

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No: 2011-47984  
Issue No: 4031  
Case No: [REDACTED]  
Hearing Date: November 9, 2011  
Washtenaw County DHS

**ADMINISTRATIVE LAW JUDGE:** C. Adam Purnell

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon Claimant's request for a hearing. After due notice, telephone hearing was held on November 9, 2011. Claimant personally appeared and testified. Participants on behalf of Department of Human Services (Department) included [REDACTED] (Eligibility Specialist) and [REDACTED] (Family Independence Manager).

**ISSUE**

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance (MA-P), retroactive Medical Assistance (retro MA-P) and State Disability Assistance (SDA)?

**FINDINGS OF FACT**

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

- (1) On April 29, 2011, claimant filed an application for State Disability Assistance (SDA) benefits alleging disability.
- (2) On or about June 30, 2011, the Medical Review Team (MRT) denied claimant's application stating that claimant's mental/physical impairment's do not prevent employment of 90 days or more.
- (3) On July 6, 2011, the department caseworker sent claimant notice that her application was denied.
- (4) On July 26, 2011, claimant filed a request for a hearing to contest the department's negative action.

- (5) On September 30, 2011, the State Hearing Review Team (SHRT) again denied claimant's application stating the claimant has severe impairments but that these impairments "do not meet/equal the intent or severity of a Social Security Administration (SSA) listing." The SHRT also indicated "[t]he medical evidence of record indicates that the claimant retains the capacity to perform a wide range of light exertional work of a simple and repetitive nature." The SHRT then noted, "SDA is denied per BEM 261 because the nature and severity of the claimant's impairments would not preclude work activity at the above stated level for 90 days, using Vocational Rule 202.20 as a guide."
- (6) The hearing was held on November 9, 2011. At the hearing, claimant waived the time periods and requested to submit additional medical information.
- (7) Additional medical information was submitted and sent to the SHRT on or about February 6, 2012.
- (8) On February 29, 2012, the SHRT again denied claimant's application stating that "SDA is denied using Vocation Rule 202.21 as a guide, because the nature and severity of her impairments would not preclude work activity as the above stated level for 90 days"
- (9) On the date of hearing claimant was a [REDACTED] woman whose birth date is [REDACTED]. Claimant is 5'7" tall and weighs 120 pounds. Claimant obtained her GED and has approximately 20 credits from Washtenaw Community College. Claimant has no other degrees, certificates or diplomas. Claimant is able to read and write and does have basic math skills.
- (10) Claimant's employment history is as a waitress and she last worked in this capacity in April, 2011.
- (11) Claimant alleges as disabling impairments: right ankle fracture, carpal tunnel syndrome, fibromyalgia, anxiety, panic attacks, posttraumatic stress disorder, and polysubstance abuse.

### **CONCLUSIONS OF LAW**

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

Pursuant to Federal Rule 42 CFR 435.540, the Department uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the MA 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

The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources. Claimant's impairment must result from anatomical, physiological, or psychological abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques. A physical or mental impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings, not only the claimant's statement of symptoms. 20 CFR 416.908; 20 CFR 416.927. Proof must be in the form of medical evidence showing that the claimant has impairment and the nature and extent of its severity. 20 CFR 416.912. Information must be sufficient to enable a determination as to the nature and limiting effects of the impairment for the period in question, the probable duration of the impairment and the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913.

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). Statements about pain or other symptoms do not alone establish disability. Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927. 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).

The law does not require an applicant to be completely symptom free before a finding of lack of disability can be rendered. In fact, if an applicant's symptoms can be managed to the point where substantial gainful activity can be achieved, a finding of not disabled must be rendered.

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).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (e.g. age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

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 or 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 or she is not disabled regardless of how severe his or her physical or mental impairments are and regardless of his or 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 or she is not disabled.

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence, or pace; and ability to tolerate increased mental demands associated with competitive work).... 20 CFR, Part 404, Subpart P, App. 1, 12.00(C). First, an individual’s pertinent symptoms, signs and laboratory findings are evaluated to determine whether a medically determinable mental impairment exists. 20 CFR 416.920a(b)(1). When a medically determinable mental impairment is established, the symptoms, signs and laboratory findings that substantiate the impairment are documented to include the individual’s significant history, laboratory findings, and functional limitations. 20 CFR 416.920a(e)(2). Functional limitations are assessed based upon the extent to which the impairment(s) interferes with an individual’s ability to function independently, appropriately, effectively and on a sustained basis. 20 CFR 416.920(a)(2). Chronic mental disorders, structured settings, medication and other treatment, and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). In addition, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining and individual’s degree of functional limitation. 20 CFR 416.920a(c)(4).

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). An impairment qualifies as non-severe only if, regardless of a claimant’s age, education, or work experience, the impairment would not affect the claimant’s ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In 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).

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 or 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 (fifteen) years or 15 (fifteen) 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 or 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 or her residual functional capacity, age, education, and work experience. If the claimant is able to do other work, he or she is not disabled. If the claimant is not able to do other work and meets the duration requirements, he or she is disabled.

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. The terms are defined as follows:

**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).

The analysis begins at Step 1. Here, Claimant is not engaged in substantial gainful activity and has not worked since April, 2011. Therefore, Claimant is not disqualified from receiving disability at Step 1 and the analysis continues to Step 2.

At Step 2, Claimant's symptoms are evaluated to see there is an underlying medically determinable physical or mental impairment(s) that could reasonably be expected to produce the claimant's pain or other symptoms. This must be shown by medically acceptable clinical and laboratory diagnostic techniques. Once an underlying physical or mental impairment(s) has been shown, the Administrative Law Judge must evaluate the intensity, persistence, and limiting effects of the claimant's symptoms to determine the extent to which they limit the 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.

In the present case, the claimant alleges disability due to the following: right ankle fracture, carpal tunnel syndrome, fibromyalgia, anxiety, panic attacks, posttraumatic stress disorder, and polysubstance abuse. The medical evidence in this record indicates the following:

On May 28, 1993, the claimant, who was 11 years old, visited the emergency room (ER) for ankle pain. According to the ER report, the claimant was playing on a roof (approximately 25 feet high), jumped off and landed. X-rays revealed a fracture at the right distal tibia. The claimant's injury required an open reduction and internal fixation surgery. The claimant had pins and screws inserted for the fracture.

On June 6, 1996, the claimant (14 years of age) went to the ER for low back pain. The ER physicians believed the claimant's back problems were caused by her fall 2 years earlier. There was speculation that she had a degenerated disc.

The claimant was referred to physical therapy for neck pain, stiffness and decreased range of motion following a motor vehicle accident in June, 2002. She was given a neck collar and Ibuprofen. On September 5, 2002, a physician issued a work release note for the claimant because she had carpal tunnel and was unable to work without her brace. She also was restricted from keyboard work and carrying trays.

On June 16, 2003, the claimant visited the ER after complaining of neck, upper back and shoulder pain following an amusement park ride. On August 16, 2003, the claimant visited the ER at [REDACTED] after "someone she knows but prefers not to name" threw her into a table striking her lower back and tailbone area. X-rays of her spine and hip were both normal. She was discharged with a lower back contusion and left hip contusion.

On July 21, 2008, the claimant visited the emergency room at [REDACTED] for neck pain and intermittent tingling to her arms. She was diagnosed with torticollis.

The claimant had a work excuse note from [REDACTED] dated October 15, 2008 which indicated she can return to work on October 20, 2008. No reason for the work excuse note was identified. The records contained additional 1 day work excuse notes but no additional information was provided.

On November 2, 2008, the claimant visited the [REDACTED] emergency room for foot pain. X-rays were negative and the claimant was discharged. On November 5, 2008, the claimant had x-rays of her foot which revealed no evidence of osteoarthritis, but she was diagnosed with metatarsalgia.

On February 10, 2009, the claimant visited the PMR Associates for neck pain. At the time, her ankle pain had resolved. She unilaterally discontinued physical therapy after 5 visits. An MRI was ordered. On March 18, 2009, the claimant's cervical MRI scan was found to be normal.

On September 27, 2010, [REDACTED] reported that EMG and nerve conduction studies were normal.

On November 23, 2010, the claimant saw her treating physician [REDACTED], [REDACTED] diagnosed fibromyalgia and started the claimant on Cymbalta for anxiety and panic attacks. On April 15, 2011, the claimant returned for a visit and had improved anxiety with no more panic attacks. The claimant reported flare ups of pain in her neck and right hip. She discussed with [REDACTED] the possibility of no longer working as a waitress. She returned on May 6, 2011 complaining of left arm paraesthesias and pain. She says her pain improved after she stopped working as a waitress. [REDACTED] noted that the claimant continued to do physical work with housekeeping. With regard to her right ankle, x-rays were negative and revealed that the hardware from her earlier surgery was in place.

On June 30, 2011, the claimant underwent an examination by physical medicine and rehabilitation electromyography physician, [REDACTED], which revealed that she had limited range of motion in her cervical and lumbosacral area with "bilateral pelvic torsion." "Neurological examination of both upper and lower extremities was unremarkable." She did have symptoms consistent with fibromyalgia. [REDACTED] corrected her pelvic torsion using muscle energy technique. After trigger point injection treatment with Xylocaine and vitamin B12, she was moving better.

On July 20, 2011, [REDACTED] saw the claimant again and found that her cervical and lumbosacral spine was better with no pelvic torsion. She did have myofascial tightness. Dr. Kim treated the claimant with injections (Xylocaine and vitamin B12) and instructed her to do regular exercises. [REDACTED] indicated that the claimant would be seen on an as needed basis.

On July 26, 2011, [REDACTED] saw the claimant in follow up because she reported continued pain. [REDACTED] recommended the claimant try sublingual vitamin B12 for a while and then review her situation later.

On August 10, 2011, the claimant had a psychiatric/psychological exam. The claimant drove herself to the appointment and was punctual. The claimant indicated she had anxiety all her life and her first panic attack at age 25. She reported nightmares and flashbacks from childhood abuse. She slept "ok" on Effexor. She complained of panic attacks twice per week. She was diagnosed with: panic disorder and PTSD (chronic). The exam report noted, [g]iven her panic attacks, anxiety, PTSD, and multiple medical issues, it is highly unlikely she can maintain consistent employment." Mental health treatment was recommended.

On August 20, 2011, the claimant had an examination for SSA which revealed she had carpal tunnel since the age of 19. But EMG/nerve conduction studies which was negative for carpal tunnel syndrome. The claimant indicated during the examination that she had a right ankle fracture at age 11 and complains of continued pain. The claimant last had x-rays in 1999. She wears an ankle brace, but does not use an assistive device for ambulation. Overall, the exam yielded some pain complaints but a normal exam with regard to the claimant's range of motion.

Claimant has presented medical evidence that demonstrates she has some physical and mental limitations on her ability to perform basic work activities. The medical evidence has established that Claimant has an impairment, or combination of impairments, that has more than a *de minimus* effect on her basic work activities. Further, the impairments have lasted continuously for 12 (twelve) months; therefore, Claimant is not disqualified from receiving MA-P benefits at Step 2.

The analysis proceeds to Step 3 where the medical evidence of Claimant's conditions is compared to the listings. 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. In light of the medical evidence, listings 1.00, 1.01, 1.02, 1.03, 1.06 is considered with regard to the claimant's musculoskeletal region. Ultimately, it is found that Claimant's impairments do not meet the intent and severity requirement of a listed impairment and, therefore, Claimant can not be found disabled at Step 3 as to her musculoskeletal complaints.

With regard to the claimant's mental impairments, the objective medical evidence shows that her pertinent symptoms, signs and laboratory findings show that a medically determinable mental impairment exists under 20 CFR 416.920a(b)(1). This Administrative Law Judge finds that per the records the claimant's anxiety and panic attacks appear to be pervasive and may hinder her ability to function independently, appropriately, effectively and on a sustained basis. 20 CFR 416.920(a)(2). However, the claimant's four functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) reveal that her functional limitations do not rise to the level of a disability.

With regard to the claimant's residual functional capacity (RFC), the claimant demonstrates that she has the ability to do physical and mental work activities on a sustained basis despite limitations from her impairments. The records reveal that the claimant's impairments most likely will prevent her from returning to her past employment as a waitress. Taking into consideration all of Claimant's impairments, including the less severe impairments, Claimant is not capable of returning to work as a waitress. Because the record evidence shows that Claimant is unable to do any past relevant work, the analysis proceeds to the fifth and last step.

The Administrative Law Judge will continue to proceed through the sequential evaluation process to determine whether or not Claimant has the residual functional capacity to perform some other jobs. At Step 5, this Administrative Law Judge must determine whether or not Claimant has the residual functional capacity to perform some other jobs in the national economy. Here, Claimant can do any number of sedentary jobs in the national economy. This Administrative Law Judge finds that the objective medical evidence on the record fails to show that Claimant has no residual functional capacity. Consequently, Claimant is disqualified from receiving disability at Step 5 based upon the fact that she has not established by objective medical evidence that she cannot perform medium, light or sedentary work even with her impairments.

Medical vocational guidelines have been developed and can be found in 20 CFR, Subpart P, Appendix 2, Section 200.00. When the facts coincide with a particular guideline, the guideline directs a conclusion as to disability. 20 CFR 416.969. Under the Medical-Vocational guidelines, a younger individual (age 29), with a high school education or the equivalent (GED) and a transferable, semi-skilled work history who is capable of light or sedentary work is not considered disabled pursuant to Vocational Rule 201.26 or 202.22.

Claimant has not satisfied the burden of proof to show by competent, material and substantial evidence that she 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 objective clinical documentation submitted by Claimant is not sufficient to establish a finding that the claimant is disabled. There is no objective medical evidence to substantiate Claimant's assertion that her alleged impairments are severe enough to reach the criteria and definition of disability.

With regard to Claimant's request for disability under the State Disability Assistance (SDA) program, it should be noted that the Department's Bridges Eligibility Manual (BEM) contains policy statements and instructions for caseworkers regarding the SDA program. In order to receive SDA, "a person must be disabled, caring for a disabled person or age 65 or older." BEM, Item 261, p. 1. Because Claimant does not meet the definition of disabled and because the evidence of record does not show that Claimant is unable to work for a period exceeding 90 (ninety) days, Claimant is also not disabled for purposes of the SDA program.

The Department has established by the necessary competent, material and substantial evidence on the record that it acted in compliance with Department policy when it determined that Claimant was not eligible to receive State Disability 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 acted in compliance with Department policy when it denied Claimant's application for

State Disability Assistance. Claimant should be able to perform a wide range of light or sedentary work even with her impairments. The Department has established its case by a preponderance of the evidence.

Accordingly, the Department's decision is AFFIRMED.

IT IS SO ORDERED.

/s/  
C. Adam Purnell  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: 4/3/12

Date Mailed: 4/3/12

**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.

CAP/ds

■ [REDACTED]