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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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DIRECTOR

[REDACTED]  
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[REDACTED], MI [REDACTED]

Date Mailed: October 24, 2019  
MOAHR Docket No.: 19-009200  
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 September 25, 2019, from Lansing, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by Terri Stheiner, Eligibility Specialist and Jacklyn Music, Eligibility Specialist. Department Exhibits 1, pgs. 1-441 were admitted and made a part of the record.

### **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 [REDACTED], 2019, Petitioner applied for SDA.
2. On July 29, 2019, 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 202.10 per 20 CFR 416.920(f).
3. On July 31, 2019, the Department Caseworker sent Petitioner a notice that his application was denied.

4. On August 22, 2019, the Department received a hearing request from Petitioner, contesting the Department's negative action.
5. Petitioner is a 50-year-old man whose date of birth is [REDACTED], 1969. Petitioner is 5' 7" tall and weighs 130 pounds. Petitioner completed the 8<sup>th</sup> grade of school. Petitioner can read and write and do basic math. Petitioner was last employed as a window installer in 2007 at the heavy level, which is his pertinent work history.
6. Petitioner's alleged impairments are scoliosis, COPD, rheumatoid arthritis, carpal tunnel syndrome bilaterally in wrists and hands, shattered hip in 2017 where a moped fell on him, walk with a cane, bipolar disorder, and depression.
7. Petitioner was seen by his treating physician at [REDACTED] on [REDACTED] 2019. He was seen for his medication refills. He had a history of allergies, anxiety, asthma, bipolar depression, chronic lower back pain, COPD, DDD of the thoracic spine, depression, diabetes borderline, diverticulitis, DJD of the lumbar spine, DJD of the thoracic spine, ethanol abuse, GERD, heart murmur, hiatal hernia, hypertension- pulmonary and benign, impotence, insomnia, marijuana abuse, noncompliant patient, osteoarthritis in right hand/thumb/right shoulder, rheumatoid arthritis in left shoulder deformity, erectile dysfunction, chronic shoulder pain due to osteoarthritis, deviated nasal septum, old boxer's fracture to the right hand, early trigger finger, genital warts, osteoarthritis in the left hip, panic attacks, rheumatoid arthritis, tobacco abuse, vertigo, and vitamin D deficiency. Musculoskeletally, he had no difficulty walking or standing with no clubbing, cyanosis, or inflammation. He had an essentially normal physical examination. His treating physician did notice that he had anxiety. Smoking cessation was discussed with Petitioner. Department Exhibit 1, pgs. 105-109.
8. On [REDACTED] 2019, Petitioner was seen by his treating therapist at [REDACTED]. He presented with a low to moderate risk for psychiatric relapse at this time. He denied having any current suicidal or homicidal ideation. The Petitioner admitted to having a past history of having suicidal ideation with three attempts. He did report medical compliance. He did not want to start therapy at this time. He says he is on parole. Petitioner stated that he is in compliance with his parole officer. Case management services will advocate for Petitioner when needed. They will assess and monitor his health, psych stability, benefits, housing, medication compliance, safety, sobriety, and community inclusion. Department Exhibit 1, pgs. 85-90.
9. On [REDACTED] 2019, Petitioner underwent a psychiatric evaluation at [REDACTED]. He denied current thoughts of directed harm. He has had past suicide attempts of cutting, overdosing on crack cocaine, and walking into traffic. He denied having homicidal thoughts at present. There was no evidence of a severe thought disorder. He admitted to paranoia and hearing voices of the good and bad nature. He denied having any visual hallucinations. Mood and affect are

somewhat sad. Petitioner does have frequent awakenings during the night where his pain also makes it worse. He was alert and oriented times three. His overall intellectual functioning was within normal range. His insight and judgment were fair to limited especially when it comes to drinking although he says he has not drunk any alcohol since August 2017 before he went to prison. Department Exhibit 1, pgs. 91-94.

### **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 the Petitioner does not have a severe medically determinable impairment or combination of impairments, the Petitioner is not disabled. If the 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 the 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 the 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 the 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 the 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 the Petitioner has the residual functional capacity to do past relevant work, then the Petitioner is not disabled. If the 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 by his treating physician at [REDACTED] [REDACTED] on [REDACTED] [REDACTED] 2019. He was seen for his medication refills. He had a history of allergies, anxiety, asthma, bipolar depression, chronic lower back pain, COPD, DDD of the thoracic spine, depression, diabetes borderline, diverticulitis, DJD of the lumbar spine, DJD of the thoracic spine, ethanol abuse, GERD, heart murmur, hiatal hernia, hypertension- pulmonary and benign, impotence, insomnia, marijuana abuse, noncompliant patient, osteoarthritis in right hand/thumb/right shoulder, rheumatoid arthritis in left shoulder deformity, erectile dysfunction, chronic shoulder pain due to osteoarthritis, deviated nasal septum, old boxer fracture to the right hand, early trigger finger, genital warts, osteoarthritis in the left hip, panic attacks, rheumatoid arthritis, tobacco abuse, vertigo, and vitamin D deficiency. Musculoskeletally, he had no difficulty walking or standing with no clubbing, cyanosis, or inflammation. He had an essentially normal physical examination. His treating physician did notice that he had anxiety. Smoking cessation was discussed with Petitioner. Department Exhibit 1, pgs. 105-109.

On [REDACTED] [REDACTED] 2019, Petitioner was seen by his treating therapist at [REDACTED] [REDACTED]. He presented with a low to moderate risk for psychiatric relapse at this time. He denied having any current suicidal or homicidal ideation. Petitioner admitted to having a past history of having suicidal ideation with three attempts. He did report medical compliance. He did not want to start therapy at this time. He says he is on parole. Petitioner stated that he is in compliance with his parole officer. Case management services will advocate for Petitioner when needed. They will assess and monitor his health, psych stability, benefits, housing, medication compliance, safety, sobriety, and community inclusion. Department Exhibit 1, pgs. 85-90.

On [REDACTED] [REDACTED] 2019, Petitioner underwent a psychiatric evaluation at [REDACTED] [REDACTED]. He denied current thoughts of directed harm. He has had past suicide attempts of cutting, overdosing on crack cocaine, and walking into traffic. He denied having homicidal thoughts at present. There was no evidence of a severe thought disorder. He admitted to paranoia and hearing voices of the good and bad nature. He denied having any visual hallucinations. Mood and affect are somewhat sad. Petitioner does have frequent awakenings during the night where his pain also makes it worse. He was alert and oriented times three. His overall intellectual functioning was within normal range. His insight and judgment were fair to limited especially when it comes to drinking although he says he has not drunk any alcohol since August 2017 before he went to prison. Department Exhibit 1, pgs. 91-94.

The Administrative Law Judge finds Petitioner is capable of performing at least medium work. He is physically limited with his rheumatoid and osteo arthritis in his hands, arms,

hips, and back. He had an essentially normal physical examination when he saw his treating physician on June 12, 2019. Petitioner is taking medications for his mental impairments but is not in therapy. There was no evidence of a severe thought disorder or risk factors.

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. Petitioner does feel that his condition has worsened because his hand stiffened up and his hip hurts. Petitioner stated that he does have mental impairments where he is taking medications and in case management services at the Hope Network. Petitioner smokes a pack of cigarettes a day. He drinks alcohol occasionally. He stopped using illegal and illicit drugs of marijuana in 2017. Petitioner did not feel there was any work he could do.

At Step 4, this Administrative Law Judge finds that Petitioner has established that he cannot perform any of his prior work. He was previously employed as a window installer in 2007 at the heavy level, which is his pertinent work history. Petitioner is taking medication for his mental impairments. There was no evidence of a severe thought disorder or risk factors. He has issues with his arthritis that may limit him to medium work. Therefore, Petitioner is not disqualified from receiving disability at Step 4. Petitioner is not capable of performing his past work. However, the Administrative Law Judge will still proceed through the sequential evaluation process to determine whether or not 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, and depression. Petitioner is taking medication for his mental impairments. He is receiving case management services, but not in therapy. See MA analysis step 2. There was no evidence of a serious thought disorder or risk factors. The Petitioner only completed the 8<sup>th</sup> grade of school. He will be limited to simple and unskilled work.

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

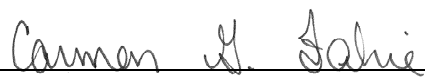
At Step 5, Petitioner can meet the physical requirements of medium work, based upon the Petitioner's physical abilities. Under the Medical-Vocational guidelines, a closely approaching advanced retirement age individual with a limited education, and an unskilled work history, who is limited to medium work, is considered not disabled. 20 CFR 404, Subpart P, Appendix 2, Rule 203.18. The Medical-Vocational guidelines are not strictly applied with non-exertional impairments such as bipolar disorder, and depression. 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 the Petitioner could perform simple and unskilled medium 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 medium work and he does not meet the definition of disabled under the SDA program.

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

CF/hb

  
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**Carmen G. Fahie**  
Administrative Law Judge  
for Robert Gordon, 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**DHHS**

Tamara Morris  
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Genesee County (Union), DHHS

BSC2 via electronic mail

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**Petitioner**

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