

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED],
Claimant

Reg. No: 2008-17718
Issue No: 2009; 4031
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
August 6, 2008
Hillsdale County DHS

ADMINISTRATIVE LAW JUDGE: Jay W. Sexton

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, an in-person hearing was held in Hillsdale on August 6, 2008. Claimant personally appeared and testified under oath. Claimant was represented by [REDACTED].

The department was represented by Linda Cunningham (FIM).

Claimant requested additional time to submit new medical evidence. The record closed on August 18, 2008. Claimant's medical evidence was submitted to the State Hearing Review Team on August 18, 2008. Claimant waived the timeliness requirement so that his new medical evidence could be reviewed by SHRT. After a second SHRT non-disability determination, the ALJ issued the decision and order below.

ISSUES

(1) Did claimant establish a severe mental impairment expected to preclude him from substantial gainful work, **continuously**, for one year (MA-P) or 90 days (SDA)?

(2) Did claimant establish a severe physical impairment expected to preclude him from substantial gainful work, **continuously**, for one year (MA-P) or 90 days (SDA)?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

(1) Claimant is an MA-P/retro/SDA applicant (February 4, 2008) who was denied by SHRT (May 19, 2008 and August 25, 2009) due to claimant's ability to perform unskilled light work. SHRT relied on Med-Voc Rule 202.20, as a guide. Claimant requests retro-MA for November, December 2007 and January 2008.

(2) Claimant's vocational factors are: age--44; education--high school diploma; post-high school education--attended [REDACTED] briefly; work experience--welding machine operator, flagman for a paving company, and general laborer.

(3) Claimant has not performed Substantial Gainful Activity (SGA) since 2006 when he was employed as a welding machine operator.

(4) Claimant has the following unable-to-work complaints:

- (a) Passes out frequently;
- (b) Severe insulin reactions;
- (c) Depressed about being unable to work;
- (d) Memory blanks out; unable to remember what he was doing;
- (e) Unable to perform activities of daily living;
- (f) Stressed out;
- (g) Status post three heart stents (January 2008);
- (h) Diabetes mellitus I;
- (i) Deteriorating vision.

(5) SHRT evaluated claimant's medical condition as follows:

OBJECTIVE MEDICAL EVIDENCE (May 19, 2008)

Claimant underwent left-rotator cuff surgery in 2005 (page 227). In 9/2007, he underwent arthroscopic surgery to repair a right

meniscus repair (page 99). In 1/2008, he underwent angioplasty with stenting to the coronary arteries and the right carotid artery (pages 65-73). A CT scan of the brain was normal (page 72). He did not exhibit any neurological deficits or post operative chest pain (pages 63-73). He was noted to be an insulin dependent diabetic.

ANALYSIS

Claimant's alleged impairments do not meet or equal Listing 1.02, 4.04 or 9.08. Based on the preponderance of the objective medical evidence, and in accordance with 20 CFR 416.967(b), claimant's physical residual functional capacity is assessed at the light exertional level.

(6) Claimant lives with his mother and performs the following Activities of Daily Living (ADLs): dressing, bathing, cooking, dishwashing, light cleaning, laundry and grocery shopping. Claimant had a successful gallbladder surgery in July 2008. Claimant does not use a cane, a walker, a wheelchair or a shower stool. He does not wear a brace on his neck. He does not wear braces on his arms or legs.

(7) Claimant does not have a valid driver's license. He is computer literate and enjoys playing computer games.

(8) The following medical records are persuasive:

- (a) A [REDACTED] office note by [REDACTED] (primary care physician) was reviewed.

The physician's letter states in pertinent part:

This letter is to serve notice of claimant's current medical problems and conditions. He is currently diagnosed with insulin dependent diabetes mellitus type I, hypertension, pancreatitis, and new onset renal failure. He also has significant history of bradycardia that he was recently hospitalized for, and also had a subdural hematoma in the past 6 months.

With his current diagnoses, he has had episodes of syncope, dizziness, and altered sensorium followed by profound weakness.

- (b) An [REDACTED] [REDACTED] note was reviewed.

The cardiologist reported the following history: Claimant, since his last clinic visit, has done well. He says he gets frequent episodes of headache, usually starting in the neck area. Percocet is about the only thing that comes close to helping his headaches. On 4/11/2008 he was in the emergency room apparently after a fainting spell. Cardiac markers were unremarkable. CT scan of the head showed no mass or bleeding. There appeared reportedly to be an occipital hematoma. The patient was sent home in stable condition, to follow-up in the cardiology clinic because of his cardiac history. EKG in the ER showed only sinus bradycardia and early repolarization changes or normal variant. He has not had chest pain recently.

The cardiologist reported the following impression:

- (1) Stable coronary artery disease with stenting x3;
- (2) Diabetes mellitus;
- (3) Chronic headache syndrome;
- (4) No signs of heart failure;
- (5) Hyperlipidemia, on Zocor;
- (6) Recent episode of syncope of unclear etiology;
- (7) Review of most recent labs (4/11/2008) showed elevated creatinine, suggesting acute or recent renal failure.

- (c) A March 18, 2008 medical examination report (DHS-49) was reviewed.

The primary care physician provided the following diagnoses:

Type I diabetes mellitus, hypertension, depression, CAD.

The primary care physician reported the following physical limitations:

Able to lift less than 10 pounds occasionally; able to stand/walk less than 2 hours in an 8 hour day; able to sit less than 6 hours in an 8 hour day; able to use hands/arms for simple grasping and reaching, but not pushing/pulling or fine manipulating; unable to use foot/leg controls at all.

The physician based the functional limitations on the following medical findings:

Patient has multiple incidents of diabetic coma. He is awaiting an insulin pump to control the levels, but until it is sustained, he is not able to do any dangerous work, or work that requires decision making.

The primary care physician noted the following mental limitations:

Memory limitations and concentration limitations.

- (d) A [REDACTED] [REDACTED] note was reviewed.

The cardiologist provided the following history:

Claimant, since his last clinic visit, has done well. No testing.

IMPRESSION:

- (1) Stable coronary artery disease;
- (2) No signs of over congestive heart failure.

- (e) A [REDACTED] [REDACTED] physical examination report was reviewed.

The primary care physician provided the following chief complaint:

Neck pain and headache that is not improving.

The primary care physician provided the following HHPI:

Neck is sore and he has had headaches, hurts more when he bends over. Tensing to turn his head with out moving his

entire upper body. Still having left shoulder pain. States he was given Flexeril at the last appointment but it didn't seem to help at all with the pain. No other complaints at this time. Has not seen any physicians or been through the ER/urgent care.

Claimant, overall is doing good, and thinks he is in stable health. Claimant has not had any new major medical problems since last visit. Claimant says that blood sugar at home is not well controlled. Claimant checks blood pressure 3 times per day. Claimant has had many high sugar readings since last visit. Claimant has had many hypoglycemic episodes. Claimant has not been taking the medications as recommended, and has missed many doses. Claimant says that blood pressure is not well controlled. Claimant has noticed many high readings when blood pressure was checked in other places. Claimant has continued to diet and exercise as recommended. Claimant has also continued taking medication for cholesterol regularly.

The primary care physician provided the following PMH:

- (1) Type I diabetes mellitus;
- (2) Hypertension;
- (3) Pancreatitis;
- (4) Hypercholesterolemia;
- (5) Active smoker, against medical advice;
- (6) Recent fracture of right hand.

- (f) A [REDACTED] [REDACTED] clinical note was reviewed.

The cardiologist provided the following history: Claimant is a 44-year-old male with multiple disc fractures and coronary artery disease, including systemic hypertension, 38 year history of diabetes mellitus, hyperlipidemia, and previous history of smoking, referred for follow-up following recent coronary intervention. He used to be a smoker of a pack per day for about 20 years; but quit after his recent hospitalization at [REDACTED]. His mother is alive at age 69. His father was a [REDACTED] patient with multiple cardiovascular problems and died at age 72. Claimant was well until quite recently, when he presented to [REDACTED] with unstable angina on

1/9/2008. He was sent to [REDACTED] where cardiac catheterization showed 90-95% stenosis of the proximal/mid-segment of a dominant large caliber right coronary artery and 80-85% stenosis involving the proximal/mid-segment of the LAV involving the ostium of two diagonal branches. He underwent stenting of the RAC and the LAV respectively. His post procedure course was complicated by confusional state involving hallucinations and a CAT scan of the head was done and showed no evidence of bleeding. He was advised to follow-up in the cardiology clinic.

The cardiologist provided the following impressions:

- (1) Multi-vessel coronary artery disease with stenting x3;
- (2) Diabetes mellitus;
- (3) Well controlled systemic hypertension;
- (4) Hyperlipidemia, on Zocor;

- (g) A [REDACTED] [REDACTED] consultation report was reviewed.

The deposition provided the following history:

Claimant is a 44-year-old white male who was seen on an urgent basis in the emergency room regarding chest pain described as substernal in nature. He states he has had cabin fever due to recent coronary stenting two weeks prior and severely cold weather confining him to his home. He went to a bowling alley, was playing table games in a non-smoking environment when he suddenly became cold, shaky, mildly nauseated and had chest pain. He relays become weak last night and sleeping all day. He also complains of headache, stating that his neck muscles are tight. He is concerned that the symptoms are similar to those prior to subsequent path and stent placement two weeks ago. At that time, he received one stent to a RCA obstruction and two stents to left coronary artery obstructions.

The internist provided the following impression:

- (1) Chest pain, non specific--rule out myocardial infarction;
- (2) Type I diabetes--uncontrolled;
- (3) Smoking abuse--“quit 2 weeks ago”;
- (4) Increased caffeine ingestion;
- (5) Medicinal non-compliance;
- (6) Pancreatitis;
- (7) Forgetfulness--probably cerebral occlusive disease, secondary to diabetes;
- (8) Renal insufficiency--diabetic neuropathy.

(9) The probative medical evidence does not establish an acute mental (non-exertional) condition expected to prevent claimant from performing all customary work functions for the required period of time. There are no psychiatric/psychological reports in the record. Claimant did not provide a DHS-49D or a DHS-49E to establish his mental residual functional capacity. Although claimant reports depression and being in a stressed out state, he is not currently receiving therapeutic or psychiatric care for these conditions.

(10) The probative medical evidence of record does not establish an acute physical (exertional) impairment expected to prevent claimant from performing all customary work functions for the required period of time. The medical/vocational records do show the following exertional impairments: diabetes mellitus I, hypertension, pancreatitis, new onset renal failure, history of bradycardia, status post duodenal hematoma, status post stenting, syncope, dizziness, altered sensorium/profound weakness, stable coronary artery disease, chronic headache syndrome, no signs of heart failure, hyperlipidemia, recent episode of syncope, and recent laboratory findings suggesting acute or recent renal failure. The information about claimant's functional capacity is meager. However, the Medical Examination Report (DHS-49) dated March 18, 2008 completed by claimant's primary care physician states that claimant is able to

lift less than 10 pounds occasionally, able to stand/walk less than 2 hours in an 8 hour day and is able to sit less than 6 hours in an 8 hour day. He is able to use his hands/arms for simple grasping and reaching. However, he is not able to use his feet/legs to operate foot controls.

(11) Claimant recently applied for federal disability benefits with the Social Security Administration. Social Security denied his application; claimant filed a timely appeal.

CONCLUSIONS OF LAW

CLAIMANT'S POSITION

Claimant thinks he is entitled to MA-P/SDA based on the impairments listed in paragraph #4, above.

DEPARTMENT'S POSITION

The department thinks that claimant has the Residual Functional Capacity (RFC) to perform unskilled light work. The department thinks that claimant's impairments do not meet/equal the intent or severity of Social Security listings 1.02, 4.04 or 9.08.

The department denied claimant's MA-P application based on claimant's vocational profile [younger individual (age 44) with a high school education and a history of unskilled work as a welding machine operator] applying Med-Voc Rule 202.20, the department denied eligibility for MA-P.

The department denied SDA disability, based on PEM 261, because the nature and severity of claimant's impairments do not preclude a wide range of unskilled light work for 90 days or more.

LEGAL BASE

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department

of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

Pursuant to Federal Rule 42 CFR 435.540, the Department of Human Services uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance program. 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 is 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.

If an individual is working and the work is substantial gainful activity, the individual is not disabled regardless of the medical condition, education and work experience. 20 CFR 416.920(c).

If the impairment or combination of impairments do not significantly limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. Age, education and work experience will not be considered. 20 CFR 416.920.

Statements about pain or other symptoms do not alone establish disability. There must be medical signs and laboratory findings which demonstrate a medical impairment.... 20 CFR 416.929(a).

...Medical reports should include –

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

In determining disability under the law, the ability to work is measured. An individual's functional capacity for doing basic work activities is evaluated. If an individual has the ability to perform basic work activities without significant limitations, he or she is not considered disabled. 20 CFR 416.994(b)(1)(iv).

Basic work activities are 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 416.921(b).

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

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 your symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

All of the evidence relevant to the claim, including medical opinions, is reviewed and findings are made. 20 CFR 416.927(c).

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).

A statement by a medical source finding that an individual is "disabled" or "unable to work" does not mean that disability exists for the purposes of the program. 20 CFR 416.927(e).

When determining disability, the federal regulations require that several considerations be analyzed in sequential order. If disability can be ruled out at any step, analysis of the next step is not required. These steps are:

1. Does the client perform Substantial Gainful Activity (SGA)? If yes, the client is ineligible for MA. If no, the analysis continues to Step 2. 20 CFR 416.920(b).

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 416.920(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? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.290(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. 20 CFR 416.920(e).
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? If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(f).

The department evaluates mental illness allegations based on the following standards:

(a) **Activities of Daily Living.**

Activities of daily living including adaptive activities such as cleaning, shopping, cooking, taking public transportation, paying bills, maintaining a residence, caring appropriately for one's grooming and hygiene, using telephones and directories, using a post office, etc. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(1).

(b) **Social Functioning.**

Social functioning refers to an individual's capacity to interact independently, appropriately, effectively, and on a sustained basis with other individuals. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(2).

Social functioning includes the ability to get along with others, such as family members, friends, neighbors, grocery clerks, landlords, or bus drivers. You may demonstrate impaired social functioning by, for example, a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, or social isolation. You may exhibit strength in social functioning by such things as your ability to initiate social contacts with others, communicate

clearly with others, or interact and actively participate in group activities. We also need to consider cooperative behaviors, consideration for others, awareness of others' feelings, and social maturity. Social functioning in work situations may involve interactions with the public, responding appropriately to persons in authority (e.g., supervisors), or cooperative behaviors involving coworkers. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(2).

(c) **Concentration, Persistence or Pace.**

Concentration, persistence or pace refers to the ability to sustain focused attention and concentration sufficiently long to permit the timely and appropriate completion of tasks commonly found in work settings. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(3).

Limitations in concentration, persistence, or pace are best observed in work settings, but may also be reflected by limitations in other settings. In addition, major limitations in this area can often be assessed through clinical examination or psychological testing. Wherever possible, however, a mental status examination or psychological test data should be supplemented by other available evidence. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(3).

(d) **Sufficient Evidence.**

The evaluation of disability on the basis of a mental disorder requires sufficient evidence to: (1) establish the presence of a medically determinable mental impairment(s); (2) assess the degree of functional limitation the impairment(s) imposes; and (3) project the probable duration of the impairment(s). Medical evidence must be sufficiently complete and detailed as to symptoms, signs, and laboratory findings to permit an independent determination. In addition, we will consider information from other sources when we determine how the established impairment(s) affects your ability to function. We will consider all relevant evidence in your case record. 20 CFR 404, Subpart P, App. 1, 12.00(D).

(e) **Chronic Mental Impairments.**

Chronic Mental Impairments: Particular problems are often involved in evaluating mental impairments in individuals who have long histories of repeated hospitalizations or prolonged outpatient care with supportive therapy and medication. For instance, if you have chronic organic, psychotic, and affective disorders you may commonly have your life structured in such a way as to minimize your stress and reduce your signs and symptoms.... 20 CFR 404, Subpart P, App. 1, 12.00(E).

Claimant has the burden of proof to show by a preponderance of the medical evidence in the record that his mental/physical impairments meet the department's definition of disability for MA-P/SDA purposes. PEM 260/261. "Disability" is defined by MA-P/SDA standards as a legal term which is individually determined by a consideration of all factors in each particular case.

STEP 1

The issue at Step 1 is whether claimant is performing Substantial Gainful Activity (SGA). If claimant is working and is earning substantial income, he is not eligible for MA-P/SDA.

SGA is defined as the performance of significant duties over a reasonable period of time for pay. Claimants who are working and performing Substantial Gainful Activity (SGA), are not disabled regardless of medical condition, age, education or work experience. 20 CFR 416.920(b).

The medical/vocational evidence of record shows that claimant is not currently performing SGA.

Therefore, claimant meets the Step 1 eligibility test.

STEP 2

The issue at Step 2 is whether claimant has impairments which meet the SSI definition of severity/duration.

Unless an impairment is expected to result in death, it must have lasted or be expected to last for a continuous period of at least 12 months. 20 CFR 416.909.

Also, to qualify for MA-P/SDA, claimant must satisfy both the gainful work and the duration criteria. 20 CFR 416.920(a).

If claimant does not have an impairment or combination of impairments which profoundly limit his physical/mental ability to do basic work activities, he does not meet the Step 2 disability criteria.

Claimant's combination of impairments meets the severity and duration requirements.

Claimant meets the Step 2 disability test.

STEP 3

The issue at Step 3 is whether claimant meets the Listing of Impairments in the SSI regulations. SHRT evaluated claimant under Listings 1.02, 4.04 and 9.08 and concluded that claimant does not qualify under these Listings.

Therefore, claimant does not meet the Step 3 eligibility test.

STEP 4

The issue at Step 4 is whether claimant is able to do his previous work. Claimant previously worked as a welding machine operator in a factory. Claimant's work as a welding machine operator was light/medium work.

However, since claimant has experienced recent episodes of syncope/loss of consciousness, he is unable to work around dangerous machinery. For this reason, he cannot return to his previous job as a welding machine operator.

Claimant meets the Step 4 eligibility test.

STEP 5

The issue at Step 5 is whether the claimant has the Residual Functional Capacity (RFC) to do other work.

Claimant has the burden of proof to show by the medical evidence of record that his mental/physical impairments meet the department's definition of disability for MA-P/SDA purposes.

First, claimant thinks he is disabled based on depression and his stressed out state. While claimant's treating physician does report mental limitations (Medical Examination Report DHS-49): limited memory and limited ability for sustained concentration. The treating physician does not state that claimant is totally unable to work based on his mental impairments. Furthermore, there is no extra evidence in the form of psychiatric or psychological reports to establish the severity of claimant's mental impairments. Finally, claimant did not submit a DHS-49(d) or a DHS-49(e) to establish his mental residual functional capacity. Claimant's mental impairments do not meet the department's disability standards at this time.

Second, claimant thinks he is disabled based on the impairments listed in paragraph #4, above. The medical evidence does show that claimant is not able to do heavy work and is unable to work around dangerous machinery. As mentioned above, this could preclude him from returning to his previous work as a welding machine operator. However, claimant's combination of conditions does not prevent him from doing sedentary work.

Third, claimant thinks he is disabled based on the pain he experiences secondary to his renal failure. Evidence obtained, alone, is insufficient to establish disability for MA-P/SDA purposes.

The Administrative Law Judge concludes the claimant's testimony about his pain is credible, but out of proportion to the objective medical evidence as it relates to the claimant's ability to work.

In summary, the Administrative Law Judge is not persuaded that claimant is totally unable to work based on his mental impairments, his physical impairments, and the combination

of them all. Claimant currently performs many activities of daily living, has an active social life with his mother and enjoys computer games. This means that claimant is able to perform unskilled sedentary work, including employment as a ticket taker for a theatre, as a parking lot attendant or as a greeter for [REDACTED].

The department correctly denied claimant's MA-P/SDA application based on Step 5 of the sequential analysis. In the alternative, claimant is not disabled under Med-Voc Rule 202.20.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that claimant does not meet the MA-P/SDA disability requirements under PEM 260/261.

Accordingly, the department's denial of claimant's MA-P/SDA application is, hereby, AFFIRMED.

SO ORDERED.

/s/ _____
Jay W. Sexton
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: August 17, 2009

Date Mailed: August 18, 2009

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

2008-17718/JWS

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cc:

