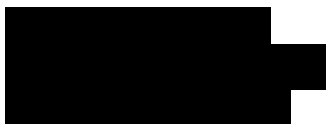


STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No.: 201224481
Issue No.: 2009; 4031
Case No.: [REDACTED]
Hearing Date: March 12, 2012
Wayne County DHS (15)

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 12, 2012 from Detroit, Michigan. The claimant appeared and testified. 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 5/17/11, Claimant applied for SDA and MA benefits.
2. Claimant's only basis for MA and SDA benefits was as a disabled individual.
3. On 10/26/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 1-2).
4. On 11/1/11, DHS denied Claimant's application for MA and SDA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On 1/6/12, Claimant requested a hearing disputing the denial of SDA and MA benefits.
6. On 2/16/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibits 30-31) based, in part, by application of Medical-Vocational Rule 202.19.
7. As of the date of the administrative hearing, Claimant was a [REDACTED] year old female [REDACTED] with a height of 5'0" and weight of 156 pounds.
8. Claimant has a disputed history of alcohol abuse.
9. Claimant's highest education year completed was the 10th grade.
10. As of the date of the administrative hearing, Claimant had Adult Medical Program coverage and received the coverage since approximately 11/2010.
11. Claimant contended that she is a disabled individual based on impairments of depression, shoulder and low-back pain (LBP) due to arthritis.

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 5/2011, 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

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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 2011 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 F2d 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 12-14) 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 listed impairments of neck, shoulder, lower back and hip pain. Claimant listed two previous hospital encounters (from 3/2009 and 11/2010) when she sought treatment for back pain.

A Medical Examination Report (Exhibits 15-16) dated [REDACTED] was completed by Claimant's treating physician. It was noted that the physician first treated Claimant on 1/5/11 and last examined her on [REDACTED]. The physician provided diagnoses of back pain over the last two years and hypertension. An impression was given that Claimant's condition was deteriorating. It was noted that Claimant could not meet her household needs and needed help with bathing and shopping. Lumbar disc degeneration and fatigue were also noted as part of the finding details. Listed current medications were: Vicodin, Neurontin and Lisinopril.

A Medical Examination Report (Exhibits 17-18) dated [REDACTED] was completed by Claimant's previously treating physician. No dates were provided for when Claimant was first, or most recently examined. The physician provided diagnoses of lumbar disc bulge (L4-L5) with mild foraminal compromise (per 5/2009 MRI) and paracentral disc bulge at L5-S with facet arthropathy. It was noted that Claimant could meet her household needs.

A physical examination report (Exhibits 3-6) dated [REDACTED] was presented. The examining physician noted Claimant's history of hypertension and high cholesterol. It was noted that Claimant drank heavily since the injury and that she needs to see a psychiatrist; Claimant testified that she never made such a statement to the examining

physician and stated that she has not drank alcohol in 4 years. The examination report also noted that Claimant had not worked for 23 years but was hurt at a job 2.5 years prior; a prima facie inconsistency. A finding of one inconsistency tends to bolster Claimant's credibility that the report negligently included a statement concerning alcohol abuse. Thus, it is found that Claimant did not report a drinking problem to the examining physician.

It was noted that Claimant brought a cane to her appointment but that she could walk without it. The examiner noted tenderness and pain in the lumbar area. Claimant's right shoulder and lumbar spine had limited ranges in all tested motions; all other tested joints had normal ranges of motion.

Treatment documents (Exhibits 7-9) dated [REDACTED] noted Claimant reported neck pain which had been ongoing for two years. It was noted that Claimant did not drink alcohol. The documents verified that Claimant received an injection of Toradol in the left buttocks in an attempt to relieve her pain.

A physical therapy referral (Exhibits 24) dated [REDACTED] was provided. The referral noted a diagnosis of sciatic joint inflammation.

Claimant completed an Activities of Daily Living (Exhibits 25-29) dated [REDACTED]; this is a questionnaire designed for clients to provide information about their abilities to perform various day-to-day activities. Claimant noted trouble sleeping due to spasms in her leg and ankles. Claimant noted that she sometimes needs help with bathing and cooking. Claimant noted she cannot walk for long due to pain. Claimant noted she performs her own cooking, cleaning and shopping. Claimant noted her daughter helps her shop because Claimant cannot stand or walk too long. Claimant testified that her daughter assists her with bathing but that Claimant can perform her own grooming, cooking cleaning and laundry. Claimant testified that she can drive.

Claimant stated that she can only walk for 15-20 minutes at a time before the pain requires her to rest. Claimant stated she can only sit for 15-20 minutes before having to get up. Claimant stated she was restricted to lifting weights under 5 pounds, Claimant testified that she can only stand for 10-15 minute periods before experiencing spasms. Claimant testified that she uses a cane all of the time to assist her walking.

Claimant alleged that she has multiple physical restrictions. A walking limit of 15-20 minutes before requiring time to rest would be a significant restriction to the performance of basic work activities. The medical records were consistent with Claimant's restrictions, though not necessarily verification of Claimant's restrictions. A prescription for Vicodin is consistent with a reporting of chronic pain when walking. A diagnosis of lumbar disc disease and a bulged disc tends to verify some restriction to

walking. Based on the presented evidence, it is found that Claimant established a significant impairment to the performance of basic work activities.

The evidence tended to establish that Claimant has an approximate three year history of back pain. It is found that Claimant established meeting the durational requirements for a severe impairment.

As it was found that Claimant established 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 lumbar problems. Musculoskeletal issues are covered by Listing 1.00. Back problems are covered by SSA Listing 1.04 which reads:

1.04 Disorders of the spine (e.g., herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture), resulting in compromise of a nerve root (including the cauda equina) or the spinal cord. With:

A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine);

OR

B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours;

OR

C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively, as defined in 1.00B2b.

In the present case, there was medical documentation that tended to verify nerve root compression. The physical examination report noted limited ranges in motion of

Claimant's lumbar and shoulder. The diagnosis of lumbar disc disease (see Exhibit 15) tends to verify lumbar disc problems. A separate diagnosis of lumbar disc bulge at L4-L5 is more direct evidence of nerve root compression.

A neuro-anatomic distribution of pain also tended to be verified. Claimant was diagnosed on multiple occasions with LBP. Claimant's prescriptions to treat her pain also tended to verify LBP. It is reasonable to infer a neuro-anatomic distribution of pain from diagnoses of LBP and lumbar bulging discs.

A limited range of motion was also verified. The physical examination report dated 9/13/11 verified that Claimant was limited in all tested lumbar motions including: flexion, extension, right lateral flexion and left lateral flexion.

There was less evidence of motor loss accompanied by sensory or reflex loss. It is known that Claimant walks with a cane, but the physical examination report noted that Claimant could walk without it (see Exhibit 4). There was also an absence of a positive straight-leg raising test, though there was no indication that the test was administered to Claimant.

Due to the absence of medical records concerning motor loss and a positive straight-leg raising test, Claimant cannot be found to meet Part A of the SSA listing for spinal disorder. Parts B and C are also rejected due to an absence of a diagnosis for arachnoiditis or stenosis.

A listing for affective disorder (Listing 12.04) was considered based on Claimant's contention that she suffers depression. This listing was rejected due to a total absence of depression evidence. A physical examiner noted Claimant complained of depression, but neither of Claimant's physicians noted the diagnosis on a Medical Examination Report. Claimant has no treatment records, nor any verified history of any depression problems.

A listing for major joint dysfunction (Listing 1.02) was considered based on Claimant's complaints of arthritis. Arthritis was not specifically diagnosed, but could reasonably be inferred from a diagnosis of lumbar disc disease. The listing was rejected, due to a failure to demonstrate an inability to ambulate effectively and a failure to verify an inability to effectively perform fine and gross movements.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity (RFC) and past relevant employment. 20 CFR

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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 submitted a history of employment (see Exhibit 14). Claimant worked as a nurse's aide from 6/1999-9/2009. Claimant also worked as a machine operator from 5/1997-5/1999.

Claimant states her employment as a nurse's aide involved assisting patients with daily living activities. Claimant listed some of her job duties as feeding patients, pushing beds and lifting patients. Claimant described her job as mostly standing and requiring occasional lifting of patients. Claimant also testified that the job required a lot of bending.

Claimant stated she could not do the bending or lifting required to perform her prior nurse's aide employment. Claimant's testimony was consistent with medical records.

Claimant stated her job as a machine operator was mostly a sitting job. Claimant stated she was promoted to a gear inspector, which was a job that involved mostly walking.

Claimant stated that she could not do the sitting required to be a machine operator. Claimant stated that she could not perform the walking required to be a gear inspector. Though Claimant's testimony was not confirmed by medical records, her testimony will be given deference in the issue of whether she is capable of performing her previous job duties. Accordingly, it is found that Claimant is not capable of performing her past relevant employment and 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).

Looking at exertional restrictions, Claimant alleged that she is not capable of sitting or standing for the requirements of full-time employment. Based on Claimant's complaint of chronic LBP, some credence can be given to Claimant's testimony concerning standing, sitting and bending restrictions. Claimant's pain management medication was verified. However, there was a lack of evidence to infer that Claimant's pain is so severe that she is incapable of performing either light or sedentary work. The record lacked any restrictions on Claimant's ability to stand or sit. As Claimant has medical coverage, it would be reasonable to believe that the Vicodin Claimant takes resolves her back pain satisfactorily enough to expect her to maintain employment. Though Claimant appears capable of performing the standing requirements of light employment, there was ample evidence to find that the LBP would prevent Claimant from the inevitable bending required for such employment. Thus, Claimant will be deemed to be capable of performing only sedentary employment.

Based on Claimant's age (younger individual aged 45-49), education (less than high school) and employment history (unskilled), Medical-Vocational Rule 201.18 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.

It should be noted that application of 20 C.F.R. § 404.1563(a) was considered in the analysis. This regulation notes that a claimant's age does not have to be applied mechanically in a borderline situation. A borderline situation exists "when there would be a shift in results caused by the passage of a few days or months." Claimant turns 50 in 12/2012. Changing Claimant's age to 50 may alter the disability decision. However, the eight months before Claimant's birthday tends to be outside of the "few" months flexibility allowed by SSA. Thus, this case was not found to be a borderline situation. Claimant is encouraged to reapply for benefits as soon as possible for a more persuasive opportunity to apply the borderline age guidelines.

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.

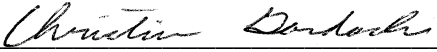
A person is disabled for SDA purposes if the claimant (see BEM 261 at 1):

- 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 201.18. The analysis and finding equally applies to Claimant's application for SDA benefits. It is found that DHS improperly 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 30, 2012

Date Mailed: March 30, 2012

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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).

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:

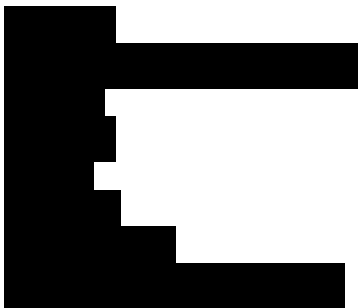
- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical 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

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cc:



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