

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

IN THE MATTER OF:



Reg. No.: 2014-6380
Issue No(s): 2009, 4009
Case No.: [REDACTED]
Hearing Date: February 27, 2014
County: Alpena-Alcona County DHS

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on February 27, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], the Claimant, [REDACTED], Certified Peer Support Specialist with Bay View Drop-In Center, and [REDACTED], caregiver and friend. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Family Independence Specialist.

During the hearing, Claimant waived the time period for the issuance of this decision, in order to allow for the submission of additional medical evidence. The evidence was received, reviewed, and forwarded to the State Hearing Review Team ("SHRT") for consideration. The SHRT found Claimant not disabled. This matter is now before the undersigned for a final determination.

ISSUE

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) and State Disability Assistance (SDA) benefit programs?

FINDINGS OF FACT

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

1. Claimant had been receiving Medicaid since August 2008 under the Low Income Family (MA-LIF) program due to being the primary caretaker for her son.
2. When Claimant's son turned age 19, Claimant was no longer eligible for MA-LIF.
3. Claimant case was then reviewed for disability related Medicaid (MA-P) and SDA based on her claim of disability.

4. On August 21, 2013, the Medical Review Team (MRT) found Claimant not disabled.
5. On October 3, 2013, the Department notified Claimant of the MRT determination.
6. On October 14, 2013, the Department received Claimant's timely written request for hearing.
7. On December 19, 2013, and April 4, 2014, the State Hearing Review Team (SHRT) found Claimant not disabled.
8. Claimant alleged multiple physical disabling impairments including fibromyalgia, obstructive sleep apnea, asthma, back pain, migraines, drop attacks, and inflammatory joint disease.
9. Claimant alleged mental disabling impairments of closed head injury from a car accident, bipolar disorder, personality disorder, PTSD and anxiety.
10. At the time of hearing, Claimant was 46 years old with a [REDACTED], birth date; was 5'5" in height; and weighed 200 pounds.
11. Claimant has a high school education, business school completing a certificate program, and history of work at McDonalds.
12. Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based

on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

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(a). 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 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 416.913. 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). 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.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

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 (i.e. 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 an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found.

20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Claimant is not involved in substantial gainful activity. Therefore, Claimant is not ineligible for disability benefits under Step 1.

The severity of the Claimant's alleged impairment(s) is considered under Step 2. The Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples 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.

Id.

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). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 *citing Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). 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 the present case, Claimant alleges disability due to fibromyalgia, obstructive sleep apnea, asthma, back pain, migraines, drop attacks, inflammatory joint disease, closed head injury from a car accident, bipolar disorder, personality disorder, PTSD and anxiety. While some older medical records were also submitted, the focus of this analysis is on the more recent medical evidence.

A June 6, 2012 MRI cervical spine report documented degenerative disc disease of a diffuse nature, protrusions centrally at C4/5, C5/6, a disc extrusion at C6/7 with effacement of anterior and posterior epidural space and mild flattening of the cord, and right sided disc extrusion at T3/4.

In August 2010, Claimant underwent cervical spinal fusion.

January 2012 records from Community Mental Health (CMH) document treatment for bipolar II disorder, chronic PTSD, and dependent personality traits. The documented GAFs from 32-39 indicate major impairment in several areas of functioning.

On January 26, 2012, Claimant was evaluated by a rheumatologist. Claimant's pain level was 8 of 10. Diagnoses included fibromyalgia syndrome, cervical spondylosis, lumbosacral spondylosis, polyarthralgia, sleep apnea syndrome, and bipolar disorder.

A January 30, 2012 x-ray of Claimant's hands documented mild degenerative changes.

February 2012 CMH records document GAFs from 39-41, indicating some serious symptoms of impairments in functioning to major impairment in several areas of functioning. A February 2, 2012 functional disability scale indicated marked limitations with: interpersonal functioning; concentration, task performance and pace; and adaption to change.

February 2012 CMH records document GAFs from 35-45, indicating some serious symptoms of impairments in functioning to major impairment in several areas of functioning.

On March 23, 2012, Claimant underwent laparoscopic removal of her gallbladder.

April and May 2012 CMH records document GAFs from 35-40, indicating some serious symptoms of impairments in functioning to major impairment in several areas of functioning. A May 25, 2012 functional disability scale indicated marked limitations with: activities of daily living, concentration, task performance and pace; and adaption to change.

On June 21, 2012, Claimant was seen by the rheumatologist, whose assessment included diagnoses of inflammatory polyarthritis, fibromyalgia syndrome, cervical spondylosis, lumbosacral spondylosis, sleep apnea syndrome, bipolar disorder, hypothyroidism and asthma. More than 11 tender points were noted.

June through October 2012 CMH records document GAFs from 34-43, indicating some serious symptoms of impairments in functioning to major impairment in several areas of

functioning. An October 15, 2012 functional disability scale indicated marked limitations with: interpersonal functioning and adaption to change as well as extreme limitations with accessing natural supports.

On June 19, 2012, a DHS-54E Medical Needs-JET form was completed by Claimant's doctor indicating Claimant could not lift even less than 10 pounds and she could not tolerate any of the standing, walking or sitting ranges listed.

On July 27, 2012, Claimant underwent nova sure ablation.

On September 12, 2012, Claimant was seen in the ER for acute esophagitis.

Claimant was hospitalized December 3, 2012 through December 5, 2012. Diagnoses included major depressive disorder, PTSD by history, poly-substance abuse, and borderline personality disorder. The records indicate two prior suicide attempts. GAF at admission was 20 and at discharge was 58.

A December 18, 2012 Psychiatric Service Report documented diagnoses of bipolar I disorder with psychosis, dependent personality disorder with cluster B traits and a GAF of 42.

February and March 2013 CMH records document GAFs from 34-43, indicating some serious symptoms of impairments in functioning to major impairment in several areas of functioning.

On March 5, 2013, Claimant was seen by a pain specialist. The doctor indicated Claimant has myofascial pain, has trialed nearly all of the mainstays of therapy without success, possibly a prescription non-steroidal anti-inflammatory could be prescribed by her primary care physician and he would recommend repeat physical therapy.

On April 9, 2013, Claimant underwent initial evaluation/examination for rehabilitation services for back pain. In part the functional measures indicate Claimant had some difficulties with bed mobility and transfers.

On April 29, 2013, Claimant's psychiatrist completed a DHS-49D Psychiatric/Psychological Examination Report listing diagnoses of bipolar I disorder with psychosis, PTSD chronic, dependent personality with cluster traits, a current Global Assessment of Functioning (GAF) of 38 and GAF of 40 last year.

On May 2, 2013, Claimant's family practice doctor completed a DHS-49 Medical Examination Report listing diagnoses of fibromyalgia, anxiety, back pain, and asthma. The doctor indicated Claimant's condition is deteriorating but did not address physical or mental limitations. Submitted treatment records document assessments of many diagnoses, including lumbago, fibromyalgia, hypothyroidism, external hemorrhoids, upper back pain, segmental dysfunction of thoracic region, chronic pain, shortness of breath, osteoarthritis, anxiety disorder of unknown etiology, esophageal reflux, cholelithiasis, and sciatic neuritis.

On June 19, 2013 Claimant was discharged from physical therapy due to insurance coverage it was noted that her goals had not been met. Difficulties of varying severity were still documented with functional activities and measures.

An August 19, 2013 polysomnogram report indicated sleep-disordered breathing has resolved.

On September 12, 2013, Claimant was seen in the ER for acute on chronic myofascial pain and anxiety.

On January 29, 2014, Claimant's psychiatrist completed a DHS-49D Psychiatric/Psychological Examination Report listing diagnoses of bipolar II disorder severe, PTSD chronic, dependent personality, a current Global Assessment of Functioning (GAF) of 38 and GAF of 40 last year. Claimant's psychiatrist also completed a DHS-49E Mental Residual Functional Capacity Assessment documenting moderate limitations with 8 areas and marked limitations in the remaining 12 areas.

Updated rheumatologist records were submitted, with assessments including diagnoses of cervicalgia, unspecified joint disorder of multiple sites, other inflammatory spondylopathies, myalgia and myositis unspecified, and backache unspecified. In part, on October 18, 2013, Claimant's gait was sluggish and she appeared very stiff, cervical spine range of motion was considerably decreased, and multiple trigger points for fibromyalgia were tender. On December 13, 2013, there was tenderness and swelling in all the metacarpophalangeal joints of both hands, multiple other joints were tender, range of motion at thoracolumbar spine was reduced, and multiple trigger points for fibromyalgia were tender. On January 24, 2014 there was swelling and tenderness in multiple joints.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Claimant has presented medical evidence establishing that she does have some limitations on the ability to perform basic work activities. The medical evidence has established that the Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, the Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The evidence confirms diagnosis and treatment of multiple mental and physical impairments, including: bipolar disorder, chronic PTSD, dependent personality, depression, anxiety, fibromyalgia, cervical degenerative disc disease post spinal fusion, cervical spondylosis, lumbrosacral spondylosis, inflammatory polyarthritis, hypothyroidism, myofascial pain, back pain, and asthma.

Listings 1.00 Musculoskeletal System, 3.00 Respiratory System, and 12.00 Mental Disorders were considered based on the objective medical evidence. However, the

medical evidence was not sufficient to meet the intent and severity requirements of these or any other listing, or its equivalent. Accordingly, the Claimant cannot be found disabled, or not disabled, at Step 3; therefore, the Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a).

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. 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 (exertional requirements, i.e. sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty to function 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.*

The evidence confirms diagnosis and treatment of diagnosis and treatment of multiple mental and physical impairments, including: bipolar disorder, chronic PTSD, dependent personality, depression, anxiety, fibromyalgia, cervical degenerative disc disease post spinal fusion, cervical spondylosis, lumbrosacral spondylosis, inflammatory polyarthritis, hypothyroidism, myofascial pain, back pain, and asthma. The objective medical evidence supports the limitations Claimant described. The CMH records document GAF scores, consistently between 34 and 45 indicating some serious symptoms of impairments in functioning to major impairment in several areas of functioning. Functional disability scales indicated some variation of limitations with: interpersonal functioning; concentration, task performance and pace; adaption to change; and accessing natural supports. The January 29, 2014, DHS-49E Mental Residual Functional Capacity Assessment documenting moderate limitations with 8 areas and marked limitations in the remaining 12 areas. The records from the treating doctors also documented chronic pain from multiple physical impairments. A trial of physical therapy ended before goals could be met due to insurance coverage ending with documented persisting difficulties with functional activities and measures. Lastly, the records from the rheumatologist indicated tenderness, swelling and/or stiffness of multiple joints including both hands, reduced spinal range of motion, and on one visit gait abnormality. After review of the entire record it is found, at this point, that Claimant does not maintain the residual functional capacity to perform even unskilled, sedentary work as defined by 20 CFR 416.967(a).

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 he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). 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).

Claimant's has history of working at McDonalds as a cook and previously as a manager. In light of the entire record and Claimant's RFC (see above), it is found that Claimant is not be able to perform her past relevant work. Accordingly, the Claimant cannot be found disabled, or not disabled, at Step 4; therefore, the Claimant's eligibility is considered under Step 5. 20 CFR 416.905(a).

In Step 5, an assessment of Claimant's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of hearing, Claimant was 46 years old and, thus, considered to be a younger individual for MA-P purposes. Claimant has a high school education, business school completing a certificate program, and history of work at McDonalds. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Claimant to the Department to present proof that the Claimant has the residual capacity to substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). 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).

The evidence confirms diagnosis and treatment of diagnosis and treatment of multiple mental and physical impairments, including: bipolar disorder, chronic PTSD, dependent personality, depression, anxiety, fibromyalgia, cervical degenerative disc disease post spinal fusion, cervical spondylosis, lumbrosacral spondylosis, inflammatory polyarthritis, hypothyroidism, myofascial pain, back pain, and asthma. As noted above, the objective medical evidence supports the limitations Claimant described. After review of the entire record it is found, at this point, that Claimant does not maintain the residual functional capacity to perform even unskilled, sedentary work as defined by 20 CFR 416.967(a).

After review of the entire record, and in consideration of the Claimant's age, education, work experience, and RFC, Claimant is found disabled at Step 5.

The SDA program, which provides financial assistance for disabled persons, was established by 2004 PA 344. DHS administers the SDA program pursuant to MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. Department policies are found in BAM, BEM, and RFT. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal SSI disability standards for at least ninety days. Receipt of SSI or RSDI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness (MA-P) automatically qualifies an individual as disabled for purposes of the SDA program.

In this case, the Claimant is also found disabled for purposes SDA benefits as the objective medical evidence also establishes a physical or mental impairment that met the federal SSI disability standard with the shortened duration of 90 days. In light of the foregoing, it is found that Claimant's impairments did preclude work at the above stated level for at least 90 days.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant disabled for purposes of the MA and SDA benefit programs.

DECISION AND ORDER

Accordingly, the Department's determination is **REVERSED**.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. The Department shall initiate processing of Claimant's case for MA-P, retroactive MA-P and SDA as of June 1, 2013, to determine if all other non-medical criteria are met pursuant to Department policy.
2. The Department shall notify Claimant and the Authorized Hearing Representative (if applicable) of the determination in accordance with Department policy.
3. The Department shall supplement for lost benefits (if any) that Claimant was entitled to receive if otherwise eligible and qualified in accordance with Department policy.
4. The Department shall review Claimant's continued eligibility in August 2015 in accordance with Department policy.



Colleen Lack
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: July 9, 2014

Date Mailed: July 9, 2014

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

CL/hj

cc:

