

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-001840  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: August 27, 2014  
County: WAYNE-17

**ADMINISTRATIVE LAW JUDGE: Lynn Ferris**

**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 three way telephone hearing was held on August 27, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant and the Claimant's Authorized Hearing Representative (AHR), [REDACTED] of L&S Associates. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Assistance Payments Worker.

**ISSUE**

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) and/or 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 September 26, 2013 the Claimant's AHR submitted an application for public assistance seeking MA-P with retro MA-P to June 2013.
2. On February 5, 2014 the Medical Review Team ("MRT") found the Claimant not disabled for MA-P.
3. The Department notified the Claimant and Claimant's AHR of the MRT determination on April 21, 2014.
4. On April 29, 2014, the Department received the Claimant's AHR's written request for hearing.

5. On June 16, 2014, the State Hearing Review Team ("SHRT") found the Claimant not disabled. (Exhibit 2)
6. An Interim Order was issued August 28, 2014 requesting the Claimant's AHR to obtain a mental residual functional capacity assessment from the Claimant's treating psychiatric doctor. The Claimant's mental health facility doctor did not provide the assessment report.
7. The Claimant alleges physical disabling impairments due to post status surgery for right wrist fracture, forearm and tibia due to a motorcycle accident on June 16, 2012, and hip and knee pain. The Claimant also alleges hypertension.
8. The Claimant alleges mental disabling impairments due to bipolar disorder.
9. At the time of hearing, the Claimant was 33 years old with a [REDACTED] birth date. Claimant is 5' 8" in height; and weighed 215 pounds.
10. The Claimant completed high school and 59 credits at community college, and completed school for optical dispensary training to shape lenses. The Claimant worked as a security guard and at fast food outlets.

### **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 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). 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 (e.g., 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 to 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 impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from Step 3 to Step 4. 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 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 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 and, therefore, 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 916.920(a)(4)(ii); 20 CFR 916.920(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 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(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 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).

An Interim Order was issued on August 28, 2014 requesting the Claimant's AHR to obtain and DHS 49 E which was unavailable.

The Claimant alleges physical disabling impairments post status surgery for right wrist fracture, forearm and tibia due to a motorcycle accident on June 16, 2012. The Claimant also alleges hypertension.

The Claimant alleges mental disabling impairments due to bipolar disorder.

A summary of the Claimant's medical evidence follows.

On May 1, 2014, the Claimant was seen by his therapist who noted Claimant presented with positive attitude clean and neat appearance, cooperative and oriented times 4, clear speech, logical and coherent thoughts. Appropriate euthymic mood, intact memory and average ability to think abstractly, fair judgment, decent insight and denies suicidal ideation. Claimant reported he was enraged prior evening and almost went to jail because of his intense emotion. The report notes that he reported that he broke a table, chair and screen door.

On April 3, 2014, the Claimant was evaluated by his current mental health care provider and therapist who has a Masters in Social Work. The diagnosis at that time was bipolar disorder with a GAF score of 50. The report noted that the Claimant intended to enroll in school in Fall 2014. The report notes Claimant reports playing video games and going out several times a week. The evaluation was made primarily based upon notes taken in the diagnostic summary and reports panic attacks, anxiety in crowds, paranoia and hypervigilance. The Claimant reports a very bad temper and zero-tolerance for ignorance. Further Claimant reports blackouts due to anger and does not remember anything until someone is pulling him off another person. No mental residual functional capacity assessment was provided.

The Claimant was also seen the same date by his psychiatrist who evaluated the Claimant's mental status as unremarkable, insight was fair, judgment was fair and the Claimant was fully oriented. The exam also noted narcissistic personality disorder (rule out). The GAF score of 50 was confirmed. Outpatient services were continued. The report notes Claimant gained custody of his 2 children.

On December 30, 2013, Mental health care provider notes that member has been unreachable for 2 months. Claimant had been without a phone. A health assessment was also performed by his mental health care provider which noted the Claimant reported decreased appetite for three weeks. Reported pain of 5-6 in shoulder and right forearm. Going to restart pain management clinic as has insurance.

The Claimant's AHR provided case management progress notes for the period through July 8, 2014. These notes were not prepared by a therapist but a case manager. Overall, they indicate that the Claimant is moving forward despite his mental impairment.

On January 6, 2014, the Claimant was seen in the emergency room for the drainage of an abscess of the left hip and released. On March 5, 2014, the Claimant was seen at the emergency room for chest pain. X-rays of the chest and head were normal.

On March 15, 2014, the Claimant was admitted to the hospital for kidney stone and was released after the stones were broken down by in-hospital treatment. On March 18, 2014, the Claimant returned and a retained kidney stone was found the diagnosis was right ureter secondary to small stone fragments at ureterovisical junction. The Claimant underwent another procedure to shatter the kidney stone. The stone was resolved and a ureteral stent was placed.

On February 11, 2013, the Claimant was reevaluated by his Doctor due to his motorcycle injuries. The impression was healed right distal radius fracture with psychosomatic nerve dysfunction. Right anterior ACL tear with medial meniscus tear. At the time, the Claimant had continuing replacement services. The Claimant was referred to a pain management specialist for chronic pain control.

The Claimant had an MRI of his knee which did not show any signs of meniscal tear, ACL PCL or posterolateral corner injury. This review was done in September 2012.

The Claimant was seen on December 10, 2012, by his then treating doctor regarding an evaluation of his right wrist and knee after a motorcycle accident on June 16, 2012 where he injured himself. The then treating Doctor notes that the Claimant was doing well and that he has gotten the majority of his motion back in his hands. The evaluation notes the Claimant still has some numbness and tingling over the dorsal aspect of the fingers at the knuckles when he flexes them. Shooting pains up his thumb was also noted. An x-ray exam of the wrist revealed healed distal radial shaft fracture with intact hardware. Impression was right wrist pain, status post healed distal radial shaft fracture and continued right knee pain. At that time, the plan was to wait regarding the right knee when he had insurance. This doctor also referred the Claimant to a pain management doctor for evaluation for right knee and bilateral shoulder, left shoulder.

The Claimant was seen on October 8, 2012, and the examiner noted ability to extend wrist and thumb but unable to flex finger. The impression was status post open reduction and internal fixation of right distal radius and status post open tibial shaft fracture and internal derangement of right knee. The Claimant was to continue with physical therapy. The Claimant was previously evaluated for an upper extremity proximal brachial plexopathy and no nerve damage was found. The Claimant was prescribed physical therapy for right upper extremity on October 8, 2012 for 4 weeks, three times weekly. The Claimant was set up for a neuropsychology evaluation and a

right knee scope. No records regarding the neuro psych evaluation or right knee scope were provided.

In August 2012, the Claimant's doctor ordered a right knee brace due to right proximal fibular fracture. An x-ray showed interval healing of right radial shaft and distal radius fracture. The Claimant was wearing a brace for his range of motion for the right wrist. On July 6, 2012, the Claimant was seen for follow up. EMG results showed a brachial plexopathy status post brachial plexus injury. The impression was right wrist status post open reduction and internal fixation with brachial plexus injury and right knee with proximal fibular head fracture without displacement with edema around the posterolateral corner.

On July 9, 2012, an MRI of the right knee was reference. The doctor's review of the MRI noted at least a partial tear and stretching of ACL and a deep MCL tear. The Claimant was placed in a hinge brace on right knee

On June 19, 2012, the Claimant underwent an open reduction and internal fixation of right greater than 3 part intrarticular distal radius fracture. An open reduction and internal fixation of right radial shaft fracture and open right carpal tunnel release and irrigation and debridement of open fracture right tibia with non-operative and non-manipulative fracture care management of right tibial shaft.

An MRI of upper extremity joint was performed and noted to be unremarkable regarding the right brachial plexus. The clinical data noted paresis of the right fingers, ulnar nerve injury.

An MRI dated July 5, 2012 notes fracture involving proximal fibular head without displacement. Significant edema within adjacent posterior lateral tibia without discrete fracture line identified. CT of the knee and proximal tib-fib recommended.

The Claimant was seen for a consultative neurological exam regarding his EMG studies and his clinical examination regarding the median ulnar and radial nerves which are all intact. An apparent deficit within the median nerve distribution from his distal radial fracture cannot be explained based upon his physical exam and neurologic diagnostic studies. The examiner noted that this may be an element of conversion disorder. The plan was to be seen by another consultative Doctor for conversion disorder, work with the hand therapist to work on wrist and fingers and palm range of motion and no further brachial plexus follow-up was required.

