

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 201132857  
Issue No.: 2009; 4031  
Case No.: [REDACTED]  
Hearing Date: July 11, 2011  
Wayne County DHS (43)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**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 telephone hearing was held on July 11, 2011 from Detroit, Michigan. The claimant appeared and testified. On behalf of Department of Human Services (DHS), [REDACTED], Specialist, appeared and testified.

**ISSUE**

Whether DHS properly denied Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA) benefits on the basis that Claimant is not a disabled.

**FINDINGS OF FACT**

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

1. Claimant was an ongoing recipient of SDA and MA benefits.
2. Claimant's only basis for MA and SDA benefits was as a disabled individual.
3. On 4/20/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 9-10).
4. On 4/26/11, DHS terminated Claimant's MA and SDA benefits and sent a Notice of Case Action (Exhibits 3-8) to Claimant; informing Claimant of the denial with the termination effective 6/2011.
5. On 5/4/11, Claimant requested a hearing disputing the termination of SDA and MA benefits.

6. On 5/26/11, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibit 57-58).
7. As of the date of the administrative hearing, Claimant was a 51 year-old male [REDACTED] with a height of 5'7" and weight of 270 pounds.
8. Claimant has no relevant history of smoking, alcohol or drug use.
9. Claimant's highest education year completed was 10<sup>th</sup> grade.
10. Claimant had medical coverage (Medicaid) through 5/2011.
11. Claimant claimed to be a disabled individual based on the following impairments: asthma, hypertension, chronic back pain, depression and arthritis in his knee.

### **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). DHS (formerly known as the Family Independence Agency) 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).

The undersigned will refer to the DHS regulations in effect as of 4/2011, the month of the DHS decision which Claimant is disputing. Current DHS manuals may be found online at the following URL: <http://www.mfia.state.mi.us/olmweb/ex/html/>.

MA provides medical assistance to individuals and families who meet financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 at 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* AMP is an MA program available to persons not eligible for Medicaid through the SSI-related or FIP-related categories. It was not disputed that Claimant's only potential category for Medicaid would be as a disabled individual.

Disability is established if one of the following circumstances applies (see BEM 260 at 1-2):

- by death (for the month of death);
- the applicant receives Supplemental Security Income (SSI) benefits;
- SSI benefits were recently terminated due to financial factors;
- the applicant receives Retirement Survivors and Disability Insurance (RSDI) on the basis of being disabled; or
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances).

It was not disputed that none of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for Medicaid eligibility without undergoing a medical review process which determines whether Claimant is a disabled individual. *Id.* at 2.

Generally, state agencies such as DHS must use the same definition of disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally defined as the inability to do any substantial gainful activity (SGA) 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 nearly identical definition of disability is found under DHS regulations. BEM 260 at 8.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id.* at 9.

Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute substantial gainful activity. *Id.*

The person claiming a physical or mental disability has the burden to establish a disability 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, are insufficient to establish disability. 20 CFR 416.927.

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The current monthly income limit considered SGA for non-blind individuals is \$1,000.

In the present case, Claimant denied having any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Without ongoing employment, it can only be concluded that Claimant is not performing SGA. It is found that Claimant is not performing SGA; accordingly, the disability analysis may proceed to step two.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the 12 month duration requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id.*

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or
- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience

were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1<sup>st</sup> Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirement is intended “to do no more than screen out groundless claims.” *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1<sup>st</sup> Cir. 1986).

In determining whether Claimant’s impairments amount to a severe impairment, the undersigned can consider all relevant evidence. The undersigned shall begin the analysis by reviewing Claimant’s medical documentation.

Claimant was examined 1/12/11 (see Exhibits 13-14) and was diagnosed with asthma, hypertension and chronic back pain. The examining physician noted Claimant’s impairments were stable. Some notes were made concerning Claimant’s respiratory, cardiovascular, abdominal, musculoskeletal, neural and mental status though the undersigned could not decipher the notations. Claimant was prescribed various medications (see Exhibit 22) to treat asthma, allergies and chronic pain in his knees.

Claimant was psychologically examined on 2/7/11. The examination information was documented (see Exhibits 15-26). Claimant was noted as having markedly limited capacities to complete a normal workday and work without interruptions due to psychological issues. Claimant was also found markedly limited in his: ability to interact appropriately with the general public, ability to be aware of normal hazards and to take normal precautions and the ability to ask simple questions or request assistance. In all 17 other capacities related to basic work activities, Claimant was found moderately limited. Thus, Claimant was at least moderately limited or worse in all 20 listed capacities to perform basic work activities.

Claimant has been treated for depression since 5/2008. As of the 2/7/11 examination, Claimant stated doing “good”. Claimant was described as compliant and cooperative with the therapy. Claimant’s depression coincided with the loss of his employment in 11/2008 as a caregiver. Claimant’s prognosis was good/fair with treatment.

The examining physician concluded Claimant had a global assessment function (GAF) score of 48. The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) describes GAF as a scale used by clinicians to subjectively rate the social, occupational, and psychological functioning of adults. A score within the range of 41-50 is representative of a person with “Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).”

On 10/18/10, Claimant was physically examined (see Exhibits 35-39); the examiner was not Claimant’s treating physician. Claimant’s neurological examination revealed no remarkable findings. Claimant’s musculoskeletal examination revealed minimal crepitus

in the right knee while Claimant had full range of motion. The examiner gave an impression that Claimant can perform work mainly sitting, standing or walking but with minimal bending. Claimant was restricted to five pounds of lifting and was approved to work an eight hour work day.

On 9/13/10, Claimant was psychologically examined (see Exhibits 40-45) concerning his depression. It was noted that Claimant was prescribed citalopram and mirtazapine to treat the depression. Claimant was issued a GAF score of 50. It was noted that Claimant had "slight to moderate cognitive capacities" but significant difficulties with short-term memory. Claimant was recommended as capable of performing simple work-type activities, though his motivation was questionable.

Claimant's daily living activities were noted on Exhibits 30-34. Claimant noted that he has "challenged breathing" and trouble sleeping due to pain. Claimant indicated that he needs assistance with showering, dressing and cleaning. He stated that he can perform small chores but not any heavy lifting. He stated that he reads magazines and watches television and has no social activities.

Claimant's psychological examiners both noted Claimant's cognitive functions were limited and that Claimant has short term memory problems. Claimant's GAF scores of 48 and 50 were consistent with each of the examiner's findings.

There was sufficient evidence to find that Claimant would be physically restricted in performing basic work activities. Though the medical documentation was somewhat lacking concerning Claimant's physical ailments, the examining physicians supplied enough information to determine that an impairment existed and that Claimant would be severely impaired (e.g. five pound lifting restriction). Without even considering Claimant's depression, Claimant established a sufficient basis to find that he has severe impairments in performing basic work activities. Accordingly, the disability analysis may move to step three.

The third step of the sequential analysis requires a determination whether the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920 (a)(4)(iii). If Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step. Claimant only established a severe impairment based on depression.

Claimant's medical documentation was most supportive of meeting a listed impairment based on his mental impairments. Mental impairments are described under listing 12.00. Claimant's only relevant mental impairment diagnosis was for depression. Depression falls under affective disorders; the listing reads:

**12.04 Affective disorders:** Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation. The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

A medically documented persistence, either continuous or intermittent, of one of the following:

1. Depressive syndrome characterized by at least four of the following:
  - a. Anhedonia or pervasive loss of interest in almost all activities; or
  - b. Appetite disturbance with change in weight; or
  - c. Sleep disturbance; or
  - d. Psychomotor agitation or retardation; or
  - e. Decreased energy; or
  - f. Feelings of guilt or worthlessness; or
  - g. Difficulty concentrating or thinking; or
  - h. Thoughts of suicide; or
  - i. Hallucinations, delusions, or paranoid thinking

OR

2. Manic syndrome characterized by at least three of the following:
  - a. Hyperactivity; or
  - b. Pressure of speech; or
  - c. Flight of ideas; or
  - d. Inflated self-esteem; or
  - e. Decreased need for sleep; or
  - f. Easy distractibility; or
  - g. Involvement in activities that have a high probability of painful consequences which are not recognized; or
  - h. Hallucinations, delusions or paranoid thinking

OR

3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes);

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or

3. Marked difficulties in maintaining concentration, persistence, or pace; or
4. Repeated episodes of decompensation, each of extended duration

OR

C. Medically documented history of a chronic affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

Concerning Section A, there was no evidence that Claimant suffered from: psychomotor dysfunction, suicidal thoughts, any remarkable weight change or hallucinations. Claimant must meet four of the listed symptoms in Part A to meet Part A. Only five remain after ruling out the symptoms for which no evidence was presented.

Claimant credibly testified that he suffers from sleep disturbance. This was also documented in medical records (see Exhibit 25). The difficulty in concentration and thinking also was established by testimony and medical records.

