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

IN THE MATTER OF:

[redacted]

Reg. No.: 2014-15940
Issue No.: 2009 4009
Case No.: [redacted]
Hearing Date: March 24, 2014
County: Wayne (41)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on March 24, 2014, from Detroit, Michigan. Participants included the above-named Claimant. [redacted], Claimant's girlfriend appeared as Claimant's authorized hearing representative. Participants on behalf of the Department of Human Services (DHS) included [redacted], Specialist, and [redacted], Hearing Facilitator.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA) benefits for the reason 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 [redacted], Claimant applied for MA and SDA benefits, including retroactive MA benefits from 4/2013.

2. Claimant's only basis for MA and SDA benefits was as a disabled individual.

3. On [redacted], the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 8-9).

4. On [redacted], DHS denied Claimant's application for MA and SDA benefits and mailed a Notice of Case Action (Exhibits 6-7) informing Claimant of the denial.

5. On [redacted], Claimant requested a hearing to dispute unspecified DHS actions (see Exhibit 2).

6. On [redacted], SHRT determined that Claimant was not a disabled individual, in part, by application of Medical-Vocational Rule 201.19

7. As of the date of the administrative hearing, Claimant was a 49-year-old male with a height of 5'6'' and weight of 180-192 pounds.

8. Claimant has no known relevant history of alcohol or illegal substance abuse.

9. Claimant's highest education year completed was the 4th grade.

10. As of the date of the administrative hearing, Claimant was an Adult Medical Program recipient through 1/2014.

11. Claimant alleged disability based on impairments and issues including lower back pain (LBP) and right leg pain.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

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 (10/2010), p. 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:

- 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).

  BEM 260 (7/2012) pp. 1-2

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. Before a medical evaluation can proceed, a consideration of a denial of SSA benefits must be considered.

Eligibility for MA based on disability or blindness does not exist once SSA's determination is final. *Id.,* p. 3. SSA's determination that disability or blindness does not exist for SSI is final for MA if:

- The determination was made after 1/1/90, and
- No further appeals may be made at SSA; or
- The client failed to file an appeal at any step within SSA's 60 day limit, and
- The client is not claiming:
  - A totally different disabling condition than the condition SSA based its determination on, or
  - An additional impairment(s) or change or deterioration in his condition that SSA has not made a determination on.

  Id., pp. 3-4.

Claimant testified that he applied for SSA benefits on 5 occasions. Claimant testified that he applied for SSA benefits in 9/2013 and was denied the following month. Claimant testified that instead of appealing, he reapplied for benefits. It was presumed that Claimant was denied due to an unfavorable finding of disability. If Claimant was denied by SSA in 9/2013 and Claimant failed to appeal the denial, the decision would be "final" for purposes of MA eligibility and would be binding on DHS. No consideration of a different or worsening condition need be made as the application and denial occurred after Claimant's application for MA benefits.

During the hearing, Claimant expressed the possibility that the 9/2013 denial was appealed. Claimant was given 7 days following the hearing to submit documents verifying that the SSA denial from 10/2013 was appealed. Claimant presented proof of a SSA appeal (Exhibits A1-A3) dated [redacted]3. The appeal dated [redacted] is supportive in finding that SSA has not issued a final decision of non-disability since Claimant applied for MA benefits; other evidence was less supportive.

SSA records noted that the SSA Appeals Council denied Claimant's disability claim on [redacted] (see Exhibit 36). The Appeals Council denial occurred over 4 months after the first date [redacted] that Claimant seeks Medicaid. The overlap between the Appeals Council denial and Medicaid application is strongly suggestive that the SSA denial relied on the same information that was the basis for Claimant's Medicaid application. In such circumstances, it is highly appropriate to deny Medicaid benefits based on a SSA denial. In the present case, Claimant presented some evidence dated after the SSA denial. Thus, SSA did not find Claimant to be non-disabled on the precise evidence presented at the Medicaid hearing. Based on the newly presented evidence, the SSA decision is found not to be binding and the analysis will proceed to evaluate Claimant's allegation of disability.

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 (7/2012), p. 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 CRF 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. "Current" work activity is interpreted to include all time since

the date of application. The 2013 monthly income limit considered SGA for non-blind individuals is $1,040.

Claimant credibly denied performing any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Based on the presented evidence, it is found that Claimant is not performing SGA and has not performed SGA since the date of MA application. 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 a summary of the relevant submitted medical documentation.

Hospital documents (Exhibits 19-21) dated [redacted] were presented. It was noted that Claimant presented with complaints of back pain, ongoing for three years. It was noted that Claimant claimed the pain radiated to his right leg. It was noted that Claimant tried pain medication and chiropractic adjustments but without symptom relief. It was noted that Claimant's strength was 5/5 in each extremity. Claimant's gait was noted as favoring the right. Neurological deficits were noted. A diagnosis of lumbar radiculopathy was noted.

An x-ray report (Exhibits 22-23) of Claimant's lumbar dated [redacted] was presented. An impression of no significant osseous findings was noted. Atherosclerotic calcification to the abdominal aorta was noted.

An x-ray report (Exhibit 24) of Claimant's thoracic spine dated [redacted] was presented. An impression of no acute fracture was noted. Mild anterior wedging of the mid-thoracic vertebra was noted.

Orthopedic clinic documents (Exhibits 17-18) dated [redacted] were presented. It was noted that Claimant presented with complaints of back pain, ongoing for over three years. It was noted that an MRI from 2009 discovered degenerative disc disease in Claimant's lumbar. It was noted that Claimant reported pain when sitting for too long. It was noted that Claimant reported an ability to only walk 50-80 feet due to back pain. A positive straight-leg raising test was noted on the right. Right hip weakness of 4/5 was noted. Right ankle reflex was noted to be absent. It was noted that x-rays revealed maintained alignment. It was noted that x-rays revealed early degenerative changes of the thoracic spine. An MRI of the lumbar was noted as planned.

Orthopedic clinic documents (Exhibits 15-16) dated [redacted] were presented. It was noted that Claimant presented for follow-up of back pain. It was noted that Claimant reported that past epidural injections were unsuccessful in diminishing Claimant's pain. It was noted that Claimant was considered for surgery but a discogram would have to be first performed. Prescriptions for Valium and Norco were noted.

Orthopedic clinic documents (Exhibits 13-14; 30-31) dated [redacted] were presented. It was noted that a lumbar MRI verified degenerative disc disease and disc bulges at L4-L5 and L5-S1. Bilateral foraminal stenosis was also noted. It was noted that an EMG did not reveal evidence of radiculopathy or plexopathy in Claimant's legs. It was noted that Claimant's insurance denied payment for a discogram. It was noted that Claimant could not pursue further treatment due to a lack of insurance.

A Medical Examination Report (Exhibits 27-29) dated [redacted] from Claimant's treating physician was presented. The physician noted an approximate three month history of treating Claimant. The physician provided diagnoses of DDD at L4-L5 and L5-S1 and bulging discs. Claimant's physician opined that Claimant could not lift or carry any amount of weight. Claimant's physician did not address Claimant's ability to sit. It was noted that Claimant could stand/or walk less than 2 hours in an 8-hour workday. An

impression was given that Claimant's condition was deteriorating. It was noted that Claimant required assistance with dressing, personal care, hygiene, cooking and cleaning.

A Disability Determination Explanation (Exhibits 35-45) dated [redacted] was presented. An MRI report dated [redacted] was referenced. SSA noted that the MRI report cited mild disk protrusions with no canal stenosis. Early osteophytic changes were noted in Claimant's hip.

Two documents (Exhibits 4-5) verifying prescription issuances were presented. The documents verified that a physician prescribed Duloxetine and Trazodone to Claimant on [redacted].

A hospital encounter, radiology and treating physician document verified that Claimant suffers degenerative disc disease of the spine. The medical evidence was sufficient to presume that Claimant has ambulation and lifting restrictions. It was also established that Claimant's restrictions lasted at least since 4/2013.

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 deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

Claimant's most prominent impairment appears to be back pain. Spinal disorders are covered by 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.

Presented radiology failed to verify any nerve root compromise. Without nerve root compromise, Claimant cannot meet the listing for 1.04.

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 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 testified that he performed employment as a carpenter/laborer for a ten year period. Claimant testified that he is unable to perform the lifting, standing and ambulation necessary to perform his past employment. Claimant's testimony was consistent with the presented evidence. It is found that Claimant cannot perform his past relevant employment and the analysis may proceed to step five.

In the fifth 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).

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform sedentary employment. For sedentary employment, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Social Security Rule 83-10.

Claimant testified that he is limited to sitting for 5 minute periods. Claimant testified that he is limited to walking up to 20 feet. Claimant testified that he requires help putting on shoes and socks and that he sometimes requires help in bathing. Claimant testified that he always uses a cane. Claimant's testimony was consistent with an inability to perform any type of employment.

Claimant's physician provided information which was consistent with Claimant's testimony. Restricting Claimant to less than 2 hours of walking per 8 hour workday, noting a deteriorating condition and citing that Claimant needs help with household chores are each consistent with an inability to perform sedentary employment.

Treating source opinions cannot be discounted unless the Administrative Law Judge provides good reasons for discounting the opinion. *Rogers v. Commissioner,* 486 F. 3d 234 (6th Cir. 2007)*; Bowen v Commissioner.* Claimant's physician's statements concerning Claimant would have been more persuasive if presented radiology reports were consistent with the physician's statements.

Claimant failed to present MRI reports of his lumbar. SSA documents referencing an MRI report dated 2/2012 noted *mild* protrusions and *early* osteophytic changes. Mild protrusions and early osteophytic changes are indicative of persons capable of performing sedentary employment. Subsequent radiology, X-rays from 6/2013, did not verify any notable deterioration in Claimant's condition. Descriptions of mild anterior wedging and atherosclerotic calcification verified abnormalities, but not to the point of verifying that Claimant is incapable of performing sit-down employment. This is consistent with Claimant's physician who summarized the radiology as verifying "early" degenerative changes.

Claimant's physician noted that Claimant suffered degenerative disc disease (DDD). Claimant's physician also noted stenosis in Claimant's spine. A diagnosis for DDD and stenosis is evidence of abnormality likely to cause back pain. A DDD diagnosis and stenosis are not, by themselves, so debilitating that it can be presumed that a person with those conditions cannot perform any type of employment. Claimant's physician also noted slight hip weakness and abnormal gait, but again, these findings are not strongly suggestive of finding that Claimant cannot perform the walking, standing and lifting required of sedentary employment. The lack of direct evidence of sitting restrictions is also suggestive that Claimant is capable of performing sedentary employment. Based

on the presented evidence, it is found that Claimant is capable of performing sedentary employment.

Based on Claimant's exertional work level (sedentary), age (younger individual aged 45-49), education (limited but able to communicate in English), 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.

As discussed during the hearing, as of [redacted], Claimant may qualify for expanded medical coverage through DHS. Claimant is encouraged to reapply for MA benefits at his earliest convenience.

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 (1/2013), p. 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 (1/2012), p. 1.

A person is disabled for SDA purposes if he/she:

- 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).

Id.

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 applies equally for Claimant's SDA benefit application. It is found that Claimant is not a disabled individual for purposes of SDA eligibility and 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 Claimant's MA and SDA benefit application dated

[redacted] based on a determination that Claimant is not disabled. The actions taken by DHS are **AFFIRMED**.

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

Date Signed: 4/16/2014

Date Mailed: 4/16/2014

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:
Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

CG/hw

cc: