

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

IN THE MATTER OF:

[REDACTED]

Reg. No. 201119563
Issue No. 2009 4031
Case No. [REDACTED]
Hearing Date: May 31, 2011
Wayne County DHS (49)

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 May 31, 2011. 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 individual.

FINDINGS OF FACT

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

1. On 7/22/10, Claimant applied for SDA and MA benefits.
2. Claimant's only basis for MA and SDA benefits was as a disabled individual.
3. On 1/31/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 3-4)
4. On 1/18/11, DHS denied Claimant's application for MA and SDA benefits.
5. On 2/8/11, Claimant requested a hearing disputing the denial of SDA and MA benefits.

6. On 3/2/11, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibit 64).
7. As of the date of the administrative hearing, Claimant was a 38 year old female ([REDACTED]) with a height of 5'3" and weight of 220 pounds.
8. Claimant smokes seven cigarettes per day and has no relevant history of alcohol or drug abuse.
9. Claimant's highest education year completed was the eleventh grade.
10. Claimant claimed to be a disabled individual based on joint pain associated with fibromyalgia, tendonitis, neuroma and/or rheumatoid arthritis; Claimant also claimed hypertension and depression related to a chronic pain disorder which contributed to being disabled.

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 (RTM).

The undersigned will refer to the DHS regulations in effect as of 1/2011, 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:

- The applicant dies (MA 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
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances). BEM 260 at 1-2.

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 functionally 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). If a person's current work activity meets the definition of SGA, then the person must be found not disabled. 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 any current employment, it can only be concluded that Claimant is not performing SGA. Accordingly, Claimant cannot be found not disabled at step one and 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 twelve 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 includes:

- 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 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v. Bowen*, 880 F.2d 860, 862 (6th 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 (1st 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 Services, 795 F.2d 1118, 1124 (1st Cir. 1986).

The medical evidence described Claimant as having several impairments. A chest and lateral x-ray taken on 4/2/10 suggested Claimant suffered from mild osteoporosis with mild degenerative changes in dorsal spine with exaggeration of dorsal kyphosis (see Exhibit 6).

Claimant was examined on 8/25/09. Based on Claimant's history of neuroma and chronic joint pain it was recommended that Claimant avoid prolonged standing, stooping, squatting and walking. It was also indicated that Claimant would need ongoing care for her neuroma and foot problems (see Exhibit 53).

A 4/14/10 examination report found Claimant had no joint deformity, heat, swelling, erythema or effusion in any of her joints. The examination also found Claimant had a full range of motion in all joints and concluded Claimant "most likely has fibromyalgia". The examining physician prescribed vicodin to assist Claimant with her reports of pain.

An 8/9/10 examination limited Claimant to never lifting or carrying more than 20 pounds but allowed Claimant to frequently lift/carry weights less than 10 pounds and occasional lifting/carrying weights between 10-20 pounds. Claimant was further limited to stand and or walk between 2-6 hours in an 8 hour work day. Claimant had no hand/arm limits on grasping, reaching or fine manipulating but was markedly limited in pushing/pulling with her arms.

Based on Claimant's physical limitations, Claimant's physical basic work activities would be greatly affected. It is found that Claimant meets the de minimus requirements for step two of the disability analysis; the process may then proceed to step three.

Claimant's primary contention was that her arthritis and joint pain rendered her disabled. The undersigned will consider the SSA listing for arthritis which requires the following:

14.09 Inflammatory arthritis. As described in 14.00D6. With:

A. Persistent inflammation or persistent deformity of:

1. One or more major peripheral weight-bearing joints resulting in the inability to ambulate effectively (as defined in 14.00C6); or
2. One or more major peripheral joints in each upper extremity resulting in the inability to perform fine and gross movements effectively (as defined in 14.00C7).

Or

B. Inflammation or deformity in one or more major peripheral joints with:

1. Involvement of two or more organs/body systems with one of the organs/body systems involved at least to a moderate level of severity; and

2. At least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss).

OR

C. Ankylosing spondylitis or other spondyloarthropathies, with:

1. Ankylosis (fixation) of the dor solumbar or cervical spine as shown by appropriate medically acceptable imaging and measured on physical examination at 45° or more of flexion from the vertical position (zero degrees); or

2. Ankylosis (fixation) of the dor solumbar or cervical spine as shown by appropriate medically acceptable imaging and measured on physical examination at 30° or more of flexion (but less than 45°) measured from the vertical position (zero degrees), and involvement of two or more organs/body systems with one of the organs/body systems involved to at least a moderate level of severity.

OR

D. Repeated manifestations of inflammato ry arthritis, with at least two of the constitutional symptoms or signs (severe fati gue, fever, malaise, or involuntary weight loss) and one of the following at the marked level:

1. Limitation of activities of daily living.

2. Limitation in maintaining social functioning.

3. Limitation in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

Social Security law defines “ambulate effectiv ely” in their regulations. It is described a s follows:

To ambulate effectively, indiv iduals must be capable of sustaining a reasonable walking pace over a sufficient distance to be able to carry out activities of daily living. They mu st have the ability to travel without companion assistanc e to and from a place of employment or school. Therefore, examples of ineffective ambulation include, but are not limited to, the ina bility to wa lk without the use of a walk er, two crutches or two canes, the inability to walk a blo ck at a reasonable pace on rough or uneven surfaces, the inability to us e standard public transportati on, the inability to carry out routine amb ulatory activities, such as shopp ing and banking, and the inability to climb a few steps at a reasonable pace with the use of a single hand rail. The abili ty to walk independently about one's home without the use of assistive devices does not, in and of itself, constitute effective ambulation.

Claimant's circumstances do not meet the listing for arthritis. Claimant's ambulation is not sufficiently limited to be cons idered ineffective. The medical records do not support that Claimant possesses two of the constitu tional symptoms or signs (severe fatigue, fever, malaise, or involunt ary weight los s) necessary fo r Parts B or D. The medic al records also do not support a finding that Cla imant suffers from ankylosin g spondylitis or other spondyloarthropathies which is necessary for Part C.

The undersigned also considered the possibility that Claimant met the listing requirements for depression. Depression is properly characterized as an affective disorder (Part 12.04). Affective disorders are 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

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.

Again, Claimant does not meet the listing requirements for depression. Claimant may meet the requirements for Part A but the medical evidence shows she did not meet the requirements for Part B. The medical evidence showed marked difficulties in the area of concentration only (See Exhibit 62), but not in any other areas. Claimant described some social functioning limitations such as impatience and irritability with people in general, however, there is little evidence to support that Claimant's limitations would be considered marked. It is found that Claimant failed to meet the listing requirements for depression.

There is some evidence that Claimant also had other impairments. Claimant stated she suffers from hypertension though it was considered under "fair control (see Exhibit 53). Claimant also claimed bronchitis; the condition was rejected as disabling based on Claimant's continued smoking and the lack of evidence supporting that it was a disabling condition. There was also no evidence citing eczema as a serious impairment. Accordingly, the undersigned rejected all of these other physical issues as disabling. As Claimant failed to meet a Social Security listing at step three, the analysis may proceed 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 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(b)

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.*

Claimant's employment history was listed in Exhibit 31. Her most recent employment was as a mail clerk from 2005-2007. Claimant described her job duties as collecting and sorting mail. She stated the job involved substantial bending and standing. Claimant indicated the employment involved the carrying and lifting of parcels of various weights. This employment would be categorized as light work.

Claimant was employed from 2002-2005 as a medical receptionist. Claimant listed her job duties as filing and answering phones. This employment tends to describe sedentary employment. As this job describes the lowest exertional level required for employment, no further analysis is needed. It must then be considered whether Claimant is capable of sedentary employment.

There was some medical evidence to support exertional limitations on Claimant. An 8/25/09 examination limited Claimant from "prolonged standing, stooping, squatting and walking" (see Exhibit 53). The examination also recommended that Claimant avoid repetitive use of hands due to carpal-tunnel syndrome. Claimant had no remarkable limits to her range of motion or strength.

More current examinations are described in the analysis of the second step of the disability process. Based on Claimant's exertional limitations, particularly, her lifting and standing limitations, Claimant would be capable of sedentary work but not capable of more strenuous work.

Claimant also expressed non-exertional limitations on her ability to work such as pain and depression. In evaluating the severity of Claimant's non-exertional limitations, the undersigned was most persuaded by a mental status examination conducted on 8/25/09. Claimant was assessed a GAF score of 45 which is representative of "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). The examiner concluded Claimant suffered from a pain disorder and depression "which would likely interfere with her ability to concentrate, attend and focus at a sustained type of work or jobs requiring standing, walking or movement for long periods". The examiner further concluded Claimant was otherwise "not demonstrating any functional restrictions due to psychiatric emotional behavior or cognitive impairments".

Though Claimant was capable of sedentary employment based on her exertional limitations, it must be determined whether the non-exertional limitations, in combination with the exertional limitations make even sedentary employment a reasonable expectation. The undersigned tends to believe even sedentary employment is not a currently reasonable expectation for Claimant.

Looking only at Claimant's exertional or non-exertional limits, the undersigned believes Claimant is capable of sedentary employment; however, the combination would be too burdensome for Claimant to maintain even sedentary employment. Present day employment demands consistent attendance, an expectation of minor exertion and an ability to focus and concentrate to complete tasks; Claimant would be markedly hampered in each of these areas. Based on the totality of the evidence, it is found that Claimant is unable to perform even sedentary employment. Because it is found that Claimant cannot meet the demands of her prior employment, the analysis may proceed 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 sedentary employment. Accordingly, Claimant is found to be 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:

- 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 denied Claimant SDA benefits based on the finding that Claimant was not a disabled individual.


DECISION AND ORDER

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

- reregister Claimant's application dated 7/22/10 for MA and SDA benefits;
- process Claimant's application based on the finding that Claimant is a disabled individual; and
- supplement Claimant for any benefits not received as a result of the improper denial.

201119563/CG

The actions taken by DHS are REVERSED.


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

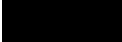

Date Signed: June 29, 2011

Date Mailed: June 29, 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/ctl

cc: 
Wayne County DHS (49)/1843

Christian Gardocki
Administrative Hearings