The undersigned is not inclined to find that Claimant met any other symptoms in Part A. An examiner documented (see Exhibit 25) that Claimant previously suffered feelings of worthlessness immediately after losing his employment as a caregiver (in 2008) though there is no evidence that Claimant still has such feelings. There is similarly no persuasive evidence that Claimant has decreased energy or a loss of interest in activities. It is found that Claimant failed to meet Part A of the affective disorder listing. Part B is irrelevant based on the finding that Claimant failed to meet the criteria for Part A.

Examining Part C, Claimant also does not appear to meet the listed criteria. There is no evidence of repeated episodes of decompensation. There is no evidence that a change of environment would result in decompensation. There is no evidence that Claimant is part of a particularly supportive environment or that Claimant could not function outside



of his current environment. It is found that Claimant failed to meet the listing for affective disorder.

Claimant also alleged impairments for hypertension (see Listings 4.00), asthma (see Listing 3.03) and arthritis (see Listing 1.00). There was little support for each of these impairments in the form of medical records. The undersigned considered and found Claimant failed to meet any of these listed impairments. It is found that Claimant's impairments do not meet a listed impairment; accordingly, the analysis moves to step four.

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 it is determined that a claimant can perform past relevant work. *Id.*

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 (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

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

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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 are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning 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 examiner from 10/18/10 concluded Claimant was capable of an eight hour work day with the following restrictions: mainly sitting, standing, walking with minimal bending. Claimant was also limited to lifting five pound weights (see Exhibit 37).

The 9/13/10 examination was more descriptive concerning Claimant's non-exertional impairments. The examiner concluded Claimant was capable of simple work-type activities though questions were raised concerning Claimant's abilities concerning: motivation, cognitive thinking, short-term memory and concentration.

Based on Claimant's exertional limitations, Claimant would be capable of performing sedentary employment, though nothing more strenuous. Based on Claimant's non-exertional limitations, the undersigned is inclined to find that Claimant's impairments

would render Claimant even capable of sedentary employment. Claimant's restrictions far exceed Claimant's capabilities. Claimant was given credit for being able to pay attention and performing very simple instructions. However, Claimant's difficulties in other areas would essentially render him unemployable. It is found that Claimant is incapable of performing less than sedentary employment.

No analysis need be done concerning Claimant's past employment as Claimant's restrictions on less than sedentary employment would render Claimant incapable of any past employment. Thus, the disability analysis may move to step five.

In the fifth and final step of the disability analysis 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 48 years, thus, considered to be a younger individual for purposes of disability. Claimant has a high school education and a work history of unskilled work. Disability is found if an individual is unable to adjust to other work. *Id.*

At the fifth step in the analysis, the burden shifts from Claimant to DHS to present proof that 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). The age for younger individuals (under 50) generally will not seriously affect the ability to adjust to other work. 20 CFR 416.963(c)

Based on the finding of step four that Claimant is not capable of sedentary employment, it can be concluded that Claimant is not capable of performing any other types of employment. Claimant's age and education would not affect the finding that Claimant is incapable of performing even sedentary employment. Accordingly, Claimant is found to be a disabled individual. It is found that DHS erred in terminating Claimant's MA and SDA benefits based on the determination that Claimant was not a disabled individual.

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. DHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. DHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 at 4. The goal of the SDA program is to provide financial assistance to meet a disabled person's basic personal and shelter needs. *Id.* To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 at 1.

A person is disabled for SDA purposes if the claimant (see BEM 261 at 1):

- receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- resides in a qualified Special Living Arrangement facility, or
- is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or
- is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).

The undersigned has already found Claimant to be disabled for purposes of MA benefits by finding that Claimant has combined physical and mental impairments expected to last one year or more. This finding makes Claimant automatically eligible for SDA benefits based on the lesser 90 day durational requirement. It is found that DHS improperly terminated Claimant's SDA benefits.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds that DHS improperly terminated Claimant's MA and SDA benefits. It is ordered that DHS:

- (1) reinstate Claimant's MA and SDA benefits back to the date of closure;
- (2) upon reinstatement, evaluate Claimant's immediate future eligibility for MA and SDA benefits on the basis that Claimant is a disabled individual;
- (3) supplement Claimant for any benefits not received as a result of the improper termination;
- (4) if Claimant is found eligible for future MA and SDA benefits, to schedule a review for MA and SDA benefits for 7/2012.

The actions taken by DHS are REVERSED.



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Christian Gardocki  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

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Date Signed: July 15, 2011

Date Mailed: July 15, 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.

CG/hw

cc:

