



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

██████████
██████████
██████████

DECISION

MDD/149856

PRELIMINARY RECITALS

Pursuant to a petition filed May 20, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Disability Determination Bureau (DDB), a hearing was held on July 10, 2013, at West Bend, Wisconsin.

The issue for determination is whether the Disability Determination Bureau (DDB) correctly denied the Petitioner's application for Medical Assistance (MA).

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

██████████
██████████
██████████

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703

By: No Appearance, submission by DDB of Petitioner's medical records

ADMINISTRATIVE LAW JUDGE:

David D. Fleming
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Washington County.
2. Petitioner filed an application for elderly, blind or disabled Medicaid (MA) with the local agency in January 2013 alleging disability. The application was forwarded to the Disability Determination Bureau (DDB).
3. The DDB found that Petitioner was not disabled as the Medicaid program uses that term. A denial letter dated on April 29, 2013 was sent to Petitioner. She sought reconsideration, but the DDB

affirmed its original determination and forwarded the matter to the Division of Hearings and Appeals for a hearing.

4. Petitioner's Medicaid application is based on diagnoses which include multiple sclerosis, mitral valve prolapse and anxiety. She does receive a weekly shot of Avonex for the multiple sclerosis.
5. Petitioner is 19 years of age (DOB 12/21/1993). She has graduated high school.
6. Petitioner was not working at the time of the hearing.
7. Petitioner has not applied for Social Security benefits.

DISCUSSION

A person between ages 18 and 65, with no minor children, must be blind or disabled to be eligible for MA. A finding of disability must be in accordance with Federal Social Security/SSI standards. *See Wis. Stats. §49.47(4)(a)4.* Because the standards are the same, a finding of no disability for Social Security/SSI purposes made within 12 months of the MA application is binding on a State Medicaid (MA) agency. Per the DDB there is no binding Social Security finding here so the Division of Hearings and Appeals must decide whether Petitioner is disabled as that term is used by in the Federal Social Security/SSI standards, i.e., must proceed to make a determination as to whether the Petitioner is disabled under the regulations governing the SSA and MA programs as to disability.

As noted above, a person between ages 18 and 65, with no minor children, must be blind or disabled to be eligible for MA. In order to be eligible for Medicaid as a disabled person, an applicant must meet the same tests for disability as those used by the Social Security Administration to determine disability for Supplemental Security Income (Title XVI benefits). *§ 49.47(4)(a)4., Wis. Stats.* Title XVI of the Social Security Act defines "disability" as the inability to engage in any substantial gainful activity due to physical or mental impairments which can be expected to either result in death or last for a continuous period of not less than 12 months.

Under the regulations established to interpret Title XVI, a claimant's disability must meet the 12-month durational requirement before being found disabling. In addition, the disability must pass five sequential tests established in the Social Security Administration regulations. Those tests are as follows:

1. An individual who is working and engaging in substantial gainful activity will not be found to be disabled regardless of medical findings. *20 CFR 416.920.*
2. An individual who does not have a "severe impairment" will not be found to be disabled. *20 CFR 416.920(c).* A condition is not severe if it does not significantly limit physical or mental ability to do basic work. *20 CFR 416.921(a).*
3. If an individual is not working and is suffering from a severe impairment which meets the duration requirement and meets or equals a listed impairment in Appendix I of the federal regulations, a finding of disabled will be made without consideration of vocational factors (age, education, and work experience.) *20 CFR 416.920(d).*
4. If an individual is capable of performing work he or she has done in the past, a finding of not disabled must be made. *20 CFR 416.920(f).*
5. If an individual's impairment is so severe as to preclude the performance of past work, other factors, including age, education, past work experience and residual function capacity must be considered to

determine if other types of work the individual has not performed in the past can be performed. *20 CFR 416.920(f)*.

These tests are sequential. If it is determined that an applicant for MA is employed or does not suffer from a severe impairment it is not necessary to proceed to analyze the next test in the above sequence. If a person's condition does not meet the SSA listings an analysis of capability to perform past work must be made. If the individual cannot perform past work a determination of the residual functioning capacity to perform other work must be made. *20 CFR 416.920(a)*.

Although the determination of disability depends upon medical evidence, it is not a medical conclusion; it is a legal conclusion. Thus, the observations, diagnoses, and test results reported by the Petitioner's physicians are relevant evidence; however the opinions of the doctors as to whether the Petitioner is disabled are not relevant. The definitions of disability in the regulations governing MA, Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI) programs require more than mere medical opinions that a person is disabled in order to be eligible. There must be medical evidence that impairment exists, that it affects basic work activities, that it is severe, and that it will last 12 months or longer as a severe impairment.

Here the Petitioner is not currently working though she is looking for work. The DDB found that she does not have a severe impairment. That means:

§ 404.1521 *What we mean by an impairment(s) that is not severe.*

(a) *Non-severe impairment(s)*. An impairment or combination of impairments is not severe if it does not significantly limit your physical or mental ability to do basic work activities.

(b) *Basic work activities*. When we talk about basic work activities, we mean the abilities and aptitudes necessary to do most jobs. Examples of these include—

- (1) Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
- (2) Capacities for seeing, hearing, and speaking;
- (3) Understanding, carrying out, and remembering simple instructions;
- (4) Use of judgment;
- (5) Responding appropriately to supervision, co-workers and usual work situations; and
- (6) Dealing with changes in a routine work setting.

20 CFR §404.1521

To be considered severe, an impairment or combination of impairments must render a person incapable of work. See 20 CFR 416.920. The DDB concluded that Petitioner is capable of light work under 20 CFR Pt. 404, Subpt. P, App 2, Rule 202.20 and §202.00. I include the Federal definitions of both sedentary and light work:

§ 404.1567 *Physical exertion requirements.*

To determine the physical exertion requirements of work in the national economy, we classify jobs as *sedentary*, *light*, *medium*, *heavy*, and *very heavy*. These terms have the same meaning as they have in the *Dictionary of Occupational Titles*, published by the Department of Labor. In making disability determinations under this subpart, we use the following definitions:

(a) *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.

(b) *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. To be considered capable of performing a full or wide range of light work, you must have the ability to do substantially all of these activities. If someone can do light work, we determine that he or she can also do sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time.

...
20 CFR §404.1567.

I do not find that I can disagree with the DDB conclusion. Even if, however, I did not agree with the DDB conclusion, I would not find Petitioner to be disabled as that term is used in the Medicaid program. Even if a finding of severe is made, the next question is whether any of the Petitioner's conditions meet the Listings. The listings for are found at 20 CFR Pt. 404, Subpt. P, Appendix 1, Part A, §§ 1.00 to 14.00. The Petitioner reports the medical diagnoses as noted at Finding # 4. I have reviewed the listings and Petitioner does not meet those requirements.

The next question would then become whether the Petitioner has the residual functional capacity to perform past work. Past work includes any work done in the 15 years prior to application. 20 CFR 414.960(b)(1). Petitioner is young and does not have a relevant work history.

This would then bring the analysis to the final step, a determination as to whether her impairments coupled with her age, education, past work experience and residual function capacity preclude her from doing other work. Here I would not conclude that the evidence demonstrates that Petitioner is incapable of light work or, at worst, sedentary work. While she cannot work where she would have to lift, stand and walk as a significant part of her duties, I cannot find her incapable of any work. I would not, therefore, conclude that she is disabled under the law discussed above.

I do note for Petitioner, however, that there are significant changes occurring in health care insurance coverage soon and encourage her to check with her county agency in the near future regarding any changes in State Medicaid programs and to also note the Federal health insurance exchanges which are expected to be available online as of October 1, 2013 to offer health care options under the Affordable Care Act.

CONCLUSIONS OF LAW

That the available evidence does not demonstrate that Petitioner meets the criteria necessary for a finding that she is disabled as that term is defined by Social Security regulation.

THEREFORE, it is

ORDERED

That this matter is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new

evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 14th day of August, 2013

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on August 14, 2013.

Washington County Department of Social Services
Disability Determination Bureau