

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No: 2010-52126
Issue No: 2009
Case No: [REDACTED]
Hearing Date:
August 4, 2011
Schoolcraft County DHS

ADMINISTRATIVE LAW JUDGE: Suzanne L. Morris

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 received on August 30, 2010. After due notice, an in-person hearing was held on August 4, 2011. Claimant personally appeared and testified, although his representative appeared via telephone conference call.

ISSUE

Whether the Department of Human Services (the department) properly denied Claimant's application for Medical Assistance (MA-P) and retro-MA?

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 June 22, 2010, Claimant applied for MA-P and retro-MA.
- (2) On July 21, 2010, the Medical Review Team (MRT) denied Claimant's MA application stating Claimant is capable of performing other work, pursuant to 20 CFR 416.920(f). (Department Exhibit A, pages 17-18).
- (3) On July 29, 2010, the department case worker sent Claimant notice that his application was denied.
- (4) On August 30, 2010, Claimant filed a request for a hearing to contest the department's negative action.
- (5) On September 15, 2010, the State Hearing Review Team (SHRT) upheld the denial of MA-P benefits stating Claimant retains the residual functional

capacity to perform light work per 20 CF R 41 6.967(b). (Department Exhibit B, pages 1-2).

- (6) Claimant has a history of a tumor being removed from his right leg, arthritis of the left shoulder, back pain, right knee/foot neuropathy and weight loss.
- (7) Claimant has a lengthy history of recurrent dislocation anterior instability of the left shoulder since 1991. Claimant's medical file contains four x-rays of his left shoulder from 1993, 1998, 2003 and 2005. The 1998 x-ray noted there was evidence of a [REDACTED]. However, the 2005 x-ray noted Claimant's shoulder was normal for his age. Claimant admitted he has not had a dislocation since 2007. (Department Exhibit A, pages 21-22, 63-65, 78-83, 91-96, 101-127, 178-180).
- (8) On [REDACTED] Claimant's right knee was x-rayed for pain and a possible [REDACTED]. The four views of Claimant's right knee showed the osseous structures appeared age appropriate. No significant chronic degenerative change or acute pathology involving bone appeared to be present. No significant/unusual soft tissue calcification was apparent. (Department Exhibit A, page 54).
- (9) On [REDACTED] a medical examination of Claimant was performed. Claimant had a painful mass posterior to his right knee. Possible Baker's cyst right knee or schwannoma to the right knee. His musculoskeletal exam was essentially normal except for the possible Baker's cyst. Asymptomatic for schwannoma. X-ray of right knee was normal. No physical limitations. No assistive devices needed. Normal exam. Claimant was referred to orthopedic for evaluation and was found to have schwannoma of the right posterior knee. He was referred to neurosurgeon for further evaluation and treatment. (Department Exhibit A, pages 154-155).
- (10) On [REDACTED] Claimant was evaluated by an orthopedic surgeon. Claimant underwent a CDL recertification examination on [REDACTED] at which time he made note of a symptomatic mass in the popliteal area of the right knee. This has been present for the past 2 ½ years. When he is driving truck, contact between the edge of his seat and the popliteal area can be associated with significant pain with some distal radiation. Past medical history unremarkable. He has had some remote left shoulder dislocation, and this was followed by subsequent dislocations, but he has not dislocated since 2007. Examination of his right knee is unremarkable in every respect except for the presence of a very tender mass in the right popliteal area. Palpation of this mass causes lancinating pain which radiates to the right calf. The mass appears quite firm and does not have the consistency of a popliteal cyst and it is not pulsatile. Both feet are

warm and well perfused with palpable pulses. Motor and sensory function is intact distally in both feet and ankles. A review of the x-rays is entirely unremarkable without evidence of soft tissue calcification or anything else to make this mass apparent on x-ray or other radio opaque. Impression: Soft tissue tumor right popliteal fossa. This appears to be a solid tumor and is either applying pressure to the adjacent nerve when palpated, or is actually in continuity with the nerve itself. This cannot be differentiated on physical examination. (Department Exhibit A, pages 156-157).

- (11) On [REDACTED] Claimant was seen in the emergency room for right knee pain. Claimant was diagnosed with a palpable mass posteriorly behind his right knee. Claimant stated it has been there since October 2007. Painful to touch, pain goes down into toes. The MRI of Claimant's right knee showed no internal derangement in the knee. The marrow signal is within normal limits. There is an oval approximately 50 mm length, 28 mm AP diameter and 24 mm transverse diameter smoothly margined mass between the lateral and medial heads of the gastrocnemius muscle posterior to the popliteal vessels without identification of the tibial nerve and with irregular enhancement that is within the periphery but does extend centrally. I do not see hemorrhagic blood products within this distinctly. This does not appear to originate within the muscles but does displace those as well as the vessels. This could represent an atypical popliteal cyst; however, is more likely a tibial nerve schwannoma. The remaining study is normal. Impression: Soft tissue mass between the lateral and medial heads of the gastrocnemius muscle following the course of the tibial nerve highly suggestive of a tibial schwannoma. No internal derangement of the knee evident. (Department Exhibit A, pages 45, 47).
- (12) On [REDACTED] Claimant was re-evaluated by an orthopedic surgeon. Claimant states his knee is still painful and he has been aware of some "popping" once in a while. The MRI shows no joint effusion and no evidence of intraarticular pathology. There is a large somewhat complex popliteal mass measuring 50 by 28 by 24 mm which originates adjacent to the vessels and creates a significant mass effect within the soft tissues in the popliteal space, most consistent with a Schwannoma. Impression: surgical exploration is indicated and it will be critically important to identify the presence or absence of malignancy, and try to preserve his posterior tibial nerve if appropriate. Claimant is being referred to a tertiary center for peripheral nerve tumor work. (Department Exhibit A, page 160).
- (13) On [REDACTED] Claimant's MRI was reviewed by a neurosurgeon. The MRI demonstrated a mass in his popliteal fossa. Patient denies any weakness. He has a palpable lesion in the popliteal fossa and, with manipulation of this, the physician was able to produce distal paresthesias in a tibial nerve distribution. He has no right leg symptoms. His motor

strength is 5/5 in his left leg and, specifically, in plantarflexion and inversion. His gait over short distances is normal. He has an enhancing cystic lesion emanation from the tibial nerve. This has the characteristic appearance of a schwannoma. The options for management, including expectant care and monitoring, percutaneous biopsy or surgical excision were discussed. Claimant wants to proceed with surgery. (Department Exhibit A, pages 158-159).

- (14) On May 17, 2010, a neurologic examination was performed on Claimant prior to surgery. Claimant's gait, heel and toe walking are normal. He has good strength in all of the major muscle groups of the lower extremities including inversion on the right being tested and normal. The nodule is easily palpable in the lateral aspect of the popliteal fossa. Any pressure of it at all causes paresthesias and pains down the leg. He has had no sensory changes in the lower extremity. Deep tendon reflexes are symmetric bilaterally. Impression: Right popliteal fossa mass consistent with a schwannoma. (Department Exhibit A, pages 164-165).
- (15) On [REDACTED] Claimant was admitted for a resection of a right popliteal fossa mass. His surgery went as planned and there were no reported complications. Postoperatively, he was taken from the recovery room to the floor. His vital signs have remained stable. He has been observed ambulating very well in the hallways without difficulty. On [REDACTED] the discharge evaluation of his surgical incision shows an intact wound that is clean and dry without evidence of dehiscence or other problems. He appears well overall and is ready to go home. (Department Exhibit A, pages 165-166, 168).
- (16) On [REDACTED] the surgical pathology report from Claimant's tissue from right popliteal fossa shows classic features of schwannoma. Circumferential encapsulation, Antoni A and Antoni B architecture, hyalinized blood vessel walls. Simple spindle cell cytologic atypia, focal degenerative changes, and absence of mitotic features. Neoplasm, with features consistent with neurofibroma, though other types of neoplasms are not excluded; final diagnosis deferred pending review of histologic sections. (Department Exhibit A, pages 162-163).
- (17) On [REDACTED] Claimant was interviewed by his Medicaid Advocate. Claimant was admitted to the hospital on [REDACTED] for scheduled surgery on his right leg. Claimant is feeling spasms in that leg from where the muscles were cut. In addition, he also has pain in his left leg because a tumor was removed that is possibly cancerous. The results are pending. He also experiences back pain as a result of being bedridden for such a long time. In addition, he also has arthritis in his left shoulder, which adds to his back pain. Also, he experiences shortness of breath when he engages in physical activities. Since [REDACTED], he has lost

approximately 20 pounds as a result of his health problems. He has trouble with comprehension and has dyslexia, which makes reading difficult. He also uses a cane to assist him with walking because of the pain he experiences in both of his legs. He is unable to lift and carry ten pounds as a result of the pain in his left shoulder. (Department Exhibit A, page 27).

- (18) On [REDACTED] Claimant was seen by his neurosurgeon. Claimant is two weeks status post resection of his tibial nerve schwannoma. We were able to obtain a gross total resection without any difficulty. His final pathology is schwannoma, without any aggressive features. He does not have any motor compromise. He does have some tibial nerve dysesthesias in his foot. His paresthesias and dysesthesias in his foot are irritating to him. I think he would be an excellent candidate for Neurontin and some physical therapy, but without insurance coverage, this will be burdensome to him. (Department Exhibit A, page 161).
- (19) On [REDACTED] Claimant completed the Activities of Daily Living form. Claimant fixes his own meals, either fast food or microwave and once a week he makes a meal for his daughter and himself. Claimant does his own laundry, cleans house and drives to the grocery store where he does his shopping. Claimant spends four hours a week fishing and hunting. (Department Exhibit A, pages 31-34).
- (20) On [REDACTED], Claimant was interviewed regarding his MA application. Claimant was uncomfortable after sitting for 15 minutes. He moved around in his chair and said that he has been uncomfortable since the surgery to remove the tumor. He also has had numbness in his foot since the surgery. Claimant feels his back pain is caused from walking differently since the surgery. He has an approximately 6" scar behind his knee from the operation. (Department Exhibit A, page 25).
- (21) Claimant is a 40 year old man whose birthday is [REDACTED] Claimant is 6'0" tall and weighs 230 lbs. Claimant completed the eleventh grade and is a truck driver. Claimant last worked in [REDACTED]
- (22) Claimant has applied for Social Security disability at the time of the hearing.

CONCLUSIONS OF LAW

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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

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, that being a five-step sequential evaluation process for determining whether an individual is disabled. (20 CFR 404.1520(a) and 416.920(a)). The steps are followed in order. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience is reviewed. If it is determined that the claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, the Administrative Law Judge must determine whether the claimant is engaging in substantial gainful activity. (20 CFR 404.1520(b) and 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. "Substantial work activity" is work activity that involves doing significant physical or mental activities. (20 CFR 404.1572(a) and 416.972(a)). "Gainful work activity" is work that is usually done for pay or profit, whether or not a profit is realized. (20 CFR 404.1572(b) and 416.972(b)). Generally, if an individual has earnings from employment or self-employment above a specific level set out in the regulations, it is presumed that he/she has demonstrated the ability to engage in SGA. (20 CFR 404.1574, 404.1575, 416.974, and 416.975). If an individual engages in SGA, he/she is not disabled regardless of how severe his/her physical or mental impairments are and regardless of his/her age, education, and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the Administrative Law Judge must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe." (20 CFR 404.1520(c) and 416.920(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work. (20 CFR 404.1521 and 416.921; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p). If the claimant does not have a severe medically determinable impairment or combination of impairments, he/she is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

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). 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).

At step three, the Administrative Law Judge must determine whether the claimant's impairment or combination of impairments meets or medically equals the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1. (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, and 416.926). If the claimant's impairment or combination of impairments meets or medically equals the criteria of a listing and meets the duration requirement, (20 CFR 404.1509 and 416.909), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the Administrative Law Judge must first determine the claimant's residual functional capacity. (20 CFR 404.1520(e) and 416.920(e)). An individual's residual functional capacity is his/her ability to do physical and mental work activities on a sustained basis despite limitations from his/her impairments. In making this finding, all of the claimant's impairments, including impairments that are not severe, must be considered. (20 CFR 404.1520(e), 404.1545, 416.920(e), and 416.945; SSR 96-8p).

Next, the Administrative Law Judge must determine at step four whether the claimant has the residual functional capacity to perform the requirements of his/her past relevant work. (20 CFR 404.1520(f) and 416.920(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA. (20 CFR 404.1560(b), 404.1565, 416.960(b), and 416.965). If the claimant has the residual functional capacity to do his/her past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g) and 416.920(g)), the Administrative Law Judge must determine whether the claimant is able to do any other work considering his/her residual functional capacity, age, education, and work experience. If the claimant is able to do other work, he/she is not disabled. If the claimant is not able to do other work and meets the duration requirements, he/she is disabled.

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).

At Step 1, Claimant is not engaged in substantial gainful activity and testified that he has not worked since April 2009. Therefore, Claimant is not disqualified from receiving disability at Step 1.

At Step 2, in considering Claimant's symptoms, whether there is an underlying medically determinable physical or mental impairment(s)-i.e., an impairment(s) that can be shown by medically acceptable clinical and laboratory diagnostic techniques-that could reasonably be expected to produce Claimant's pain or other symptoms must be determined. Once an underlying physical or mental impairment(s) has been shown, the Administrative Law Judge must evaluate the intensity, persistence, and limiting effects of Claimant's symptoms to determine the extent to which they limit Claimant's ability to do basic work activities. For this purpose, whenever statements about the intensity, persistence, or functionally limiting effects of pain or other symptoms are not substantiated by objective medical evidence, a finding on the credibility of the statements based on a consideration of the entire case record must be made.

At Step 2, the objective medical evidence of record shows Claimant was diagnosed with a recurrent anterior instability of the left shoulder and a schwannoma behind his right knee. The schwannoma was surgically removed on [REDACTED] and he has not had a dislocation of his left shoulder since 2007.

At Step 2, the objective medical evidence of record is not sufficient to establish that Claimant has severe physical and/or cognitive impairments that have lasted or are expected to last 12 months or more and prevent all employment at any job for 12 months or more. Accordingly, Claimant is disqualified from receiving disability at Step 2.

At Step 3 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. This Administrative Law Judge finds that Claimant's medical record will not support a finding that Claimant's impairment(s) is a "listed impairment" or equal to a listed impairment. Accordingly, Claimant cannot be found to be disabled based upon medical evidence alone. 20 CFR 416.920(d).

At Step 4, Claimant's past relevant employment was working as a truck driver. At Step 4, the objective medical evidence of record is not sufficient to establish that Claimant has severe impairments that have lasted or are expected to last 12 months or more and prevent him from performing the duties required from his past relevant employment for 12 months or more. Accordingly, Claimant is disqualified from receiving disability at Step 4.

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 other jobs.

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).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

At Step 5, the burden of proof shifts to the department to establish that Claimant has the residual functional capacity to do substantial gainful activity. 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. See discussion at Step 2 above. Findings of Fact 7, 9-13.

At Step 5, the objective medical evidence of record is sufficient to establish that Claimant is capable of performing at least light work duties. Claimant alleges he had a tumor removed from his right leg, and has arthritis in his left shoulder, back pain and weight loss.

Claimant was initially diagnosed with recurrent anterior instability of his left shoulder in 1991 after injuring his shoulder at work. Claimant has been seen repeatedly by

numerous doctors and surgeons over the past 20 years to stabilize his left shoulder when it becomes dislocated, the last time being 2007. Claimant was first advised in 1998 to seek surgery for his shoulder. There is no evidence in Claimant's medical file of arthritis in Claimant's left shoulder. The x-rays from 1993, 1998, 2003 and 2005 repeatedly note that Claimant's left shoulder is not fractured, and the findings are normal for age of Claimant.

On [REDACTED] Claimant had a resection of a popliteal fossa mass from his right leg with no recorded complications. Claimant was observed ambulating very well in the hallways without difficulty after the surgery and was discharged the following morning. Claimant was seen by his neurosurgeon two weeks after the surgery and his final pathology was schwannoma without any aggressive features. He did not have any motor compromise. The neurosurgeon noted that Claimant had some tibial nerve dysesthesias and paresthesias in his foot which were irritating to him and he was an excellent candidate for Neurontin and physical therapy, but without insurance coverage, it would be burdensome to him.

In addition, Claimant admitted in his Activities of Daily Living form that he fixes his own meals, cleans house and drives himself to the grocery store for groceries. Claimant also stated he spends four hours a week hunting and fishing.

Therefore, this Administrative Law Judge finds that the objective medical evidence on the record does establish that Claimant has the residual functional capacity to perform other work. As a result, Claimant is disqualified from receiving disability at Step 5 based upon the fact that the objective medical evidence on the record shows he can perform light work. Under the Medical-Vocational guidelines, an individual age 18 - 49 (Claimant is 40 years of age), with a limited education (Claimant completed the eleventh grade) and a skilled or semi-skilled work history is not considered disabled pursuant to Medical-Vocational Rule 202.18. Accordingly, Claimant is not disabled for the purposes of the Medical Assistance disability (MA-P) program.

Claimant has not presented the required competent, material, and substantial evidence which would support a finding that Claimant has an impairment or combination of impairments which would significantly limit the physical or mental ability to do basic work activities. 20 CFR 416.920(c). Although Claimant has cited medical problems, the clinical documentation submitted by Claimant is not sufficient to establish a finding that Claimant is disabled. There is no objective medical evidence to substantiate Claimant's claim that the alleged impairment(s) are severe enough to reach the criteria and definition of disabled. Accordingly, Claimant is not disabled for the purposes of the Medical Assistance disability (MA-P) program.

The Department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy when it determined that Claimant was not eligible to receive Medical Assistance.

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, and retroactive Medical Assistance benefits.

Accordingly, the department's decision is AFFIRMED.

It is SO ORDERED.

_____/s/

Suzanne L. Morris
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: August 31, 2011

Date Mailed: August 31, 2011

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.

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