

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 2012-6182
Issue No: 2009; 4031
Case No: [REDACTED]
Hearing Date: January 10, 2012
Kalamazoo 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 dated October 10, 2011. After due notice, a telephone hearing was held on January 10, 2012 from Lansing, Michigan. Participants on behalf of Claimant included Claimant and [REDACTED]. Participants on behalf of Department of Human Services (Department) included [REDACTED] (Eligibility Specialist).

ISSUE

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance (MA-P), retro MA 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 July 28, 2011, Claimant filed an application for Medical Assistance and State Disability Assistance benefits alleging disability.
2. On October 5, 2011, the Medical Review Team (MRT) denied Claimant's application stating that Claimant's medical impairments were not severe.
3. On October 5, 2011, the department caseworker sent Claimant notice that her application was denied.
4. On October 20, 2011, Claimant filed a request for a hearing to contest the department's negative action.

5. On December 1, 2011, the State Hearing Review Team (SHRT) denied Claimant's application for MA-P and Retroactive MA stating that Claimant's alleged impairments do not meet/equal the intent or severity of a Social Security Listing and that Claimant retains the capacity to perform a wide range of unskilled sedentary work. SHRT denied Claimant's SDA application because the nature and severity of her impairments would not preclude work activity for 90 days.
6. A telephone hearing was held on January 10, 2012.
7. The Claimant alleges disabling impairments due to bipolar disorder, attention deficit disorder, and back pain.
8. At the time of the hearing, the Claimant was 31 years old with a birth date of [REDACTED]; stood 5' 5" in height; and weighed 212 pounds.
9. The Claimant has a high school education with an employment history as a housekeeper, food preparation and day care provider.
10. Claimant last worked in 2005.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

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 of Human Services uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance program. Under SSI, disability is defined as:

...the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted

or can be expected to last for a continuous period of not less than 12 months.... 20 CFR 416.905

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 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 an 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/she has demonstrated the ability to engage in SGA (20 CFR 404.1574, 404.1575, 416.974, and 416.975). If an individual engages in SGA, he/she is not disabled regardless of how severe his/her physical or mental impairments are and regardless of his/her age, education, and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the Administrative Law Judge must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c) and 416.920(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work (20 CFR 404.1521 and 416.921; Social

Security Rulings (SSRs) 85-28, 96-3p, and 96-4p). If the claimant does not have a severe medically determinable impairment or combination of impairments, he/she is not disabled.

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

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

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the *Dictionary of Occupational Titles*, published by the Department of Labor... 20 CFR 416.967.

Sedentary work. Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls.... 20 CFR 416.967(b).

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

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

At Step 1, claimant is not engaged in substantial gainful activity and has not worked since 2005. Claimant is not disqualified from receiving disability at Step 1.

At Step 2, the claimant's symptoms are evaluated to see whether 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, Claimant alleges disability due to bipolar disorder, attention deficit disorder, and back pain. Claimant did not list that she had any other impairment in her application.

The objective medical evidence pertaining to Claimant's back problems consist of the following. It should be noted that Claimant had multiple emergency room visits between 2006 and 2011; many of which concerned medical problems not related to the impairments identified in Claimant's application. On March 10, 2006, Claimant had an MRI of the lumbar spine which revealed broad-based bulging discs at L5-S1, but no spondylolisthesis. On August 11, 2008, Claimant had MRIs of her lumbar spine which showed degenerative changes at L5-S1 level where a posterior disc protrusion without neural compromise. A thoracic spine MRI taken that same day revealed only mild degenerative changes with no neural or cord compromise.

According to the medical records, Claimant was banned from the Family Health Center due to too many missed appointments. On April 13, 2010, Claimant's medical records indicated she abused opiates and that she had "limited lumbar range of motion however, she moves about the room easily and is often off the table without difficulty." On July 7, 2010, Claimant visited Kenneth Mays, M.D. for complaints of back pain. Dr. Mays prescribed Motrin (800 mg b.i.d.) and instructed to use a heating pad/ice pack. Claimant's back pain was noted to be stable.

On August 7, 2010, Claimant visited the Borgess Hospital ER following a motor vehicle accident. Claimant's lumbar spine x-rays indicated mild degenerative changes at L1-L2, but otherwise were normal for her age. There were no fractures, no dislocations, and no acute bony abnormalities evident. There were also no abnormal calcifications or abnormal soft tissue swelling. The ER records at this time did reveal drug abuse (possible amphetamines).

On January 24, 2011, Claimant visited [REDACTED] for medication refill. During that visit, Claimant reported that her back pain continued which prompted a referral for an MRI. Claimant had an MRI of the lumbar spine on February 25, 2011 which indicated that she had a small left paracentral disc protrusion abutting the left SI nerve at L5-S1, but no significant stenosis.

On April 2, 2011, Claimant visited the [REDACTED] for diarrhea and back pain. An MRI read by radiologist [REDACTED], indicated "no significant change compared to the prior study" (2/25/11). Dr. Hopkins did note "small shallow left central and subarticular disk protrusion at L5-S1 posteriorly displaces and impinges the left SI nerve root." ER physician, Jonathan Bradley, M.D., wrote Claimant a prescription for Tramadol and referred her for the Brain and Spine Institute at Borgess.

On April 3, 2011, Claimant returned to the [REDACTED] with continued back pain. [REDACTED] evaluated Claimant and noted, "At this point, I do not see any red flags for emergent interventions. I think the main issue at this point is some pain control . . ." Dr. Gibson discussed the possibility of physical therapy and/or specialist referral. Claimant was given narcotic pain control and released.

On April 14, 2011, Claimant visited [REDACTED] (NP) complaining of a pinched nerve in her neck. According to the notes, Claimant's primary concern was to see that she could be readmitted to the [REDACTED] for pain medications. She was offered Motrin, Ultram and Flexeril, "but she reports that none of these have helped her in the past."

The medical records from April 20, 2011 show that Claimant engaged in drug seeking behavior (seeking opioid medications from three different providers over three consecutive days). A "drug alert" was placed on her chart for drug seeking behaviors and also for multiple providers.

Claimant's April 30, 2011 MRI of her lumbar spine showed a decrease in lumbar lordosis, but she had disc protrusion at L5-S1 with some impingement to the left S1 nerve root.

On May 9, 2011, [REDACTED] on consultation, noted that Claimant had a course of physical therapy with minimal relief. [REDACTED] she has spasms in her lower lumbar paraspinal muscles. [REDACTED] reported that her gait was intact and she can walk on her toes and on her heels. She had coordination in upper and lower extremities.

On May 13, 2011, Claimant returned to [REDACTED] for back pain and hand pain. According to the ER note, Claimant reported chronic back pain, "worsened 2 days ago when she was wrestling with brother." She was diagnosed with a lumbosacral strain.

On June 29, 2011, [REDACTED] diagnosed Claimant with anxiety and depression. Dr. Pope refilled Claimant's [REDACTED] 150mg B.I.D.) and provided her with Cymbalta (30 mg q.d.) samples. [REDACTED] recommended an EMG "before she has no insurance."

Claimant presented to the ER at Borgess again on July 23, 2011 for low back pain. The ER physician [REDACTED] reviewed her MRI and noted that she had impingement of the SI root on the left. She was diagnosed with radiculopathy and given steroids. Claimant returned on July 29, 2011 with "severe back pain." ER physician [REDACTED] indicated that she had a nonsurgical MRI. Dr. Rossi noted that Claimant did not give effort when he asked her to do things. She told [REDACTED] that she could not walk. Claimant requested Dilaudid then was caught by security guards walking from the bed to the bathroom where she smoked a cigarette. In conclusion, Dr. [REDACTED] indicated, "Fictitious back pain and malingering is the working diagnosis."

On October 27, 2011, Psychologist [REDACTED], evaluated Claimant. Dr. [REDACTED] diagnosed Claimant with: Dysthymic Disorder, Generalized Anxiety Disorder, and Chronic Back Pain. [REDACTED] prognosis for Claimant was fair although he acknowledged her long history of anxiety and depression.

On November 4, 2011, Claimant underwent an evaluation performed by [REDACTED] who opined that she had loss of spinal curvature and a mild L5-S1 disc

herniation. He recommended an EMG. [REDACTED] found that Claimant utilize a cane or a walker in the short term until further evaluation. Overall, [REDACTED] zara stated, "physically, her degree of impairment appears mild and potentially treatable. Prognosis is fair."

There is no objective clinical medical evidence in the record that claimant suffers a severely restrictive mental impairment. This Administrative Law Judge finds that the medical record combined with claimant's own hearing testimony about her mental/psychological condition is insufficient to establish that claimant has a severely restrictive mental impairment.

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

If claimant had not been denied at Step 2, the analysis would proceed to Step 3 where the medical evidence of claimant's condition would be compared to the listings. In light of the medical evidence, listings 1.04 disorders of the spine were considered. Ultimately, it is found that the claimant's impairment does not meet the intent and severity requirement of a listed impairment and, therefore, claimant can not be found disabled at Step 3.

This Administrative Law Judge would next proceed to Step 4 which is based upon her ability to perform her past relevant work. There is no evidence upon which this Administrative Law Judge could base a finding that claimant is unable to perform work in which he has engaged in, in the past. The claimant has a work history of housekeeper, food preparation and day care provider, which would be light to sedentary work in nature. The claimant is not found to be unable to engage in work which she has performed in the past and is denied from receiving disability at Step 4.

The Administrative Law Judge will continue to proceed through the sequential evaluation process to determine whether or not claimant has the residual functional capacity to perform 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. This Administrative Law Judge finds that the objective medical evidence on the record does not establish that claimant has no residual functional capacity. 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 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 31), with a high school education or the equivalent (GED) and an unskilled work history who is capable of light work is not considered disabled pursuant to Vocational Rule 202.20.

The claimant has not presented the required competent, material and substantial evidence which would support a finding that the claimant has an impairment or combination of impairments which would significantly limit the physical or mental ability to do basic work activities. 20 CFR 416.920(c). Although the claimant has cited medical problems, the clinical documentation submitted by the claimant is not sufficient to establish a finding that the claimant is disabled. There is no objective medical evidence to substantiate the claimant's claim that the alleged impairment(s) are severe enough to reach the criteria and definition of disability. Rather, the objective medical evidence shows the opposite. With regard to her claims of mental/psychological impairments, the objective medical records show that a qualified medical source has not diagnosed Claimant with bipolar disorder or attention deficit disorder. With regard to Claimant's alleged back impairments, the objective medical evidence shows her lumbar spine x-rays indicated mild degenerative changes at L1-L2, but otherwise were normal for her age. There were no fractures, no dislocations, and no acute bony abnormalities evident. There were also no abnormal calcifications or abnormal soft tissue swelling. Qualified medical professionals have recommended physical therapy. The claimant is not disabled for the purposes of the Medical Assistance disability (MA-P) program.

The department's Bridges Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. BEM, Item 261, p. 1. Because the claimant does not meet the definition of disabled under the MA-P program and because the evidence of record does not establish that claimant is unable to work for a period exceeding 90 days, the claimant does not meet the disability criteria for State Disability Assistance benefits either

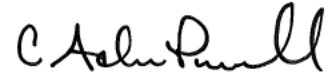
The Department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy when it determined that claimant was not eligible to receive Medical Assistance and/or State Disability Assistance.

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 was acting in compliance with department policy when it denied claimant's application for Medical Assistance, retroactive Medical Assistance and State Disability Assistance benefits. The 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.



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

Date Signed: 1/31/12

Date Mailed: 1/31/12

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

