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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

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Date Mailed: May 3, 2019  
MOAHR Docket No.: 19-002743  
Agency No.: ██████████  
Petitioner: ██████████

**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 April 30, 2019, 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 Brandi Eiland, AP Supervisor, and Linda Douponce, ES Worker.

**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 ██████████ 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 ██████████ 2019, the Medical Review Team (MRT) denied Petitioner's application based on a prior SSA denial in 2010, as well as at every denial step of the sequential analysis.
4. On March 7, 2019, the Department issued a notice of denial, and on March 15, 2019, Petitioner filed a timely hearing request.

5. Petitioner has applied multiple times for federal social security—up to “8 times.” Petitioner has never been approved. On ██████ ██████ 2018, Petitioner reapplied and was denied. On November 17, 2010, Petitioner received an unfavorable decision by a federal ALJ. DDS/MRT adopted that November 17, 2010, federal decision with regards to Petitioner’s alleged hearing loss as no new information has been received since 2010. New information includes diabetes, HBP, non-severe asthma, Type 2 insulin dependent diabetic with constant symptoms for 6 years, non-severe depression and anxiety treated with medication, and unalleged obesity.
6. Petitioner currently alleges an onset date of disability of September 30, 2017.
7. As of the date of application, Petitioner was a ██████-year-old female, standing ██████ ██████ tall and weighing ██████ pounds. Petitioner’s Body Mass Index (BMI) is ██████, classifying Petitioner as morbidly obese under the BMI.
8. Petitioner testified to no alcohol/drug abuse problem or history.
9. Petitioner does not smoke.
10. Petitioner has a driver’s license and can drive an automobile.
11. Petitioner has an associate degree in applied science, child development.
12. Petitioner testified that she has no income.
13. Petitioner is not currently working. Petitioner last worked for 10 years. Petitioner’s work history is working as a bus aide, and at Arby’s.
14. The MRT findings and conclusions are adopted and incorporated by reference herein.
15. Petitioner did not present evidence of severe impairments that interfere with the ability to engage with activities of daily living (ADL).
16. Petitioner testified to the ability to fix food, do light housework, laundry, take care of pets, and no limitations with bathroom and grooming needs.
17. Petitioner did not present evidence of exercising
18. Petitioner could not identify any exhibits in the medical packet as medical evidence to support a claim of disability due to the inability to work.

## **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 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:

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.

**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;

- (c) **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 --

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.

Before applying the sequential analysis, this ALJ notes that Petitioner's multiple denials by the SSA impact jurisdictional considerations at least insofar as Petitioner's alleged hearing impairment. As noted, Petitioner's condition has not changed. Thus, with regard to Petitioner's hearing impairment, jurisdiction is limited except to the extent that the hearing can be considered with regard to the issues found at 20 CFR 416.922(b), and, to the extent discussed below.

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. Here, DDS/MRT essentially found that Petitioner's alleged impairments do not meet severity. Regarding Petitioner's hearing loss, MRT stated that it was adopting the ruling by the federal ALJ in 2010 in finding that the hearing loss was not disabling. However, DDS did not include that decision in the evidentiary packet, so the undersigned is not clear if Social Security ruled against Petitioner at Step 2 or Step 5. Thus, ruling any ambiguities in Petitioner's favor, this Administrative Law Judge (ALJ) finds that Petitioner meets both duration and severity with regarding to the hearing loss, and thus continues with the analysis. It is noted that DDS also continued the analysis with regard to all of Petitioner's alleged and non-alleged impairments despite finding no severity.

The third step of the analysis looks at whether an individual meets 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).

In this case, this ALJ finds that Petitioner can return to past relevant work based on the medical evidence. In fact, Petitioner's testimony at the administrative hearing was that she could do past relevant work. When asked why she has not worked in the last 10 years, Petitioner answered that she did not know why.

DDS did find that Petitioner had some medically determinable impairments that could reasonably be expected to cause some problems and limitations, and therefore continued the analysis.

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). At this step, while not applying a specific grid, DDS found that the medical evidence did not support finding a disability on the basis of 20 CFR 416.920(g).

After a careful review of the credible and substantial evidence on the whole record, this Administrative Law Judge concurs with the MRT in finding that the legal analysis and considerations at 20 CFR 416.920(g) medical vocational grids require a finding of not disabled pursuant this regulation for the reasons set forth below.

It is noted that Petitioner's smoking and/or obesity are the "individual responsibility" types of behaviors reflected in the *Sias v Secretary of Health and Human Services*, 861 F2d 475 (6<sup>th</sup> Cir 1988) decision. In *Sias*, Petitioner was an obese, heavy smoker who argued that he could not afford support hose prescribed by his doctor for acute thrombophlebitis. The doctor also advised Petitioner to reduce his body weight. The court said in part:

...Petitioner's style of life is not consistent with that of a person who suffers from intractable pain or who believes his condition could develop into a very quick life-threatening

situation. Petitioner admitted to the ALJ he was at least 40 pounds overweight; ignoring the instructions of his physician, he has not lost weight.

...The Social Security Act did not repeal the principle of individual responsibility. Each of us faces myriads of choices in life, and the choices we make, whether we like it or not, have consequences. If Petitioner in this case chooses to drive himself to an early grave, that is his privilege—but if he is not truly disabled, he has no right to require those who pay Social Security taxes to help underwrite the cost of his ride. *Sias*, supra, p. 481.

In *Sias*, Petitioner was found not truly disabled because the secretary disregarded the consequences resulting from Petitioner's unhealthy habits and lifestyles— including the failure to stop smoking. *Awad v Secretary of Health and Human Services*, 734 F2d 288, 289-90 (6<sup>th</sup> Cir 1984).

Statutory disability does not recognize many behaviors as statutorily disabling where behavioral driven treatment will remove or reduce the severity or complaint. Among others, this includes complaints such as drug and alcohol addiction, obesity, and *smoking*. *Issues related to these problems often result from life style choices*. In addition, many heart problems, type 2 diabetes, neuropathy, and high cholesterol have been significantly correlated with many life style behaviors. In such instances, the symptoms and problem are treatable--obesity is treatable with weight loss, diet and exercise; alcoholism and drug addiction with abstinence; lung/breathing related medical issues are treatable with cessation from smoking. As with the congressional mandate denying statutory disability for alcohol and drug addiction, individual behaviors that drive medically related complaints and symptoms are not considered under the federal social security law as "truly disabling". See *Sias, supra*. In most instances, standard medical protocol is to instruct the individual to stop consuming alcohol, stop the drug addiction, stop smoking, and to lose weight. In fact, 20 CFR 416.930 requires a finding of not disabled where an individual fails to follow the recommended or prescribed treatment program.

Here, Petitioner is morbidly obese with a BMI of over ■. While Petitioner did not represent that the obesity is disabling, at ■, Petitioner is still a young individual as defined by the law. Eventually, Petitioner's obesity will impact Petitioner's medical conditions escalating the functional incapacities. At this time however, obesity by itself is not sufficient to alleged disability.

It is noted that Petitioner, having testified that she does not know why she has not worked, would be precluded from SDA eligibility based on that representation alone. The SDA program does not recognize unemployment by itself as a basis for disability.

It is also noted that Petitioner received the entire copy of the medical exhibits prior to the administrative hearing. Petitioner failed to indicate which exhibits supported a claim that there is substantial and credible medical evidence to show that Petitioner cannot work. Petitioner's complaint of symptoms is not recognized as statutorily disabling absent corroboration requirements pursuant to 20 CFR 416.929. Claimant further failed



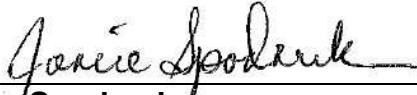
to meet the burden of proof required by 20 CFR 416.912(c) and further as required by the sufficiency requirements found at 20 CFR 416.913(b), and .913(d), and .913(e).

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/not disabled for purposes of the SDA benefit program.

**DECISION AND ORDER**

Accordingly, the Department's determination is AFFIRMED.

JS/dh

  
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**Janice Spodarek**  
Administrative Law Judge  
for Robert Gordon, Director  
Department of Health and Human Services