The Claimant was seen October 2, 2012 for follow-up regarding his conversion disorder. The Claimant was returning after his EMG turned out to be completely normal at that time the Claimant was prescribed physical therapy for 12 weeks using biofeedback, functional electrical stimulation and manual muscular reeducation to essentially relearn movement of the right upper extremity (Thompson's protocol). The diagnosis was posttraumatic right shoulder pain, status post right distal radius and conversion disorder.

As previously noted, the Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, the Claimant has presented objective medical evidence establishing that he does have some physical limitations on his ability to perform basic work activities. Accordingly, 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 Claimant alleges disabling impairments due post status surgery for right wrist fracture, forearm and tibia due to a motorcycle accident on June 16, 2012. The Claimant also alleges hypertension. As regards these issues listing 1.02 Major dysfunction of a joint due to any cause was reviewed in light of the Claimant's medical evidence and was found not met as the Claimant was able to ambulate effectively and the condition of his shoulder and wrist did not establish that Claimant had an inability to perform fine and gross movements. Listing 12.04 (3) Affective Disorders (Bipolar) was also examined in light of the Claimant's bipolar disorder diagnosis, however the severity of the Claimant's current mental status does not support a finding that the listing is met.

12.04 provides and requires: Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes);

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence, or pace; or
4. Repeated episodes of decompensation, each of extended duration;

OR

C. Medically documented history of a chronic affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

The medical evidence did not support a finding that the Claimant had marked difficulties based upon the psychiatric treatment records.

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 are 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.

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 additional 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, e.g., 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 to the demands of past relevant work must be made. *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 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 (e.g., 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 Claimant's prior work history consists of employment performing working in a fast food restaurant, and as a security guard and home health care. The jobs required him to be on his feet for a majority of the day. In light of the Claimant's testimony and records, and in consideration of the Occupational Code, the Claimant's prior work is classified as unskilled light work.

The Claimant testified that he is able to stand about 15 minutes due to painful right knee, and sit about 30 minutes before experiencing back and shoulder pain. The Claimant estimated he could walk about 40 to 50 feet and could not squat. The Claimant can shower and dress himself but needs assistance with shirts. The Claimant complained of pain in his left shoulder due to cartilage damage and right knee problems. The Claimant thought he could carry a gallon of milk with both hands. During

the day, the Claimant plays with his kids' video games. At the time of the hearing, the Claimant's level of pain was between four and six without pain medications. The Claimant can cook simple meals and when grocery shopping uses the in-store scooter. The Claimant's treating doctor did not complete a DHS 49. When last seen in February 2013 by his treating doctor and reevaluated by his doctor, the impression was healed right distal radius fracture with psychosomatic nerve dysfunction. Right interior ACL tear with medial medius tear. At the time, the Claimant had continuing replacement services. The Claimant was referred to a pain management specialist for chronic pain control. No other updated medical evidence was available. The objective medical evidence places the Claimant at sedentary work activity.

If the impairment or combination of impairments does not limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In consideration of the Claimant's testimony, medical records, and current limitations, it is found that the Claimant is not able to return to past relevant work; due in large part to the standing on his feet much of the day. Thus, the fifth step in the sequential analysis is required.

In Step 5, an assessment of the individual'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). The Claimant is now 33 years old and, thus, is considered to be an individual of younger age for MA purposes. The Claimant completed high school, and two years or 59 credits of community college. 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).

In consideration of the foregoing and in light of the limitations, it is found that the Claimant retains the residual functional capacity for work activities on a regular and continuing basis to meet at the physical and mental demands required to perform sedentary work as defined in 20 CFR 416.967(a). After review of the entire record and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.27 it is found that the Claimant is not disabled for purposes of the MA-P program at Step 5. The Claimant should apply for My Healthy Michigan if he has not already done so to assist him with obtaining medical treatment.

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 not disabled for purposes of the MA-P and/or SDA benefit program.

**DECISION AND ORDER**

Accordingly, the Department's determination is AFFIRMED.



**Lynn Ferris**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 10/15/2014  
Date Mailed: 10/15/2014

LMF / tm

**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:

