

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-011287
Issue No.: 4009
Case No.: [REDACTED]
Hearing Date: October 30, 2014
County: Ingham

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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 October 30, 2014, from Lansing, Michigan. Claimant personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator [REDACTED].

During the hearing, Claimant submitted additional medical evidence for consideration. This matter is now before the undersigned for a final decision.

ISSUE

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

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 March 31, 2014, Claimant applied for SDA.
- (2) On June 19, 2014, the Medical Review Team (MRT) denied Claimant's SDA application.
- (3) On June 21, 2014, the Department sent Claimant notice that her application was denied.
- (4) On September 5, 2014, Claimant filed a hearing request to contest the Department's negative action.
- (5) Claimant has a history of neuropathy, hepatitis C, fibromyalgia, diabetes, retinopathy, hypertension, back pain, pyelonephritis, migraines, anemia, blood transfusions, carpal tunnel syndrome, cirrhosis, and diabetes.
- (6) Claimant is a 53 year old man born on [REDACTED]

- (7) Claimant is 5'1" tall and weighs 131 lbs.
- (8) Claimant has a high school education.
- (9) Claimant last worked in July, 2013.
- (10) Claimant was appealing the denial of Social Security disability at the time of the hearing.

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 State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and Mich Admin Code, Rules 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Current legislative amendments to the Act delineate eligibility criteria as implemented by department policy set forth in program manuals. 2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

Sec. 604 (1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:

(b) A person with a physical or mental impairment which meets federal SSI disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

Specifically, this Act provides minimal cash assistance to individuals with some type of severe, temporary disability which prevents him or her from engaging in substantial gainful work activity for at least ninety (90) days.

"Disability" is:

. . . 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. [SDA = 90 day duration].

[As Judge] We are responsible for making the determination or decision about whether you meet the statutory definition of disability. In so doing, we review all of the medical findings and other evidence that support a medical source's statement that you are disabled. 20 CFR 416.927(e).

A Hepatitis C Medical Source Statement was completed by a certified nurse practitioner and signed off by the supervising physician. According to the statement, Claimant has had hepatitis C since 2004. She has chronic fatigue, right upper quadrant pain, muscle and joint aches, difficulty concentrating, weakness, neuropathy, hot/cold spells, loss of appetite, confusion, sleep disturbance and weight loss. Her impairments are expected to last more than 12 months, and depression, anxiety and other psychological factors affecting her physical condition contribute to her symptoms and functional limitations. As a result of her impairments, Claimant can walk three blocks, sit for 20 minutes, and stand for 15 minutes. During an 8-hour working day, Claimant is able to sit, stand or walk less than 2 hours. The nurse practitioner opined Claimant is not capable of working 40 hours per week.

Claimant's treating physician completed a Medical Examination Report on behalf of the Department on [REDACTED]. Claimant is diagnosed with diabetes II, chronic hepatitis C, chronic body pain and neuropathy in her hands and lower extremities. The physician indicated her pain level was 10/10 in her hands and back, and that she has tingling in her feet and hands. The physician noted she is unable to meet her own needs in the home and she requires assistance with housekeeping, meal preparation, and grocery shopping. The physician opined that Claimant is also limited in sustained concentration. Because Claimant's treating physician's opinion is well supported by medically acceptable clinical and laboratory diagnostic techniques, it has controlling weight. 20 CFR 404.1527(d)(2).

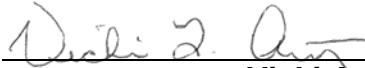
The credible testimony and medical records submitted at hearing verify Claimant was legally disabled for ninety (90) days. As such, the Department's denial of SDA pursuant to Claimant's March 31, 2014, SDA application cannot be upheld.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department erred in determining that Claimant was not disabled by SDA eligibility standards.

Accordingly, the Department's decision is **REVERSED**, and this case is returned to the local office to determine whether Claimant met all the other financial and non-financial eligibility factors necessary to qualify for SDA.

It is SO ORDERED.



Vicki Armstrong
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: **11/12/2014**

Date Mailed: **11/12/2014**

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NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, 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 48909-8139

cc:

