).

...Statements about your pain or other symptoms will not alone establish that you are disabled; there must be medical signs and laboratory findings which show that you have a medical impairment.... 20 CFR 416.929(a).

...The medical evidence...must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. 20 CFR 416.913(d).

Medical findings consist of symptoms, signs, and laboratory findings:

- (a) **Symptoms** are your own description of your physical or mental impairment. Your statements alone are not enough to establish that there is a physical or mental impairment.
- (b) **Signs** are anatomical, physiological, or psychological abnormalities which can be observed, apart from your

statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques.

- (c) **Psychiatric signs** are medically demonstrable phenomena which indicate specific psychological abnormalities e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception. They must also be shown by observable facts that can be medically described and evaluated;
- (d) **Laboratory findings** are anatomical, physiological, or psychological phenomena which can be shown by the use of a medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests, electrophysiological studies (electrocardiogram, electroencephalogram, etc.), roentgenological studies (X-rays), and psychological tests. 20 CFR 416.928.

It must allow us to determine --

1. The nature and limiting effects of your impairment(s) for any period in question;
2. The probable duration of your impairment; and
3. Your residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

Information from other sources may also help us to understand how your impairment(s) affects your ability to work. 20 CFR 416.913(e).

...You can only be found disabled if you are unable 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. See 20 CFR 416.905. Your impairment must result from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.... 20 CFR 416.927.

It is noted that Congress removed obesity from the Listing of Impairments shortly after the removal of drug and alcohol addiction. This removal reflects the view of a strong behavioral component. In addition, these behavioral driven impairments are not considered to fall within the category of diseases under consideration of statutory disability under the social security disability program.

Applying the sequential analysis herein, Petitioner is not ineligible at the first step as Petitioner is not currently working. 20 CFR 416.920(b). The analysis continues.

The second step of the analysis looks at a two-fold assessment of duration and severity. 20 CFR 416.920(c). This second step is a de minimis standard. Ruling any ambiguities in Petitioner's favor, this Administrative Law Judge (ALJ) finds that Petitioner meets both. The analysis continues.

The third step of the analysis looks at whether an individual meet or equals one of the Listings of Impairments. 20 CFR 416.920(d). Petitioner does not. The analysis continues.

The fourth step of the analysis looks at the ability of the applicant to return to past relevant work. This step examines the physical and mental demands of the work done by Petitioner in the past. 20 CFR 416.920(f). If step 4 is met with a mental impairment, then the analysis stops.

In this case, as noted in the Findings of Fact, Petitioner does not allege any disabling mental impairment. As to her alleged physical impairments, this ALJ finds that Petitioner cannot return to past relevant work based on the medical evidence.

The fifth and final step of the analysis applies the biographical data of the applicant to the Medical Vocational Grids to determine the residual functional capacity of the applicant to do other work. 20 CFR 416.920(g).

After a careful review of the credible and substantial evidence on the whole record, this Administrative Law Judge finds that pursuant to medical vocational grid rule footnote 201.00(h) Petitioner could not do a full range of sedentary work. Thus, statutory disability is shown.

In reaching this conclusion it is noted that Petitioner's complaints and symptoms are corroborated by the medical evidence, tests, and physicians who have assessed Petitioner's medical history and morbidities and thus, meet the requirements found at 20 CFR 416.927. Further, Petitioner has medically determinable impairments that would reasonably cause Petitioner's chronic symptoms. The intensity, persistence, or alleged functionally limiting effects of pain or other symptoms are altogether substantiated by objective medical evidence and taken into account in considering the impact of 20 CFR 416.922(b), and .929(a). Petitioner has met her burden of proof.

Further, the issues and considerations found at 20 CFR 416.922(b) play a significant role, not only in terms of the multiple impairments, but also with regard to the facts that Petitioner's medical conditions have to be fully diagnosed, and numerous diagnoses and treatments have yet to treat her ongoing chronic pain.

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 disabled for purposes of the SDA benefit program.

DECISION AND ORDER

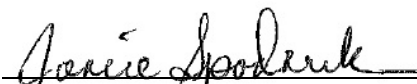
Accordingly, the Department's determination is **REVERSED**.

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 THE ORDER WAS ISSUED:

1. Open an SDA case on behalf of Petitioner as allowed by policy based on Petitioner's application, and continuing;
2. Issue any supplemental benefits to Petitioner to which she is entitled;
3. Schedule a medical review for 1 year from the date of this Decision and Order.

IT IS SO ORDERED.

JS/hb



Janice Spodarek

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

Jeanenne Broadnax
25637 Ecorse Rd.
Taylor, MI 48180

Wayne County (District 18), DHHS

BSC4 via electronic mail

L. Karadsheh via electronic mail

Petitioner

[REDACTED]
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[REDACTED], MI [REDACTED]