

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: 2009-22092

Issue No: 2009; 4031

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

July 14, 2009

Oakland County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

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, a telephone hearing was held on July 14, 2009. Claimant personally appeared and testified.

ISSUE

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance (MA-P) and State Disability Assistance (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) On July 17, 2008, claimant filed an application for Medical Assistance and State Disability Assistance benefits alleging disability.

(2) On January 15, 2009, the Medical Review Team denied claimant's application stating that claimant could perform other work.

(3) On January 29, 2009, the department caseworker sent claimant notice that his application was denied.

(4) On February 25, 2009, claimant filed a request for a hearing to contest the department's negative action.

(5) On May 27, 2009, the State Hearing Review Team again denied claimant's application stating that claimant is capable of performing other work in the form of medium work per 20 CFR 416.967(c) and unskilled work per 20 CFR 416.968(a) pursuant to Medical-Vocational Rule 203.26 and commented that this may be consistent with past relevant work. However, there is no detailed description of past work to determine this. In lieu of denying benefits as capable of performing past work, a denial to other work will be given.

(6) The hearing was held on July 14, 2009. At the hearing, claimant waived the time periods and requested to submit additional medical information.

(7) Additional medical information was submitted and sent to the State Hearing Review Team on July 15, 2009.

(8) On July 22, 2009, the State Hearing Review Team again denied claimant's application stating that claimant is capable of performing other work in the form of light work per 20 CFR 416.967(b), medium work per 20 CFR 415.967(c), and unskilled worked per 20 CFR 416.968(a) pursuant to Medical-Vocational Rules 203.26 and 202.18.

(9) Claimant is a 38-year-old man whose birth date is [REDACTED]. Claimant is 6' tall and weighs 194 pounds. Claimant attended the 10<sup>th</sup> grade and has no GED. Claimant testified that he is able to read a little and does have basic math skills.

(10) Claimant last worked July 20, 2006 as a home improvement carpenter. Claimant has also worked installing windows.

(11) Claimant alleges as disabling impairments: a plate in his head, face fracture, crushed right side of the head, right leg smashed, double vision, headaches, dizziness, and depression as the result of a motor vehicle accident in [REDACTED].

### CONCLUSIONS OF LAW

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).

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).

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).

At Step 1, claimant is not engaged in substantial gainful activity and has not worked since 2006. Claimant is not disqualified from receiving disability at Step 1.

The objective medical evidence on the record indicates that a letter from a physical therapist dated [REDACTED] indicates that claimant had attended physical therapy since [REDACTED]. He was involved in a motor accident [REDACTED]. He has attended 2-3 times per week except when he was receiving surgical intervention to the right eye. Initially, claimant was unable to maintain neutral posture, positioned in forward flexion throughout trunk with cervical hyperextension. He was in moderate to severe constant pain despite pain medication in cervical, thoracic, and lumbar regions. He had difficulty ambulating due to pain throughout trunk, atrophy, and pain in the right lower extremity due to fracture and surgical intervention. He was having difficulty ambulating even household distances and was unable to perform activities of daily living. He has progressed but is still experiencing functional limitations. Pain is now isolated to the right ankle/lower leg, left cervical and left lumbar/low thoracic areas. He is continuing to experience pain and edema in facial area due to injuries. He is able to tolerate a half an hour of aerobic activity with a break in activity at 12-15 minutes. He is unable to lift over 25 pounds. He is ambulating community distances the majority of the time but still has some bad days where he has increased difficulty with activities of daily living. He is unable to bend forward or perform therapeutic exercises in prone position due to facial injuries; he is unable to maintain these positions due to an increase in pressure and pain and has been advised by his physicians to avoid prolonged forward bending. He is progressing towards independent living, but still is not cleared to return to work by his physicians. He will begin a vocational rehabilitation and currently entering into semi-independent living. He will be unable to return to work until after he attends vocational rehabilitation and continues physical therapy to improve flexibility, strength, endurance, and may require work hardening depending on results of vocational rehabilitation. (Page 63)

A Mental Residual Functional Capacity Assessment dated [REDACTED] indicates that claimant was markedly limited in all areas and at least moderately limited in the ability to work in coordination with or proximity to others without being distracted by them and the ability to make simple work-related decisions, the ability to interact appropriately with the general public and the ability ask simple questions or request assistance and the ability to accept instructions and respond appropriately to criticism from supervisors. (Pages 48-49)

The psychiatric/psychological examination report indicates that claimant was transported to the meeting by residential staff and he ambulated with a four-pronged cane. He was depressed and he had adjustment difficulty, anxiety, depression, and changes in personality and behavior secondary to a [REDACTED] motor vehicle accident. He had a cognitive disorder organic personality disorder adjustment. (Pages 46-47)

A Medical Examination Report dated [REDACTED] indicates that claimant was 6' tall and weighed 209 pounds and his blood pressure was 130/90. He was right-hand dominant. The clinical impression was that his condition was stable and he could stand or walk less than two hours in an eight-hour workday. Claimant could never do any lifting and he could use his left upper extremity for simple grasping and fine manipulating only but could not use either for reaching and pushing/pulling. He could not either feet or legs for operating foot and leg controls. Claimant had no mental limitations and needed assistance in the home. (Pages 44-45)

An [REDACTED] letter from a [REDACTED] indicates that claimant was suffering from diplopia and severe cephalalgia as a result of mal-position of the eye. This is the result of a motor vehicle accident which occurred [REDACTED] at which time he received severe head trauma. At that time the claimant suffered severe injury to the right eye resulting in the eye being depressed in

the orbit of the skull resulting in double vision and severe cephalalgia at the present time. There have been several surgeries attempting to bring the eye forward, but because of the time delay and the injury, it is felt that these may not be successful and this may see a permanent injury. The headaches and depression are the result of a closed-head injury and the traumatic injury to the eye. (Page 33)

On [REDACTED], claimant had surgery where the surgeon did a forced traction test and explored his right orbital floor and freed things up widely across the floor which did improve the ability to pull the eye forward somewhat, although it was still not as good as the right side. The doctor placed a 27 mm by 20 mm by 5 mm Medpor implant on top of which was a 28 mm by 20 mm by 0.3 mm Supramid implant in the right orbital floor. This brought the eye up to the same level as the left eye and it probably brought it forward some, but certainly not as forward as the right eye. The doctor determined there was too much scar tissue to be able to bring the eye forward to match the other side. (Page 30)

A Medical Examination Report of [REDACTED] indicates that claimant was a male, age 38 years and was 69-3/4" without shoes. His weight was 202 pounds and his blood pressure was 118/70. Pulse was 85 beats per minute. Respiratory was 14 beats per minute. Temperature was 98 degrees Fahrenheit. Vision without glasses, right eye was 20/70 and left eye was 20/15. Claimant had a drooping of the right eyelid and slight enophthalmos. Sclera/PERLA was normal. Vision was good in the left eye and fair in the right eye without glasses. Fundi were normal. Ears were clear. Hearing was normal. Claimant was edentulous (having no teeth). The neck was supple. Thyroid was not enlarged. JVP was normal. Carotid arterial pulses were normal. No

carotid bruit. No lymphadenopathy. PMI was in normal position. Heart sounds were normal. No palpable thrill. No murmur or gallop rhythm. Claimant was comfortable sitting in supine position. Accessory muscles of respiration were not working. There was no central cyanosis. Trachea was central. No tenderness over the anterior chest wall. Chest expansion was normal. Percussion note was resonant. Cardiac and liver dullness were not obliterated. Breath sound was vesicular with no adventitious sounds. Vocal fremitus and resonance were normal. The abdomen was soft and no organomegaly. No tenderness. Bowel sounds were normal. Rectal examination was deferred. There was a healed scar over the right ankle joint and over the face. No rash or pigmentation. He had a few depigmented patches over the anterior chest wall which he attributed to his job in the past. On his extremities there was no clubbing, cyanosis, edema, or varicose vein. Peripheral pulsations were well palpable in the lower extremities except femoral were 1+. Both feet were warm. No femoral bruit. Spine: Claimant could stand without support. No loss of cervical or lumbar lordosis. No tenderness over the spine. Claimant refused to bend over. Straight leg raise in 80 degrees on the right side and 85 degrees on the left and claimant complained of pain over the back of the thigh during the procedure. Flexion of the hip was restricted to 90 degrees and flexion of the knee to 135 degrees and they were pain free. No pain, swelling, limitation of movements or crepitus in any other joint. No wasting of the muscles around the joints. Grip was good (5/5) in both hands tested manually. The claimant ambulated fairly well without any walking aid. He could walk tip toe, heel, and tandem gait. The claimant could not squat more than 80% which he attributed to pain the lower part of the back. He could get up from a supine position and could get on and off the examination table without help. He could dress, undress, and open the door. No loss of dexterity of the movement of the fingers. In the nervous system: Higher functions, cranial nerves, power, tone, reflexes, cerebellar function

and gait were normal. Romberg test was negative. Claimant's hypertension was well-controlled with his present regime. There was no evidence of cardiomegaly or cardiac failure. Fundi were normal as far as could be visualized through undilated pupil. There was no significant abnormal physical finding during the examination except the straight leg raising was positive which suggests that claimant may have lumbar radiculopathy. However, the only functional limitation that he has is that he cannot squat more than 80%. (Page 11) He had some depression but his memory was good and he was fair in grooming and hygiene and responded well to the examining situation. (Page 12)

A [REDACTED] psychological examination indicates that claimant was alert and oriented to time, place, and person. He seemed to understand the purpose of the examination. His memory – immediate: Claimant could repeat 8 numbers forward sequentially and 5 backward sequentially. The claimant could recall three objects three minutes later. When he was asked to name the U.S. presidents prior to Mr. Bush Sr., he mentioned the names of Mr. Clinton and then he was that Mr. Carter preceded Mr. Clinton and was preceded by Mr. Kennedy. Recollection of names of U.S. presidents was in a random fashion: Roosevelt, Lincoln, Reagan, and Washington. Claimant could tell his birthday. Information: When asked to name five large cities the claimant replied: Chicago, Los Angeles, Detroit, Las Vegas, and Cincinnati. Current famous people and events: Mr. Reagan has passed away. Lansing is the capital of Michigan and Mrs. Grandhill is the governor of Michigan and Mr. Obama is heading the Democratic ticket and Mr. McCain is heading the Republican ticket. He could not recall the name of the previous mayor of Detroit describing him as a black man who is now in jail. Claimant could not perform multiplication of

6x7. He stated  $5 \times 9 = 45$ ,  $3 \times 8 = 21$  initially, then 24. He requested a piece of paper and a pencil to perform his calculations. In abstract thinking: When asked to interpret proverb "people who live in glass houses should not throw stones" claimant replied "if you live in my house, do not piss me off". For the proverb "one stitch in time saves nine" his interpretation was "do something right in the first place to avoid complications" or "measure twice before you cut something". Similarities and differences: When asked how a bush and tree were alike, the claimant replied they differ because trees are tall and usually have bark while bushes are short and usually they don't have bark. They are similar because they grow in the dirt, they need water and sunlight in order to survive, and they also have leaves and branches. In his judgment: When asked what he would do if he found a self-addressed, stamped envelope, claimant replied he would place it in the mailbox. When asked what he would do if he discovered a fire in a theater, claimant replied I would use my pop if I had a can of pop in my hand to extinguish the fire but if the fire was big I would call the fire department. Claimant had a diagnosis of adjustment disorder with mixed anxiety and depressive features, nicotine dependence, history of marijuana abuse now in the state of remission, and a cognitive disorder, mild, related to traumatic brain injury, as well as traumatic facial and head injuries with a period of unconsciousness, with right eye injury, diplopia, and headaches. His present GAF was 57 and the prognosis was that claimant's cognitive disturbance related to head injuries appeared to be resolving. Claimant did have neuropsychological testing which should provide more detailed information. (Page 8)

On [REDACTED], claimant was operated on again and received: 1) a right transcaruncular medial orbitotomy with extensive lysis of scar tissue and delayed repair of the fracture with a Titan MTB Medpor implant with disinsertion and reattachment of the inferior oblique muscle; 2) a right anterior inferior fornix orbitotomy with extensive lysis of adhesions

and removal of Supramid implant; 3) secondary and complex repair of the right orbital floor blowout fracture with placement of a Medpor MBT implant with suture stabilization; 4) right orbital enophthalmos repair with placement of a Medpor 3 mm thick block implant; 5) right lower lid retraction repair with retractor disinsertion and recession; and 6) right lateral canthoplasty with supraplacement of the canthus, and the tightening of the right upper and lower lid canthal tendons. (Page 58)

At Step 2, claimant has the burden of proof of establishing that he has a severely restrictive physical or mental impairment that has lasted or is expected to last for the duration of at least 12 months. There is insufficient objective clinical medical evidence in the record that claimant suffers a severely restrictive physical or mental impairment. Claimant has reports of pain in multiple areas of his body; however, there are no corresponding clinical findings that support the reports of symptoms and limitations made by the claimant. Claimant did have a traumatic head injury and injury to his eye. However, he has had several surgeries and the eye, while still giving him some trouble, has improved. The DHS-49 in the file indicates that claimant could probably perform sedentary or light work even with claimant's impairments. The clinical impression is that claimant is stable. There is no medical finding that claimant has any muscle atrophy or trauma, abnormality or injury that is consistent with a deteriorating condition. In fact, claimant's condition appears to be improving steadily since his motor vehicle accident. In short, claimant has restricted himself from tasks associated with occupational functioning based upon his reports of pain (symptoms) rather than medical findings. Reported symptoms are an insufficient basis upon which a finding that claimant has met the evidentiary burden of proof can be made. This Administrative Law Judge finds that the medical record is insufficient to establish that claimant has a severely restrictive physical impairment.

There is insufficient objective medical/psychiatric evidence in the record indicating claimant suffers mental limitations resulting from his reportedly depressed state. There is a Mental Residual Functional Capacity Assessment in the record. However, the Mental Residual Functional Capacity Assessment is inconsistent with the later psychological report which indicates that claimant has improved and has a basically normal psychological report. For these reasons, this Administrative Law Judge finds that claimant has failed to meet his burden of proof at Step 2. Claimant must be denied benefits at this step based upon his failure to meet the evidentiary burden.

If claimant had not been denied at Step 2, the analysis would proceed to Step 3 where the medical evidence of claimant's condition does not give rise to a finding that he would meet a statutory listing in the code of federal regulations.

At Step 4, because of claimant's eye problems, claimant could probably not perform his past relevant work and he cannot do any heavy lifting so this Administrative Law Judge will not deny him at Step 4 because he may or may not be able to perform his past work.

The Administrative Law Judge will continue to proceed through the sequential evaluation process to determine whether or not claimant has the residual functional capacity to perform some other less strenuous tasks than in his prior jobs.

At Step 5, the burden of proof shifts to the department to establish that claimant does not have residual functional capacity.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated.... 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the *Dictionary of Occupational Titles*, published by the Department of Labor... 20 CFR 416.967.

**Sedentary work.** Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

**Light work.** Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls.... 20 CFR 416.967(b).

Claimant has submitted insufficient objective medical evidence that he lacks the residual functional capacity to perform some other less strenuous tasks than in his prior employment or that he is physically unable to do light or sedentary tasks if demanded of him. Claimant's activities of daily living do not appear to be very limited and he should be able to perform light or sedentary work even with his impairments. Claimant has failed to provide the necessary objective medical evidence to establish that he has a severe impairment or combination of impairments which prevent him from performing any level of work for a period of 12 months. The claimant's testimony as to his limitations indicates that he should be able to perform light or sedentary work.

Claimant testified on the record that he has depression, anxiety, and a closed head injury.

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence, or pace; and ability to tolerate increased mental demands associated with competitive work).... 20 CFR, Part 404, Subpart P, App. 1, 12.00(C).

There is insufficient objective medical/psychiatric evidence contained in the file of depression or a cognitive dysfunction that is so severe that it would prevent claimant from working at any job. Claimant was able to answer all the questions at the hearing and was responsive to the questions. Claimant's complaints of pain, while profound and credible, are out of proportion to the objective medical evidence contained in the file as it relates to claimant's ability to perform work. Therefore, this Administrative Law Judge finds that the objective medical evidence on the record does not establish that claimant has no residual functional capacity. Claimant is disqualified from receiving disability at Step 5 based upon the fact that he has not established by objective medical evidence that he cannot perform light or sedentary work even with his impairments. Under the Medical-Vocational guidelines, a younger individual (age 38), with a less than high school education and an unskilled work history who is limited to light work is not considered disabled pursuant to Medical-Vocational Rules 203.26 and 202.18.

The department's Program Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. PEM, Item 261, page 1. Because the claimant does not meet the definition of disabled under the MA-P program and because the evidence of record does not establish that claimant is

unable to work for a period exceeding 90 days, the claimant does not meet the disability criteria for State Disability Assistance benefits either.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department has appropriately established on the record that it was acting in compliance with department policy when it denied claimant's application for Medical Assistance, retroactive Medical Assistance and State Disability Assistance benefits. The claimant should be able to perform a wide range of light or sedentary work even with his impairments. The department has established its case by a preponderance of the evidence.

Accordingly, the department's decision is AFFIRMED.

/s/  
\_\_\_\_\_  
Landis Y. Lain  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: September 11, 2009

Date Mailed: September 11, 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.

2009-22092/LYL

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.

LYL/vmc

cc:

