

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

**IN THE MATTER OF:**

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Reg. No.: 14-001562  
Issue No.: 2009; 4009  
Case No.: ██████████  
Hearing Date: AUGUST 20, 2014  
County: Wayne-District 76

**ADMINISTRATIVE LAW JUDGE: Alice C. Elkin**

**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 August 20, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant, and ██████████, Claimant's mother. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, Eligibility Specialist.

During the hearing, Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional records. The Department was ordered to obtain medical records from the doctor Claimant identified on the record as his treating physician. After a second interim order was issued, the Department submitted a DHS-49, Medical Examination Report, completed by Claimant's doctor. The record closed on November 8, 2014, and the matter is now before the undersigned for a final determination.

**ISSUE**

Did the Department properly determine that Claimant was not disabled for purposes of the Medical Assistance (MA-P) 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. On March 4, 2014, Claimant submitted an application for public assistance seeking MA-P and SDA benefits.

2. On April 11, 2014, the Medical Review Team (MRT) found Claimant not disabled.
3. On April 16, 2014, the Department sent Claimant a Notice of Case Action denying the application based on MRT's finding of no disability.
4. On April 25, 2014, the Department received Claimant's timely written request for hearing.
5. On June 27, 2014, the State Hearing Review Team (SHRT) found Claimant not disabled.
6. Claimant alleged physical disabling impairment due to lower back pain and high blood pressure.
7. Claimant alleged mental disabling impairments due to anxiety and memory loss.
8. On the date of the hearing, Claimant was [REDACTED] years old with an [REDACTED], birth date; he was [REDACTED] in height and weighed about [REDACTED] pounds.
9. Claimant is a high school graduate and received certification from truck driving school.
10. Claimant has an employment history of work as construction laborer and automotive assembly worker and inspector.
11. Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

### **CONCLUSIONS OF LAW**

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 is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

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

MA-P and SDA benefits are available to disabled individuals. BEM 105 (January 2014), p. 1; BEM 260 (July 2013); BEM 261 (July 2013), p. 1. In order to receive MA-P benefits based upon disability, Claimant must be disabled as defined in Title XVI of the Social Security Act (SSA). 20 CFR 416.901. Under the SSA, disability for MA-P purposes 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). A person who meets this standard for at least ninety days is eligible for SDA. BEM 261 (July 2013), p. 2.

To determine whether an individual is disabled for SSI purposes, the trier of fact must apply a five-step sequential evaluation process and consider the following:

- (1) whether the individual is engaged in substantial gainful activity (SGA);
- (2) whether the individual's impairment is severe;
- (3) whether the impairment and its duration meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404;
- (4) whether the individual has the residual functional capacity to perform past relevant work; and
- (5) whether the individual has the residual functional capacity and vocational factors (based on age, education and work experience) to adjust to other work. 20 CFR 416.920(a)(1) and (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).

In general, the individual has the responsibility 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, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 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, are insufficient to establish disability. 20 CFR 416.927(d).

### **Step One**

As outlined above, the first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is SGA, then the individual must be considered as not disabled, regardless of medical condition, age, education, or work experience.

20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Claimant has not engaged in SGA activity during the period for which assistance might be available. Therefore, Claimant is not ineligible under Step 1 and the analysis continues to Step 2.

### **Step Two**

Under Step 2, the severity of an individual's alleged impairment(s) is considered. If the individual does not have a severe medically determinable physical or mental impairment that meets the duration requirement, or a combination of impairments that is severe and meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for MA-P means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 12 months. 20 CFR 416.922. The duration requirement for SDA means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 90 days. 20 CFR 416.922; BEM 261, p. 2.

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 (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b).

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. While the Step 2 severity requirement may be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint, under the *de minimus* standard applied at Step 2, an impairment is severe unless it is only a slight abnormality that minimally affects work ability regardless of age, education and experience. *Higgs v Bowen*, 880 F2d 860, 862-863 (CA 6, 1988), citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985).

In the present case, Claimant alleges physical disabling impairment due to lower back pain and high blood pressure and mental disabling impairment due to memory loss and anxiety. The medical evidence presented at the hearing was reviewed and is summarized below.

On October 17, 2013, Claimant's right thumb was injured and an x-ray showed minimally displaced transverse fracture of the distal phalanx of the thumb (Exhibit 1, p.

17). The December 3, 2013 consultative physical examination report noted that Claimant did not have any current major complaints concerning his thumb (Exhibit 1, p. 21).

On December 3, 2013, Claimant received a physical and mental evaluation at the request of the Social Security Administration. The adult mental status evaluation report that revealed that Claimant alleged memory loss and anxiety attacks. Based on the evaluation, the consulting psychologist concluded that Claimant was able to acquire and use information; attend to task presented during the examination session; interact appropriately with the examination and examiner during the examination; care for self; ask questions; follow simple directions; and understand, retain and follow simple instruction. However, Claimant was generally restricted to performing simple, routine, repetitive, concrete, tangible tasks and would need a public guardian to manage his benefit funds. The psychologist diagnosed Claimant with adjustment disorder and concluded that his global assessment functioning (GAF) score was 70. (Exhibit 1, pp. 30-33.)

In the December 3, 2013 physical examination, the consulting doctor found that Claimant's range of motion in the C-spine and thoracolumbar spine was full and no spasms were felt on palpation of the muscles. Full range of motion was also noted in the hips, knees and ankles. Straight leg raises were negative bilaterally at 40 degrees in the supine position. Muscle power was 5/5 in all extremities. The doctor noted that Claimant did not use a cane, his gait was steady, and he did not need any assistance to get off the examination table and chair. No limp was noted. The doctor concluded that Claimant could sit, stand and walk for eight hours a day, bend and lift 20-30 pounds without difficulty, and climb at least one flight without difficulty. (Exhibit 1, pp. 21-27.)

A January 23, 2014 x-ray of multiple views of Claimant's lumbosacral spine showed no evidence of acute osseous injury or dislocation deformity. The radiologist who reviewed the x-ray concluded that vertebral body heights and intervertebral disc spaces were well-maintained. (Exhibit 1, p. 28.)

On October 14, 2014, Claimant's treating physician completed a DHS-49, Medical Examination Report, indicating that she had examined Claimant on two occasions. The doctor noted that Claimant had a history of neck and back pain and been diagnosed with cervicgia and lumbago. The report showed that Claimant's physical examination of all areas was normal. The doctor did not identify Claimant as having any mental or physical limitations and concluded that he could meet his needs in the home and did not need an ambulatory device. Included with the doctor's report were results from a September 16, 2014 lumbar spine x-ray showing minimal degenerative changes and a cervical x-ray showing minimal grade 1 anterolisthesis of C6 on C7 (which could be artifactual due to Claimant's positioning, noting that Claimant was slightly rotated). A March 13, 2011 CT of the cervical spine showed no acute fracture or subluxation of the cervical spine and degenerative facet joint arthropathy at multiple levels.

The foregoing medical evidence failed to provide any support for Claimant's complaints of high blood pressure. Therefore, Claimant has failed to establish a severe impairment with respect to that condition. However, in consideration of the de minimus standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Claimant suffers from severe impairments with respect to his back pain and his mental condition that have lasted or are expected to last for a continuous period of not less than 12 months. Therefore, Claimant has satisfied the requirements under Step 2 with respect to those conditions, and the analysis will proceed to Step 3.

### **Step Three**

Step 3 of the sequential analysis of a disability claim requires a determination if the individual'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 an individual's impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

The evidence shows diagnosis of, and treatment for, lower back pain and Claimant has alleged mental disabling impairments due to anxiety and memory loss. Based on the objective medical evidence of lower back pain, Listing 1.00 (musculoskeletal system), particularly Listing 1.04 (disorders of the spine) was reviewed. Claimant's medical record does not establish a functional loss or a compromise of a nerve root necessary to support a listing for disorders of the spine under 1.04.

With respect to Claimant's allegations of memory loss and anxiety and the diagnosis of adjustment disorder by the consulting psychologist in the December 3, 2013 adult mental examination report, Listing 12.00 (mental disorders), particularly 12.06 (anxiety-related disorders) and 12.08 (personality disorder) were reviewed. Based on his exam, the psychologist concluded that Claimant was able to acquire and use information; attend to task presented during the examination session; interact appropriately with the examination and examiner during the examination; care for self; ask questions; follow simple directions; and understand, retain and follow simple instruction. However, Claimant was generally restricted to performing simple, routine, repetitive, concrete, tangible tasks and would need a public guardian to manage his benefit funds. The psychologist his global assessment functioning (GAF) score was 70. (Exhibit 1, pp. 30-33.) Claimant's treating physician concluded that Claimant had no mental limitations. The evidence presented was insufficient to establish that Claimant's mental impairments met, or medically equaled, any of the 12.00 listings.

Accordingly, the evidence does **not** show that Claimant's mental or physical impairments meet or equal the required level of severity of a listing to be considered as disabling without further consideration. The disability analysis therefore proceeds to Step 4.

### **Residual Functional Capacity**

If an individual's impairment does not meet or equal a listed impairment under Step 3, before proceeding to Step 4, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. Impairments, and any related symptoms, may cause physical and mental limitations that affect what a person can do in a work setting. 20 CFR 416.945(a)(1). RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s) and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4). The total limiting effects of all impairments, including those that are not severe, are considered. 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicants 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).

Limitations can be exertional, non-exertional, or a combination of both. 20 CFR 416.969a. If the limitations and restrictions imposed by the individual's impairment(s) and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b). To determine the exertional requirements, or physical demands, of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a).

#### Sedentary work.

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

#### Light work.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. 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. If someone can do light work, . . . he or she can also do sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time.

Medium work.

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, . . . he or she can also do sedentary and light work.

Heavy work.

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

Very heavy work.

Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. If someone can do very heavy work, . . . he or she can also do heavy, medium, light, and sedentary work. 20 CFR 416.967.

If an individual has limitations or restrictions that affect the ability to meet demands of jobs **other than** strength, or exertional, demands, the individual is considered to have only non-exertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions 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).

In this case, Claimant alleges both exertional and non-exertional limitations due to his medical conditions. Claimant testified that, because of his back pain, he could walk only a ½ mile before he would need to rest; his ability to sit depended on the type of chair he had; he could not stand more than 30 minutes; he tried to avoid stairs but he would take them if necessary; he could bend and squat but could only pull himself up if he grabbed onto something; and he could lift no more than 20 pounds, and, depending on the day, less than that. He also indicated that he had problems with tingling in his hands and fingers. Claimant testified that he lived with his girlfriend and, because he was unable to stand for long periods of time, she did most of the chores in the home. He was able to bathe himself, though his girlfriend helped to wash his back and he used the towel rack to pull himself up; and he dressed himself although he sometimes needed help with buttoning his shirt, zipping his pants or putting on socks and shoes.

The medical evidence does not support Claimant's alleged limitations due to his back pain. In the December 3, 2013 physical examination report, the consulting doctor found that Claimant's range of motion in the C-spine and thoracolumbar spine was full and no spasms were felt on palpation of the muscles; full range of motion was also noted in the hips, knees and ankles; straight leg raises were negative bilaterally at 40 degrees in the supine position; and muscle power was 5/5 in all extremities. The doctor noted that Claimant did not use a cane, his gait was steady, and he did not need any assistance to get off the examination table and chair. No limp was noted. The doctor concluded that Claimant could sit, stand and walk for eight hours a day, bend and lift 20-30 pounds



without difficulty, and climb at least one flight without difficulty. (Exhibit 1, pp. 21-27.) The DHS-49 Claimant's treating physician completed on October 14, 2014 showed that Claimant's physical examination of all areas was normal. The doctor did not identify any physical limitations and concluded that he could meet his needs in the home. Included with the doctor's report were results from a September 16, 2014 lumbar spine x-ray showed minimal degenerative changes and a cervical x-ray showing minimal grade 1 anterolisthesis of C6 on C7 (that were identified as possibly artifactual due to Claimant's positioning, noting that Claimant was slightly rotated). A January 23, 2014 x-ray of multiple views of Claimant's lumbosacral spine showed no evidence of acute osseous injury or dislocation deformity, and the radiologist who reviewed the x-ray concluded that vertebral body heights and intervertebral disc spaces were well-maintained (Exhibit 1, p. 28).

With respect to Claimant's exertional limitations, a review of the entire record, and finding that Claimant's testimony concerning his limitations is not supported by the medical evidence, it is found that Claimant maintains the physical capacity to perform medium work as defined by 20 CFR 416.967(c).

Claimant also alleges mental impairments. For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). In addition, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining an individual's degree of mental functional limitation. 20 CFR 416.920a(c)(3). The degree of limitation for the first three functional areas is rated by a five point scale: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). A four point scale (none, one or two, three, four or more) is used to rate the degree of limitation in the fourth functional area. *Id.* The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. *Id.*

At the hearing, with respect to his mental condition, Claimant testified that he did not like being around people; he had issues remembering things; he had three to four crying spells a week for the two weeks preceding the hearing; he was depressed; and he was taking medication for his condition. However, in contrast to this testimony, he also testified that he got together with friends and family, particularly his grandchildren, as often as possible.

Claimant's treating physician identified no mental limitations in the October 14, 2014 DHS-49. In the December 3, 2013 adult mental status evaluation, the consulting psychologist concluded that Claimant was able to acquire and use information; attend to task presented during the examination session; interact appropriately with the examination and examiner during the examination; care for self; ask questions; follow simple directions; and understand, retain and follow simple instruction. However,

Claimant was generally restricted to performing simple, routine, repetitive, concrete, tangible tasks and would need a public guardian to manage his benefit funds. Claimant had a GAF score of 70. (Exhibit 1, pp. 30-33.)

With respect to Claimant's mental impairments, based on the evidence presented, Claimant has, at most, mild limitations on his mental ability to engage in basic work activities.

Claimant's physical and mental RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

#### **Step Four**

Step 4 in analyzing a disability claim requires an assessment of Claimant's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). 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). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920. Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy are **not** considered. 20 CFR 416.960(b)(3).

As determined in the RFC analysis above, Claimant is capable of medium work activities and has mild limitations in his mental capacity to perform basic work activities. Claimant's work history in the 15 years prior to the application consists of work as a construction laborer; an assembly line inspector, and assembly line worker. Claimant testified that each of these former positions involved regularly lifting between 20 and 50 pounds daily and standing most of the day. As such, they are most accurately classified as involving heavy work. In light of the entire record and Claimant's RFC, particularly his physical limitations, it is found that Claimant is unable to perform past relevant work. Accordingly, Claimant cannot be found disabled, or not disabled, at Step 4 and the assessment continues to Step 5.

#### **Step 5**

In Step 5, an assessment of Claimant's RFC 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). Disability is found if an individual is unable to adjust to other work; if the individual can adjust to other work, then there is no disability. 20 CFR 416.920(g).

At this point in the analysis, the burden shifts from Claimant to the Department to present proof that Claimant has the RFC to obtain and maintain 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).

In cases such as Claimant's, where a person has a combination of exertional and non-exertional limitations or restrictions, the rules pertaining to the strength limitations found in the Medical-Vocational Guidelines found at 20 CFR Subpart P, Appendix 2, provide a framework to guide the disability determination but do not direct a conclusion as to disability **unless** the guidelines show that the individual is disabled based upon strength limitations. 20 CFR 416.969a(d).

In this case, Claimant maintains the RFC for work activities on a regular and continuing basis to meet the physical required to perform medium work as defined in 20 CFR 416.967(c) and has mild limitations on his mental ability to perform basic work activities. At the time of hearing, Claimant was [REDACTED] years old and, thus, considered to be an advanced age (age 55-59) individual for MA-P purposes. Claimant is a high school graduate who engaged in unskilled work. The Medical-Vocational Guidelines do not lead to a conclusion that Claimant is disabled. See Rule 203.14. Furthermore, the mild limitations resulting from Claimant's mental condition do not preclude him from being able to adjust to other work, particularly work that involves simple, routine, repetitive, concrete, tangible tasks. Accordingly, Claimant is found **not** disabled at Step 5.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law finds Claimant **not** disabled for purposes of the MA-P and SDA benefit programs.

Accordingly, It is ORDERED that the Department's determination is AFFIRMED.



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**Alice C. Elkin** Error! No document variable supplied.  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **11/25/2014**

Date Mailed: **11/25/2014**

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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 48909-07322

CC:

[REDACTED]