

**STATE OF MICHIGAN**  
**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES**  
**ADMINISTRATIVE HEARINGS FOR THE**  
**DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2009-36790  
Issue No.: 2009/4031  
Case No.: [REDACTED]  
Load No.: [REDACTED]  
Hearing Date: November 12, 2009  
Oakland County DHS (04)

**ADMINISTRATIVE LAW JUDGE:** Colleen M. Mamelka

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, a hearing was held in Pontiac, Michigan on Thursday, November 12, 2009. The Claimant appeared and testified. The Claimant was represented by [REDACTED] of [REDACTED]. [REDACTED] appeared on behalf of the Department.

During the hearing, the Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional medical evidence. The new evidence was received, reviewed and entered as Claimant Exhibits C and D. This matter is now before the undersigned for a final decision.

**ISSUE**

Whether the Department properly determined that the Claimant was not disabled for purposes of the Medical Assistance ("MA-P") benefit program?

**FINDINGS OF FACT**

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

1. The Claimant submitted an application for public assistance seeking MA-P and State Disability Assistance ("SDA") benefits on March 20, 2009.
2. On April 24, 2009, the Medical Review Team ("MRT") approved the Claimant for SDA benefits but denied the MA-P benefits based on a lack of duration. (Exhibit 1, pp. 1, 2)

3. On May 13, 2009, the Department sent an Eligibility Notice to the Claimant informing her of the MRT determination.
4. On August 10, 2009, the Department received the Claimant's timely written Request for Hearing. (Exhibit 3)
5. On October 5, 2009, the State Hearing Review Team ("SHRT") determined that the Claimant was not disabled. (Exhibit 4)
6. The Claimant's alleged physical disabling impairment(s) are due to shoulder/hip pain, right-side weakness status post cerebrovascular incident, asthma, sleep apnea, peptic ulcer, high blood pressure, and cognitive deficits.
7. The Claimant's alleged mental disabling impairment(s) are due to anxiety and cognitive deficits.
8. At the time of hearing, the Claimant was 42 years old with a [REDACTED] birth date; was 4'11" in height; and weighed 235 pounds.
9. The Claimant is a high school graduate with an employment history as a nursing assistant and sales associate.
10. The Claimant's impairment(s) have lasted, or are expected to last, continuously for a period of 12 months or longer.

### **CONCLUSIONS OF LAW**

The Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department of Human Services ("DHS"), formerly known as the Family Independence Agency, pursuant to MCL 400.10 *et seq* and MCL 400.105. Department policies are found in the Bridges Administrative Manual ("BAM"), the Bridges Eligibility Manual ("BEM"), and the Bridges Reference Manual ("BRM").

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) The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make

appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913 An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a) Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicants takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3) The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2)

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1) The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (i.e. age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need evaluate subsequent steps. 20 CFR 416.920(a)(4) If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4) If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945 Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 945(a)(1) An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4) In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv) In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a) An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a) The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6)

In addition to the above, when evaluating mental impairments, a special technique is utilized. 20 CFR 416.920a(a) First, an individual's pertinent symptoms, signs, and laboratory findings are evaluated to determine whether a medically determinable mental impairment exists. 20 CFR 416.920a(b)(1) When a medically determinable mental impairment is established, the symptoms, signs and laboratory findings that substantiate the impairment are documented to include the individual's significant history, laboratory findings, and functional limitations. 20 CFR 416.920a(e)(2) Functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2) Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality is considered. 20 CFR 416.920a(c)(1) In addition, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining an individual's degree of functional limitation. 20 CFR 416.920a(c)(3) The degree of limitation for the first three functional areas is rated by a five point scale: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4) A four point scale (none, one or two, three, four or more) is used to rate the degree of limitation in the fourth functional area. *Id.* The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. *Id.*

After the degree of functional limitation is determined, the severity of the mental impairment is determined. 20 CFR 416.920a(d) If severe, a determination of whether the impairment meets or is the equivalent of a listed mental disorder is made. 20 CFR 416.920a(d)(2) If the severe mental impairment does not meet (or equal) a listed impairment, an individual's residual functional capacity is assessed. 20 CFR 416.920a(d)(3)

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Claimant is not involved in substantial gainful activity therefore is not ineligible for disability benefits under Step 1.

The severity of the Claimant's alleged impairment(s) is considered under Step 2. The Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(b) An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(c) Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(b) Examples 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.

*Id.* The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 *citing Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985) An impairment qualifies as non-severe only if, regardless of a claimant's age, education, or work experience, the impairment would not affect the claimant's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985)

In the present case, the Claimant alleges disability due to shoulder/hip pain, right-side weakness status post cerebrovascular incident, asthma, sleep apnea, peptic ulcer, high blood pressure, cognitive deficits, and anxiety.

On [REDACTED], the Claimant presented to the hospital with complaints of chest pain. At admission, the Claimant had elevated blood pressure and was moved to the intensive care unit. An Echocardiogram and Doppler study revealed a lacunar infarct subacute issue with resulting hemiparesis. The Claimant was discharged to inpatient rehabilitation on [REDACTED] with diagnose of status post lacunar infarct with right hemiparesis, hypertensive urgency, morbid obesity, dyslipidemia, hypothyroidism, and asthma.

During rehabilitation, the Claimant underwent a full therapy program to include physical, occupational, and speech therapy. The Claimant utilized her CPAP and her blood pressure was brought under good control. The Claimant was discharged on [REDACTED] with the diagnoses of rehabilitation, status post cerebrovascular accident, depression, and uncontrolled blood pressure.

On [REDACTED], the Claimant was treated for right-side weakness and uncontrolled hypertension. A CT without contrast showed a small hypodensity in the right internal

capsule which was not present on the [REDACTED] CT scan. An echocardiogram showed an ejection fraction of 55 to 60 percent. The Claimant was discharged on [REDACTED] [REDACTED] with the diagnoses of recurrent transient ischemic attacks with headaches and right hand weakness (resolved) history obstructive sleep apnea, hypertension (well controlled), dyslipidemia, and hypothyroidism. The Claimant did not require any therapy.

On [REDACTED], a Medical Needs form was completed on behalf of the Claimant. The current diagnoses were hypertension status post stroke. The Claimant required assistance with meal preparation, shopping, laundry, and housework. The Claimant was found unable to work any job.

On this same date, a Medical Examination Report was completed. The current diagnoses were status post CVA-stroke and hypertension. The physical examination revealed muscle weakness of the upper and lower extremities noting 2 separate strokes. The Claimant was found unable to lift any weight; stand and/or walk less than 2 hours in an 8-hour workday; and unable to perform repetitive actions with any extremity.

On [REDACTED], the Claimant attended a consultative evaluation. The physical examination noted the Claimant's small-stepped gait favoring the right with a mild limp. The Claimant was able to ambulate without difficulty. The Claimant had mild to moderate difficulty getting on and off the examination table. The Claimant had restrictions of motion of the right upper extremity with decreased motor strength in the right hand such that she is restricted in performing fine motor tasks with her right hand.

On [REDACTED], the Claimant presented to the emergency room with complaints of headache. The Claimant's blood pressure was elevated and her medication non-compliance was noted. The Claimant was discharged the following day with the diagnoses of accelerated hypertension, headache, and history of cerebrovascular accident.

On [REDACTED], the Claimant was admitted to the hospital with complaints of dizziness and vertigo. The Claimant was found to have uncontrolled hypertension, old cerebrovascular accident, hypothyroidism, polyuria, and obesity. The Claimant was discharged on or about [REDACTED] [REDACTED].

On [REDACTED], the Claimant sought treatment for right-side weakness and headache.

On [REDACTED], the Claimant attended a consultative evaluation. The physical examination revealed mild hemiplegia on the right (affecting more of the lower extremity than the upper). The Claimant did not require an assistive device. The Internist opined

that the Claimant should be able to work an 8-hour workday with limitations of walking (about one block), carrying/pushing/pulling about 5 pounds, and should not climb ropes, ladders, or scaffolding.

On [REDACTED], the Claimant was admitted to the hospital with complaints of headache and hypertensive urgency. A CT scan revealed a "simple cyst to the left kidney." The Claimant was discharged on [REDACTED] with the diagnoses of hypertensive emergency, old left vasoganglia stroke, hiatal hernia, morbid obesity, generalized anxiety disorder, history of dyslipidemia, and simple renal cyst.

As previously noted, the Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, the Claimant has presented medical evidence establishing that she does have some physical and mental limitations on her ability to perform basic work activities. The medical evidence has established that the Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, the Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The Claimant has alleged disabling impairments due to shoulder/hip pain, right-side weakness status post cerebrovascular incident x2, asthma, sleep apnea, peptic ulcer, high blood pressure, cognitive deficits, and anxiety.

Listing 1.00 (musculoskeletal system), Listing 3.00 (respiratory system), Listing 4.00 (cardiovascular system), Listing 9.00 (endocrine system), and Listing 12.00 (mental disorders) were considered in light of the objective medical evidence. The Claimant was found able to ambulate without difficulty albeit with a mild limp. The Claimant received treatment for hypertensive emergency which were resolved. Medication non-compliance is also documented. The Claimant's ejection fraction was 55 to 60 percent which is above the requirements of 4.02. Ultimately, the Claimant's impairment(s) do not meet the intent and severity requirement of a listed impairment thus she cannot be found disabled or not disabled under these listings.

Listing 11.00 defines Neurological impairments. Persistent disorganization of motor function in the form of paresis or paralysis, tremor or other involuntary movements, ataxia and sensory disturbance (any and all which may be due to cerebral, cerebellar, brain stem, spinal cord, or peripheral nerve dysfunction) which occur singly or in various combinations, frequently provide the sole or partial basis for decision in cases of neurological impairment. 11.00C The degree of interference with locomotion and/or interference with the use of fingers, hands, and arms is assessed. *Id.*

Listing 11.04 discusses central nervous system vascular accident and requires one of the following be met more than 3 months post-vascular accident:

- A. Sensory or motor aphasia resulting in ineffective speech or communication; or
- B. Significant and persistent disorganization of motor function in two extremities resulting in sustained disturbance of gross and dexterous movements, or gait and station.

In this case, the Claimant suffered from two strokes resulting in right-side hemiparesis (mild paralysis or weakness). The Claimant had decreased strength in her right hand such that she is restricted in performing fine motor tasks and well as restrictions of motion of the upper extremity. That being said, the Claimant was found able to ambulate without difficulty albeit with a mild limp. There was no evidence of significant and persistent disorganization of motor function in *two* extremities. Ultimately, the Claimant's impairment(s) do not meet the intent and severity requirement of a listed impairment within 11.00 thus she can not be found disabled or not disabled under this listing. Accordingly, the Claimant's eligibility at Step 4 is necessary. 20 CFR 416.905(a)

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity ("RFC") and past relevant employment. 20 CFR 416.920(a)(4)(iv) An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3) Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1) Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3) RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967 Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a) 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. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b) Even though 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. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.* Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c) An individual capable of performing medium work is also capable of light and sedentary work. *Id.* Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d) An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.* Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e) An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands (exertional requirements, i.e. sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a) In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty function due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2) The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

The Claimant's prior work history consists of work as a nursing assistant, whose job duties included lifting/carrying 100 pounds, standing/walking the majority of a shift; and mainly providing basic care for patients. The Claimant also worked as a sales associate at a retail store whose primary duties included waiting on customers, stocking, and using the cash register. In light of the Claimant's testimony and in consideration of the

Occupational Code, the Claimant's prior work as a nursing assistant is classified as semi-skilled, medium to heavy work while the Claimant's sales position is considered unskilled light work.

The Claimant testified that she can walk about 50 feet; can sit for less than ½ hour; can stand for 15 minutes; is able to perform repetitive actions with her left extremities but not her right; and is able to bend but not squat. The medical evidence puts the Claimant at the equivalent of less than sedentary activity. If the impairment or combination of impairments does not limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920 In consideration of the Claimant's testimony, medical records, and current limitations, it is found that the Claimant is not be able to return to past relevant work thus the fifth step in the sequential analysis is required.

In Step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v) At the time of hearing, the Claimant was 42 years old thus considered to be a younger individual for MA-P purposes. The Claimant has a high school education with vocational training as a nursing assistance. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Claimant to the Department to present proof that the Claimant has the residual capacity to substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

In the record presented, the total impact caused by the combination of medical problems suffered by the Claimant must be considered. In this case, the Claimant suffers from the residual effects of two strokes which include mild paralysis/ weakness of her right side which prevent her from using her right hand. In addition, the Claimant has had several hypertensive emergencies resulting in hospitalizations in June, July, August, and September. Approximately 3 months after her stroke, the Claimant was found unable to work any job; lift any weight; and stand and/or walk less than 2 hours during an 8-hour workday. The medical evidence places the Claimant at less than sedentary activity. In light of the foregoing, it is found that the combination of the Claimant's physical impairments have an affect on her ability to perform basic work activities at this time such that the Claimant is unable to meet the physical and mental demands necessary to perform even sedentary work as defined in 20 CFR 416.967(a).

After review of the entire record, it is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

The State Disability Assistance (“SDA”) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. DHS administers the SDA program pursuant to MCL 400.10 *et seq.* and Michigan Administrative Code (“MAC R”) 400.3151 – 400.3180. Department policies are found in BAM, BEM, and BRM. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal SSI disability standards for at least ninety days. Receipt of SSI or RSDI 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.

In this case, the Claimant is found disabled for purposes of the MA-P program therefore the Claimant is found disabled for purposes of SDA benefit program.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds the Claimant disabled for purposes of the Medical Assistance and State Disability Assistance programs.

It is ORDERED:

1. The Department’s determination is REVERSED.
2. The Department shall initiate review of the March 20, 2009 application to determine if all other non-medical criteria are met and inform the Claimant of the determination in accordance with department policy.
3. The Department shall supplement for any lost benefits (if any) that the Claimant was entitled to receive if otherwise eligible and qualified in accordance with department policy.
4. The Department shall review the Claimant’s continued eligibility in December 2011 in accordance with department policy.

*Colleen M. Mamelka*

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Colleen M. Mamelka  
Administrative Law Judge  
For Ismael Ahmed, Director  
Department of Human Services

2009-36790/CMM

Date Signed: 11/09/2010

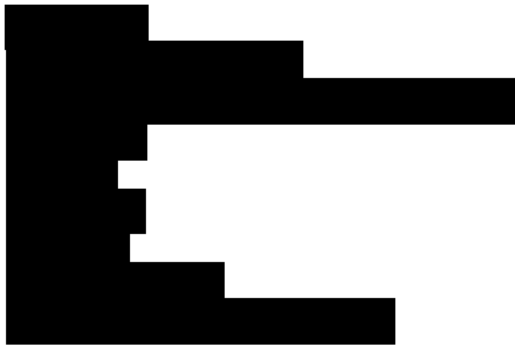
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**NOTICE: Administrative Hearings may order a** rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or 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.

CMM/jlg

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