

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
EXECUTIVE OFFICES OF HEALTH AND HUMAN SERVICES  
APPEALS OFFICE**

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Docket # 13-1178  
Hearing Date: April 22, 2014

Date: July 1, 2014

**ADMINISTRATIVE HEARING DECISION**

The Administrative Hearing that you requested has been decided against you upon a de novo (new and independent) review of the full record of hearing. During the course of the proceeding, the following issue(s) and Agency policy reference(s) were the matters before the hearing:

**THE DHS POLICY MANUAL: MEDICAL ASSISTANCE  
SECTION: 0352.15 ELIGIBILITY BASED ON DISABILITY**

The facts of your case, the Agency policy, and the complete administrative decision made in this matter follow. Your rights to judicial review of this decision are found on the last page.

Copies of this decision have been sent to the following: You (the appellant), and Agency representatives: Julie Hopkins RN, Robert Paliotta, and Karen Knowles.

Present at the hearing were: You (the appellant), your mother, and Jennifer Duhamel, RN (DHS Agency representative).

**DHS POLICIES:**

Please see the attached APPENDIX for pertinent excerpts from the Rhode Island Department of Human Services Policy Manual.

**APPEAL RIGHTS:**

Please see attached NOTICE OF APPELLATE RIGHTS at the end of this decision.

**ISSUE:** Is the appellant disabled for the purposes of the Medical Assistance Program (MA)?

**TESTIMONY AT HEARING:**

**The Agency representative testified:**

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- In order to be eligible for Medical Assistance (MA) an applicant must be either aged (age 65 years or older), blind, or disabled.
- The Medical Assistance Review Team (MART) determines disability for the MA Program.
- The MART is comprised of public health nurses, a social worker and doctors specializing in internal medicine, surgery, psychology and vocational rehabilitation.
- To be considered disabled for the purposes of the Medical Assistance Program, the appellant must have a medically determinable impairment that is severe enough to render him incapable of any type of work, not necessarily his past work. In addition, the impairment must last, or be expected to last for a continuous period of not less than twelve (12) months.
- The MART follows the same five-step evaluation as SSI for determining whether someone is disabled.
- The MART reviewed an Agency MA-63 form (Physician's Examination Report), an Agency AP-70 form (Information for the Determination of Disability), and records of Neurodevelopmental Center, and a note from Dr SanAntonio at the time of application.
- After a hearing on October 9, 2013 additional records from West Bay Collaborative, and Dr Mann of Quality Behavioral Health were received and reviewed for the new hearing on April 22, 2014.
- They were unable to obtain any consultative examination reports from Disability Determination Services, as he had already been denied by Social Security for SSI eligibility, and his case was closed.
- A review of all available medical records revealed diagnoses of Asperger's syndrome, and mood disorder.
- The MA-63 physician report form was not signed, dated or filled out completely.

- As a child he had several psychiatric hospital admissions.
- He has been maintained on medication to manage his mood.
- His medication was being prescribed by his clinician at The Neurodevelopment Center where he was also receiving counseling, and records documented monthly appointments.

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- Counseling records documented discussions regarding his response to parental boundaries, and his work activity bussing tables in his father's restaurant.
- He was able to use public transportation, follow directions, and had acquired some computer skills.
- He had participated in work internships at both the YMCA and a nursing home.
- Although he was given a release form to obtain records from ORS, they had not been received prior to hearing.
- West Bay Collaborative documented completion of an internship in 2013 at The Children's Friend where he performed clerical and data entry tasks.
- He was able to complete the work without a job coach,
- He did well at mock interviews, and planned to seek summer employment.
- He expressed interest in classes at CCRI.
- A summary note from October 28, 2013 indicated that staff felt he would need continued support to maintain appropriate behavior.
- The MA-63 form was not signed by a physician and a notation indicated that the responses given were according to report of the appellant's mother.
- As of July 2013 he was no longer participating in a neuro-feedback program, but was calm and responding well to medication.
- The September progress notes indicated that he was doing well.
- He did have some difficulty during his first week at college, and was getting assistance through the Transitional Academy there.

- Dr Mann made reference to exercise induced asthma, but there were no medical records addressing that condition, and no prescribed asthma medications listed.
  - The available records provided evidence of a long history of supportive help required during his school years, and transition to college.
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- The MART determined that his diagnoses of Asperger's and mood disorder were severe.
  - They did not find evidence to establish that his impairments meet or equal any of the Social Security listings.
  - He did not present proof of any physical functional restrictions.
  - A mental residual functional capacity (MRFC) assessment was completed based on the objective medical evidence.
  - He was cognitively intact, and he had occasional limitations to concentration and persistence.
  - His limitations would not prevent him from performing work provided it was not highly time pressured, or extremely detailed.
  - He did perform best when he was kept steadily busy.
  - He had the ability to navigate public transportation, complete activities of daily living (ADLs) on his own, to regularly attend appointments, and to understand and remember simple instructions.
  - He did not have any past relevant work history to evaluate, as he had only completed internships and part time, intermittent work activity.
  - He is capable of performing work that is simple, with 2-3 steps directions, repetitious in nature, and does not require any special training.
  - Taking into consideration his age of 20, college attendance, and ability to be trained, he was not disabled according to the Social Security rules.
  - He was not disabled for the purpose of the Medical Assistance program.

**The appellant, assisted by his mother, testified:**

- He is currently employed at a pet supply store where he works one day per week.
- He was aware that the agency had denied his eligibility for Medicaid based on the disability criteria, although he did not agree with that outcome.

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- His mother clarified that he can take public transportation with assistance, but may have anxiety about doing that alone.
- In the past when he has a "meltdown" he has injured himself.
- To complete daily activities he requires constant redirection.
- He has scattered his belongings around his room, and throughout the house, and agrees to clean up, but does not carry out his plan.
- He becomes easily overwhelmed, and shuts down.
- He reacted badly when they did not have a dining room table for a few days, which affected his normal routine.
- Monday is his work day and it is very challenging for him to get ready and out of the house on time.
- While he has been working with ORS, he does not recall them ordering a consultative evaluation of his cognitive abilities.
- ORS did approve him for the Transition Academy.
- During the past year that he has been off of the Katie Beckett benefits, his mother has noticed a decline in his ability to cope with everyday change.
- He is easily agitated.
- He has learned to perform his present job by practice and repetition.
- He asks questions frequently to be sure he is doing his tasks correctly.
- Some aspects of his job require more concentration than others.
- He has been able to identify hazards, and make an effort to stay safe.

- He does not have to meet any deadlines at work, but keeps a log of what he has completed.
  - At home he is more likely to lose track of time.
  - He finds that he feels more stressed at home than at work.
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- He gives up on things easily.
  - At the pet store he cleans cages for all of the small animals, and does some stock work, if he has time.
  - On the days he is not working he attends classes with the Transition Academy.
  - They help him with life skills, and introduce him to work activity through various internships and introductions to businesses.
  - He has not mastered responsible, accurate maintenance of checking account information.
  - He takes a designated bus to school, and his mother drives him to work.
  - He completed a consultative examination for his Social Security case.
  - He experiences anxiety of varying degrees when facing new situations.
  - He listens to music as a coping mechanism.
  - He always fears that something bad will happen.
  - He avoids crowds.
  - Certain tones bother him.
  - He requested to hold the record of hearing open for the submission of additional evidence.

**FINDINGS OF FACT:**

- The appellant filed an application for Medical Assistance (MA) on February 24, 2013.
  - The Agency issued a written notice of denial of MA dated June 4, 2013.
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- The appellant filed a timely request for hearing received by the Agency on July 8, 2013.
  - A hearing was convened on October 9, 2013.
  - Per the appellant's request, the record of hearing was held open through the close of business on November 6, 2013.
  - Additional evidence from Dr Mann of Quality Behavioral Health, and from West Bay Collaborative that was received by the MART during the held open period was forwarded to the Appeals Office on December 6, 2013 and was added to the record of hearing.
  - Due to the unavailability of the Hearing Officer presiding on October 9, 2013, the appellant requested on April 1, 2014 to have a new hearing.
  - A new hearing appointment was scheduled for April 22, 2014.
  - Per the appellant's request, the record of hearing was held open through the close of business on May 20, 2014 for the submission of additional evidence.
  - Additional evidence from West Bay Collaborative, and the Office of Rehabilitation Services (ORS) that was received by the MART during the held open period was forwarded to the Appeals Office on May 21, 2014 and was added to the record of hearing.
  - As of the date of this decision, the MART had not withdrawn the notice under appeal.
  - The appellant is not engaging in substantial gainful activity.
  - The appellant had severe, medically determinable impairments including Asperger's syndrome, and mood disorder.
  - The appellant did not have an impairment or combination of impairments that met or medically equaled any of the listed impairments in the Social Security listings.

- Based on the appellant's residual functioning, he retains the ability to perform simple, routine tasks that are not highly time pressured, and do not involve working closely with others.
  - The appellant was born on September 8, 1993 and is 20 years old, which is defined as a younger individual..
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- The appellant has a 12<sup>th</sup>- grade education and communicates in English.
  - The appellant is not disabled as defined in the Social Security Act.
  - The appellant is not disabled for the purposes of the Medical Assistance Program.

#### **DISCUSSION OF THE MEDICAL EVIDENCE RECORD:**

The record of hearing consists of:

- ✓ An Agency MA-63 form unsigned and undated, received by the Agency on April 19, 2013.
- ✓ An Agency AP-70 dated March 7, 2013 and signed by the appellant.
- ✓ Records of The Neurodevelopment Center (TNC) including discharge summaries from Bradley Hospital and Butler Hospital, a school psychologist evaluation, and CEDARR records all for various services occurring between August 26, 2005 and March 27, 12013.
- ✓ Records of West Bay Collaborative (WBC) including Transition Academy notes for August 23, 2012 to March 31, 2014.
- ✓ Records of Quality Behavioral Health (QBH) for March 17, 2010 to September 19, 2013.
- ✓ Records of office of Rehabilitation Services (ORS) for September 1, 2012 to December 31, 2013.
- ✓ Hearing testimony.

Medical and other evidence of an individual's impairment is treated consistent with (20 CFR 416.913). Certain evidence that was submitted during the application process dates back to when the appellant was a minor. Although he was considered disabled according to the childhood standard as required for the Katie Beckett program, a current determination must be based on the adult disability standard. While the time span represented by the evidence records certainly does demonstrate the duration of the appellant's challenges, this decision must be focused on his capabilities concurrent with the time he has applied for MA, and will not rely on the same domains as evaluated throughout his formative years. As an adult, the evidence must support the existence of impairment(s) that would establish an inability to engage in any type of substantial gainful activity. In this matter, the record is lacking the opinion of a treating physician relative to specific elements of mental functioning, as the MA-63 form was not completed.

During the held open period, additional evidence from WBC and ORS were received. Updates from QBH and a consultative examination report ordered by the DHS Disability Determination Unit (DDS) for his SSI claim were not submitted as discussed during the record development portion of the hearing. The appellant did not request extension of the deadline to submit additional evidence, and allowed the record to close without including those reports.

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According to 20 CFR 416.916 (If you fail to submit medical and other evidence): You must co-operate in furnishing us with, or in helping us to obtain or identify, available medical or other evidence about your impairment(s). When you fail to cooperate with us in obtaining evidence, we will have to make a decision based on the information available in your case. We will not excuse you from giving us evidence because you have religious or personal reasons against medical examinations, tests, or treatment.

All medical opinion evidence is evaluated in accordance with the factors set forth at (20 CFR 416.927). The appellant has worked with several treatment and vocational rehabilitation sources longitudinally. However, the record does not contain current psychiatric evaluation, or cognitive assessment results according to adult testing instruments. It was anticipated that the WAIS intelligence test and other pertinent assessments were contained within the DDS consultative examination report which has not been submitted for the purpose of this decision. Consequently, as all other reports are varied in nature and type of treatment, they will be considered in combination throughout the sequential evaluation.

Testimony included anecdotal evidence presented by the appellant's mother describing undesirable behaviors with respect to daily functioning. Characteristics of his overall behavior are examined according to the impact they would present with respect to mental functioning required to carry out basic work responsibilities.

The MART is considered a non-examining source when expressing opinions regarding an individual's condition. They reviewed medical evidence available at the time of application, and additional evidence received prior to the most recent hearing. They determined that he had no physical limitations, although he was mentally challenged by symptoms of Asperger's disorder, and mood disorder. When considering his residual capabilities, they opined that evidence supported his ability to perform simple, routine tasks. He did not have a prior work history, but based on his age, education, mental residual functional capacity, and ability to train for a new occupation, they determined that he was not disabled according to the Social Security vocational guidelines.

Additional evidence was submitted after the hearing. As of the date of this decision, the MART has not withdrawn the denial under appeal. The final rationale for that decision has not been communicated to this Appeals Officer.

The appellant has alleged that symptoms of Asperger's disorder including anxiousness, agitation, and awkward social skills impair him. He was confused about why the characteristics of childhood disability did not transfer to adulthood. Although an individual may have qualified for disability benefits according to a childhood standard, a new evaluation based on the adult criteria is performed after the age of eighteen. The adult standard centers on functioning as required to perform basic work activity, which distinguishes the process from characteristics pertaining to children.

Records demonstrate that he has experienced long-standing challenges secondary to Asperger's syndrome, and mood dysregulation. He has had access to specialized education, and supportive services throughout his life. Since completing his high school education, he has been working with the Transition Academy and ORS to assess his aptitude for various occupations, and to prepare him with practical skills for finding a job. He has had help with applying for jobs, preparing a resume, interview skills, and has served in several internships. The last internship in a pet supply store resulted in part-time employment which he is continuing one day per week in addition to attending classes.

During the appellant's vocational assessment he scored above average in the areas of artistic and protective services. He had also expressed an interest in computer design. Those who have worked on vocational training and placement, as well as the job coaches and supervisors involved with his internships have agreed that he needs to keep busy. On-site assessment notes repeatedly reveal that he has appeared reliably for work assignments, has been dressed appropriately, and has had a positive attitude. He often required several repetitions of the task he was to learn, but once he mastered the specific instructions, he could function independently. When he is engaged in a project, he has proven to be hard working.

Although the adult standard WAIS IQ test results have not been submitted as evidence, records show that during childhood, WISC IV full scale test scores ranged between 78 and 102 placing him in the range below average to average. As the adult WAIS scores are not available, other evidence must be relied upon to establish functioning in that arena. In a letter dated October 30, 2013, the Director of Transition and Vocational Services acknowledged challenges he had to overcome and noted, "When (the appellant) is kept busy, he is a cooperative engaging young man who has so much knowledge to offer. He is a hard worker when he is actively engaged in work." In addition, he recently successfully completed a psychology course at CCRI with a B- grade.

ORS reviewed his job site efforts and noted that at his Minute Man Press assignment he had a positive attitude and was able to function independently after being coached through a variety of tasks. Despite some struggles with interpersonal skills, he seemed to thoroughly enjoy the experience. At his YMCA

job he met industry standards in areas of attitude, motivation, independent functioning, attention to tasks, judgment, and public relations. Once he became comfortable there, his interaction with staff improved. At New England Bay Manor they found he was well prepared, and managed to keep a positive attitude and try his best, even though he did not enjoy that assignment. He also interned at Children's Friend. He was able to work independently after the first two days with a job coach, received overall approval from his supervisors, and indicated that he liked the environment there.

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His most recent assignment took place at Pet Supplies Plus. He required a job coach throughout the first week there, as steps of the assigned tasks were demonstrated. He enjoyed the placement and shared many positive remarks. A customer actually took time to notify a staff member that he was very helpful to her. When the internship ended, he completed a job application and was hired as a paid employee for 10 hours per week. He is continuing to attend classes on the remaining weekdays. His vocational coaches have observed that he has achieved an increased awareness of the type of work environments that felt most comfortable to him, which could be essential to his success in the future.

Neurodevelopment Center notes indicate that he wants more freedom and personal responsibility to visit with friends or to go out on his own. He feels his mother is limiting his independence, and has described his home situation as stressful. Clearly, his mother is trying to guide and protect him, and would like him to take more responsibility for household tasks. The power struggle described within the home situation seems contrary to his situation when he has a work assignment. However, sources both within the home as well as those observing his behavior at various work sites have agreed that due to his tendency to be easily distracted, they have focused efforts on redirecting him when he wanders. The assessment of the job counselors who have identified that he thrives with some independence appears to be an important factor in his vocational preparation going forward.

**CONCLUSION:**

In order to be eligible for Medical Assistance (MA) benefits, an individual must be either aged (65 years or older), blind, or disabled. When the individual is clearly not aged or blind and the claim of disability has been made, the Agency reviews the evidence in order to determine the presence of a characteristic of eligibility for the Medical Assistance Program based upon disability. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than twelve (12) months.

Under the authority of the Social Security Act, the Social Security Administration has established a **five-step** sequential evaluation process for determining whether or not an individual is disabled (20 CFR 416.920). DHS policy directs that disability determination for the purposes of the MA program shall be determined according to the Social Security sequential evaluation process. The individual claimant bears the burden of meeting steps one through four, while the burden shifts to DHS to meet step five. The steps must be followed in sequence. If it is determined that the individual is disabled or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step. If it cannot be determined that the individual is disabled or not disabled at a step, the evaluation continues to the next step.

**Step one:** A determination is made if the individual is engaging in substantial gainful activity (20 CFR 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. Substantial work activity is work that involves doing significant physical or mental activities (20 CFR 416.972(a)). Gainful work activity is work that is usually done for pay or profit, whether or not a profit is realized (20 CFR 416.972(b)). Generally, if an individual has earnings from employment or self-employment above a specific level set out in the regulations, it is presumed that he/she has demonstrated the ability to engage in SGA (20 CFR 416.974 and 416.975). If an individual is actually engaging in SGA, he/she will not be found disabled, regardless of how severe his/her physical or mental impairments are, and regardless of his/her age, education and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

The appellant has testified that he is currently working part time. His job hours are limited to 10 hours per week, and his earnings do not reach the level of SGA. As there is no evidence that the appellant is engaging in SGA, the evaluation continues to step two.

**Step two:** A determination is made whether the individual has a medically determinable impairment that is severe, or a combination of impairments that is severe (20 CFR 416.920(c)) and whether the impairment has lasted or is expected to last for a continuous period of at least twelve months (20 CFR 416.909). If the durational standard is not met, he/she is not disabled. An impairment or combination of impairments is not severe within the meaning of the regulations if it does not significantly limit an individual's physical or mental ability to perform basic work activities. Examples of basic work activities are listed at (20 CFR 416.921(b)). A physical or mental impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings, not only by the individual's statement of symptoms. Symptoms, signs and laboratory findings are defined as set forth in (20 CFR 416.928). In determining severity, consideration is given to the combined effect of all of the individual's impairments without regard to whether any single impairment, if considered separately, would be of sufficient severity (20 CFR 416.923). If a medically severe combination of impairments is found, the combined impact of the impairments will be considered throughout the disability determination process. If the individual does not have a severe medically determinable impairment or combination of impairments, he/she will not be found disabled. Factors including age, education and work experience are not considered at step two. Step two is a *de minimis* standard. Thus, in any case where an impairment (or multiple impairments considered in combination) has more than a minimal effect on an individual's ability to perform one or more basic work activities, adjudication must continue beyond step two in the sequential evaluation process.

The appellant has alleged that impairment secondary to Asperger's syndrome and mood disorder impacts his ability to function, and that he will require ongoing support to improve essential skills. He makes no claims of physical disability. Progress notes have documented mental activity challenges existing throughout childhood, and continuing to result in more than a minimal impact to functioning as an adult. The evidence records clearly support the existence and duration of a severe impairment as alleged. The evaluation continues to step three.

**Step three:** A determination is made whether the individual's impairment or combination of impairments meet or medically equal the criteria of an impairment listed in the Social Security Administration's Listings of Impairments (20 CFR Part 404, Subpart P, Appendix 1). If the individual's impairment or combination of impairments meets or medically equals the criteria of a listing and also meets the duration requirement (20 CFR 416.909), the individual is disabled. If it does not, the analysis proceeds to the next step.

In this matter, listing 12.10 (Autistic disorder and other pervasive developmental disorders) is examined. Evidence shows that the appellant's condition is characterized by distractibility, and by some difficulty with recognition of appropriate social behavior. While there is indication that he experiences

challenges to mental activity functioning, requirements of this listing have not met marked levels of difficulty in two or more of the essential categories. The medical evidence record does not support the existence of an impairment that rises to the level of the listings.

**Step four:** A determination is made as to the individual's residual functional capacity (RFC) and whether, given the RFC, he/she can perform his/her past relevant work (20 CFR 416.920(e)). An individual's functional capacity is his/her ability to do physical and mental work activities on a sustained basis despite limitations from his/her impairments. In making this finding, all of the individual's impairments, including impairments that are not severe must be considered. The individual's RFC will be assessed in accordance with (20 CFR 416.945) and based on all relevant medical and other evidence including evidence regarding his/her symptoms (such as pain) as outlined in (20 CFR 416.929). Next, it must be established whether the individual has the RFC to perform the requirements of his/her past relevant work either as he/she had actually performed it or as it is generally performed in the national economy. Using the guidelines in (20 CFR 416.960 (a)-(b)(3)), the RFC assessment is considered together with the information about the individual's vocational background to make a disability decision. If the individual has the RFC to do his/her past relevant work, the individual is not disabled. If the individual is unable to do any past relevant work, the analysis proceeds to the fifth and final step in the process.

### Mental RFC

**Understanding and Memory:** Based on education and performance results, he could be expected to remember locations, basic procedures, and to understand and remember short, simple, routine instructions. On some assignments, he was able to perform a variety of basic tasks. At his current work assignment, he performs some tasks that exceed 3 steps which he has had to learn from demonstration and practice. Generally, however, he would be overwhelmed by complex assignments.

**Sustained Concentration and Persistence:** Records show that he has been able to carry out routine instructions with minimal coaching. Although he is clearly distractible, as observed by several evaluating sources, he can be redirected, and evidence does not rule out his ability to maintain attention and concentration for 2-hour blocks of time within a workday with allowances for customary breaks. There were no indications of problems with regard to attendance or punctuality.

**Social Interaction:** He appears to be generally friendly. According to developmental evaluations, he would be best suited for tasks not requiring him to work with large numbers of people. He has been able to accept instructions from a job coach or a supervisor. He has recognized when he should ask questions or seek assistance. He could be expected to maintain appropriate behavior in a workplace even though he remains

cautious until he becomes comfortable with any new situation. He has been complimented for his customer assistance at his present job.

**Adaptation:** Evidence does not rule out his ability to adapt to basic work-related changes as he has tried a variety of assignments in different fields, to be aware of normal hazards and take precautions, to arrange transportation, or to set realistic goals.

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The appellant has a history of Asperger's syndrome and mood disorder which has been addressed with special evaluation, counseling, education, and vocational guidance. His residual functioning includes many positive qualities co-occurring with challenges especially within the realms of distractibility and sustaining concentration. According to educators, with supportive services and programs he has done well at performing the tasks he has been given, while maintaining a positive outlook. He makes no claim of any physical limitations at this time. Although he has some part-time and internship work experience, he does not have a history of SGA that would establish his past relevant work capability. As a result, the sequential evaluation continues to step five.

**Step five:** At the last step of the sequential evaluation process, consideration is given to the assessment of the individual's RFC together with his/her age, education and work experience to determine if he/she can make an adjustment to other work in the national economy (20 CFR 416.920(g)). If the individual is able to make an adjustment to other work, he/she is not disabled. If the individual is not able to do other work and meets the duration requirement, he/she is disabled. At step five, it may be determined if the individual is disabled by applying certain medical-vocational guidelines (20 CFR Part 404, Subpart P, Appendix 2). The medical-vocational tables determine disability based on the individual's maximum level of exertion, age, education, and prior work experience. In some cases, the vocational tables cannot be used, because the individual's situation does not fit squarely into the particular categories or because his/her RFC includes significant nonexertional limitations, such as postural, manipulative, visual, or communicative; or environmental restrictions on his/her work capacity. If the individual can perform all or substantially all of the exertional demands at a given level, the medical-vocational rules direct a conclusion that the individual is either disabled or not disabled depending upon the individual's specific vocational profile (SVP). When the individual cannot perform substantially all of the exertional demands or work at a given level of exertion and/or has non-exertional limitations, the medical-vocational rules are used as a framework for decision-making unless that directs a conclusion that the individual is disabled without considering the additional exertional and/or non-exertional limitations. If the individual has solely non-exertional limitations, section 204.00 in the medical-vocational guidelines provides a framework for decision-making (SSR 85-15).

The appellant in this case is a 20-year old male with Asperger's syndrome and mood disorder. Treatment with medication management and support of family, educators, and counselors has advanced his implementation of work skills. Job performance reviews document dependability and appropriate appearance. He has learned from instructions, and demonstrations of job coaches, and has recognized when to ask questions of supervisors. He has been able to carry out tasks, and keep a log of duties completed. He has overall been considered a very good worker, although significant challenges remain. Evidence documents the benefits he has derived from supportive services, and establishes an expectation that he will continue to develop skills relevant to managing basic work activities with ongoing guidance.

Based on the appellant's age of 20 (defined as a younger individual), education currently including Transition Academy and introductory college courses (high school or more), physical functioning (unlimited), mental residual functional capacity (simple, routine work, not time pressured), and good potential for vocational training; the combined factors direct a finding of not disabled according to the Social Security regulations.

After careful and considerate review of the Agency's policies as well as the evidence and testimony submitted, this Appeals Officer concludes that the appellant is not disabled as defined in the Social Security Act, and for the purpose of the Medical Assistance Program.

**Pursuant to DHS Policy General Provisions section 0110.60.05, action required by this decision, if any, completed by the Agency representative must be confirmed in writing to this Hearing Officer.**

  
Carol J Ouellette  
Appeals Officer