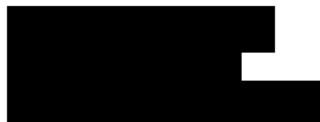


STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No. 201222595
Issue No. 2009 4031
Case No. [REDACTED]
Hearing Date: March 5, 2012
Wayne County DHS (19)

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 March 5, 2012 from Detroit, Michigan. The claimant appeared and testified; [REDACTED] appeared as Claimant's authorized hearing representative and testified on behalf of Claimant. On behalf of Department of Human Services (DHS), [REDACTED], Specialist, appeared and testified.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA) 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 11/3/11, Claimant applied for SDA and MA benefits.
2. Claimant's only basis for MA and SDA benefits was as a disabled individual.
3. On 12/16/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 4-5).
4. On 12/20/11, DHS denied Claimant's application for MA and SDA benefits and mailed a Notice of Case Action (Exhibits 23-28) informing Claimant of the denial.

5. On 1/3/12, Claimant requested a hearing disputing the denial of SDA and MA benefits.
6. On 2/6/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibit 29) based, in part, by application of Medical-Vocational Rule 202.21.
7. As of the date of the administrative hearing, Claimant was a [REDACTED] year old male [REDACTED] with a height of 6'1" and weight of 225 pounds.
8. Claimant smokes approximately 10 cigarettes per day and has no known relevant history of alcohol or illegal substance abuse.
9. Claimant's highest education year completed was the 12th grade via a general equivalency degree.
10. As of the date of the administrative hearing, Claimant had no health coverage and last reported having coverage in 10/2011.
11. Claimant contended that he is a disabled individual based on impairments of lower back pain, seizures, Chronic Obstructive Pulmonary Disorder (COPD), anxiety and shortness of breath.

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 controlling DHS regulations are those that were in effect as of 11/2011, the month of the application which Claimant contends was wrongly denied. 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 though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

Disability for purposes of MA benefits 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).

There was no evidence that any 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 SSI 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).

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 (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 Servs.*, 795 F.2d 1118, 1124 (1st Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with the submitted medical documentation. Some documents were admitted as exhibits but were not necessarily relevant to the disability analysis; thus, there may be gaps in exhibits numbers.

A Medical Social Questionnaire (Exhibits 8-10) dated [REDACTED] was presented. The form is intended to be completed by clients for general information about their claimed impairments, treating physicians, previous hospitalizations, prescriptions, medical test history, education and work history. Claimant noted impairments of seizure disorder, chronic back pain, COPD and anxiety. Claimant noted his seizures were unpredictable. Claimant noted LPB limited his ability to lift, stand, bend, twist and required sitting for long periods. Claimant reported four previous hospitalizations. Three were noted as emergency room visits related to a grand mal seizure; the hospital encounters occurred in 1994, 1995 and 11/2011. Claimant noted he was hospitalized in 2001 for back surgery. Claimant listed that he took the following prescriptions: Dilantin (100-200 mg @ b.i.d.), Vicodine 750 mg @ q.i.d.), Xanax (1 mg @ t.i.d.), Lipitor (40 mg @ q.d.), Combivent (2 puffs @ q.i.d.) and Proventil (2 puffs @ q.i.d.).

A Medical Examination Report (Exhibits 11-12) dated [REDACTED] was completed by Claimant's treating physician. It was noted that the physician first treated Claimant on [REDACTED] and last examined patient on [REDACTED]. The physician provided diagnoses of seizure disorder, COPD and LBP. Claimant's condition was noted seizures as deteriorating specifically in regard to the seizures. It was noted that Claimant can meet his household needs. Fatigue, wheezing and bilateral paraspinal spasms were noted as part of examination findings.

Hospital records (Exhibits 13-17) stemming from an emergency room visit dated [REDACTED] were presented. Claimant went to the ER complaining of a seizure. A CAT-scan of Claimant's head revealed no acute intracranial pathology. Claimant's discharge

instructions noted Claimant should not drive for six months, taking Dilantin 3 times per day, having Claimant's level rechecked in 3-5 days and for Claimant to return if any problems occurred.

Claimant completed an Activities of Daily Living (Exhibits 18-22) dated [REDACTED]; this is a questionnaire designed for clients to provide information about their abilities to perform various day-to-day activities. Claimant noted difficulty sleeping due to LBP. Claimant testified that he sleeps or tries to sleep approximately 11 hours per day. Claimant noted he sometimes needs assistance in putting on socks and shoes. Claimant also noted he needs to be watched in the shower for possible seizures. Claimant reported he fixes his own meals. Claimant noted he fixes microwave meals for himself and does light cleaning around the house. Claimant noted he goes shopping with his mother, but only shops for short periods. Claimant noted his mother drives him to the store because he cannot drive. Claimant noted he reads, uses a computer and enjoys watching television. Claimant noted he spends time with family members. Claimant noted he needs reminders for appointments and that his illness has caused depression, anxiousness and a feeling of not being in control of his life.

Claimant testified he is able to normally grip and grasp items. Claimant testified he can only sit 20 minutes before needing to stretch. Claimant estimated his lifting was limited to 20 pound items. Claimant does not use any walking assistance devices (e.g. cane, or crutches).

Claimant's most notable restriction to basic work activities was his ambulation. Claimant testified he is limited to walking for 10 minute periods before losing his breath. Claimant's COPD diagnosis was not questioned, as it was verified by a physician. Claimant's prescription for Combivent, a prescription known to combat COPD, also tends to verify the existence of COPD. A Medical Examination Report verified wheezing by Claimant. Claimant also conceded that he smokes 10 cigarettes per day. Though it is doubtful that if Claimant quit smoking that the COPD would be cured, it is equally doubtful that Claimant's continued smoking has no bearing on his shortness of breath. It is found that Claimant has some walking restrictions, though not to the extent testified by Claimant.

Claimant estimated he was limited to standing 20-30 minute periods due to LBP. Again the medical records verified the condition but failed to specify the degree of the condition. Claimant's physician noted Claimant suffers LBP. Claimant's physician noted Claimant is prescribed pain relief medication (e.g. Vicodin). Claimant noted he takes 750 mg of Vicodin, four times per day; this is believed to be a relatively high dosage. This tends to establish a high amount of LBP. Based on the presented evidence, it is found that Claimant suffers significant LBP. At this point in the analysis, Claimant sufficiently established a significant impairment to the performance of basic work activities based on his back pain and COPD.

The medical records failed to verify that Claimant suffered from COPD and LBP for 12 months or longer. Based on the diagnoses, Claimant's restrictions in walking and standing are reasonably expected to continue 12 months or longer. Thus, Claimant established the durational requirements for a severe impairment.

As it was found that Claimant established a significant impairment to basic work activities for a period longer than 12 months, it is found that Claimant established having a severe impairment. 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 to be deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

Claimant's primary impairment involved grand mal seizures. Listing 11.02 covers grand mal seizures which are part of the SSA listing for epilepsy. This listing reads:

11.02 Epilepsy - convulsive epilepsy, (grand mal or psychomotor), documented by detailed description of a typical seizure pattern, including all associated phenomena; occurring more frequently than once a month, in spite of at least 3 months of prescribed treatment. With:

- A. Daytime episodes (loss of consciousness and convulsive seizures) or
- B. Nocturnal episodes manifesting residuals which interfere significantly with activity during the day.

Claimant's last reported seizure was 11/2011. Claimant's previously reported seizure was in 1995. Claimant's seizures simply do not meet the quantitative requirements of the SSA listing. It is found that Claimant failed to establish meeting the SSA listing for seizures.

A listing for affective disorder (Listing 12.04) was considered based on Claimant's complaints of depression. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not established that Claimant required a highly supportive living arrangement suffered repeated episodes of decompensation in increasing duration or that the residual disease process resulted in a marginal adjustment so that even a slight increase in mental demands would cause decompensation. The medical evidence also was devoid of any medical support for the impairment.

A listing for anxiety related disorders (12.06) was also considered. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion

of daily activities or concentration. It was also not established that Claimant suffered repeated episodes of decompensation in increasing duration or had a complete inability to function independently outside of the area of one's home. Also, there was no verifiable medical documentation of anxiety disorder or symptoms other than Claimant's testimony and medical prescriptions.

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's LBP complaints. The medical records were devoid of back pain causes. For example, there were no records verifying x-rays or an MRI of Claimant's back. There was not a specific diagnosis for Claimant's back pain. This listing was rejected due to a lack of evidence and a failure to establish a spinal disorder resulting in a compromised nerve root.

A listing for chronic pulmonary insufficiency (Listing 3.02) was considered based on a diagnosis of COPD. This listing was rejected due to a lack of supporting medical evidence other than statement of a diagnosis.

It is found that Claimant failed to establish meeting an SSA listed impairment. Accordingly, the disability 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.

Claimant provided a list of employment history (Exhibit 10). Claimant reported that he worked for one employer in the last 15 years. Claimant testified that most of his employment was as a material handler (1993-2007) which required Claimant to pick up items weighing 25-50 pounds and unloading trucks by hand.

Claimant stated that when he became increasingly ill, he became a relief person for persons working on an assembly line. Claimant noted that this employment from 2007-2008 and ended when the business closed. Claimant described the work as requiring periods of standing up to approximately four hours.

Claimant testified that he would not be able to perform the lifting and walking duties required for a material handler. Claimant also stated that he could not perform the standing and walking duties required as a relief person. Claimant's testimony that he is currently unable to perform the functions of his prior employment was credible and consistent with the submitted medical records. Based on the presented evidence, it is found that Claimant is incapable of performing past relevant employment. Accordingly, the analysis moves to step five.

In the fifth and last step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. 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).

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(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.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

The analysis of Claimant's exertional capabilities will begin with the performance of sedentary employment. Claimant credibly stated that he could lift no more than 20 pounds. This weight is well within the 10 pound weight maximum of sedentary employment.

Claimant contended that his standing restrictions (20-30 minutes), walking restrictions (10 minutes before losing breath) and sitting restrictions (20-30 minutes before needing to stretch) would prohibit him from performing sedentary employment. As stated above, the medical records tended to establish some restrictions on Claimant based on diagnoses and prescribed medications, the records failed to specify a degree to which Claimant was restricted. Claimant's continued smoking can be reasonably expected to

exacerbate his COPD. Taking Claimant at his word concerning sitting restrictions, having to stretch after 20-30 minutes of sitting is not likely a problem in potential sedentary employment. It would be likely that sit-down type job allow for period of standing and stretching. Based on the presented evidence, it is found that Claimant is capable of the physical requirements of sedentary employment.

Looking at non-exertional restrictions, Claimant indicated he suffers severe LBP, has anxiety, suffers unpredictable seizures and is unable to use a computer due to seizures. Claimant's anxiety lack medical substantiation. There is no reference for any psychological evaluations or treatment, no reference to anxiety or any other known medical support for anxiety to affect Claimant's ability to work.

Claimant's seizures are known to affect Claimant's ability to drive based on hospital discharge instructions. However, the seizures have thus far been rare. Claimant had a seizure in 11/2011 but no seizures in the prior 15 years. One seizure in 15 years cannot be reasonably expected to limit Claimant's work abilities.

Claimant's claim that he is unable to use a computer is relevant to a sedentary employment analysis. Sedentary employment may often require computer usage as a job expectation. Claimant's inability to use a computer was unsubstantiated. Claimant even noted that he uses a computer on a form completed shortly after his grand mal seizure. Discharge instructions from the hospital could have addressed whether it was wise for Claimant to use a computer; the instructions were silent on the issue. There is simply no medical evidence to find that Claimant is limited in computer usage.

Claimant's pain is a real and verified problem for Claimant. However, a prescription for pain relief and a diagnosis of LBP is not sufficient to draw conclusions whether Claimant is capable of performing employment. Based on the above mentioned analysis, it is found that Claimant is not limited in the performance of sedentary employment.

Based on Claimant's age (younger individual between 45-49), education (high school graduate via GED) and work history (non-transferrable job skills), Medical-Vocational Rule 201.21 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that DHS properly found Claimant to be not disabled for purposes of MA benefits.

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.

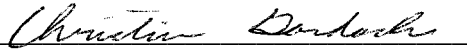
A person is disabled for SDA purposes if the claimant (see BEM 261 at 1):

- 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).

It has already been found that Claimant is not disabled for purposes of MA benefits based on application of Medical-Vocational Rule 201.21. The analysis and finding equally applies to Claimant's application for SDA benefits. It is found that DHS properly denied Claimant's application for SDA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied MA and SDA benefits to Claimant based on a determination that Claimant was not disabled. The actions taken by DHS are AFFIRMED.


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

Date Signed: March 13, 2012

Date Mailed: March 13, 2012

NOTICE: Michigan Administrative Hearing System (MAHS) 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. MAHS 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. (60 days for FAP cases).

201222595/CG

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt 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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail to:

Michigan Administrative hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

CG/hw

cc:

