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

IN THE MATTER OF:

[redacted]

Reg. No.: 14-015909
Issue No.: 2009
Case No.: [redacted]
Hearing Date: February 12, 2015
County: Macomb-District 20 (Warren)

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, an in-person hearing was held on February 12, 2015, from Warren, Michigan. Participants on behalf of Claimant included Claimant, who participated by telephone, and [redacted], hearing representative with [redacted], Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (Department) included [redacted], Hearing Facilitator.

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 records were received and the record closed on March 13, 2015. This 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) 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 December 11, 2013, Claimant submitted an application for public assistance seeking MA-P benefits, with request for retroactive coverage to November 1, 2013.

2. On February 18, 2014, the Medical Review Team (MRT) found Claimant not disabled.

3. On March 19, 2014, the Department sent Claimant a Notice of Case Action denying the application based on MRT's finding of no disability.

4. On June 16, 2014, the Department received the AHR's timely written request for hearing.

5. Claimant alleged physical disabling impairment due to the human immunodeficiency virus (HIV), pericardial effusion, shortness of breath, chest pain and depression.

6. At the time of hearing, Claimant was [redacted] years old with an [redacted], birth date; he was [redacted]" in height and weighed [redacted] pounds.

7. Claimant attended but did not graduate from high school. He can read and write.

8. Claimant has an employment history of work as a sales associate in a retail clothing establishment and medical technician at an adult group home charged with distributing medication to residents.

9. 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.

MA-P benefits are available to disabled individuals. BEM 105 (January 2014), p. 1; BEM 260 (July 2014), pp. 1-4. Disability for MA-P purposes is defined as the inability to do any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). To meet this standard, a client must satisfy the requirements for eligibility for Supplemental Security Income (SSI) receipt under Title XVI of the Social Security Act. 20 CFR 416.901.

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 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 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).

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 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.

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). 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); see also *Salmi v Sec of Health and Human Services,* 774 F2d 685, 692 (CA 6, 1985). Basic work activities means the abilities and aptitudes necessary to do most jobs, including (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. A disability claim obviously lacking in medical merit may be dismissed. *Higgs v Bowen,* 880 F2d 860, 862 (CA 6, 1988). The severity requirement may 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). However, 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* at 862. A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, are not medically severe, i.e., do not have more than a minimal effect on the person's physical or mental ability(ies) to perform basic work activities. Social Security Ruling (SSR) 85-28. If such a finding is not clearly established by medical evidence, however, adjudication must continue through the sequential evaluation process. *Id.* If an adjudicator is unable to determine clearly the effect of an impairment or combination of impairments on the individual's ability to do basic work activities, the sequential evaluation process should not end with Step 2; rather, it should continue. *Id.*; SSR 96-3p.

In the present case, Claimant alleges physical disabling impairment due to HIV, pericardial effusion, shortness of breath and chest pain and mental disabling impairment due to depression. The medical evidence presented at the hearing, and in response to the interim order, was reviewed and is summarized below.

Claimant was diagnosed with HIV in May 2013. He was also diagnosed with, and treated for, syphilis in May 2013. (Exhibit B, pp. 32-33, 167.) In July 2013, Claimant was advised to follow up with the infectious disease doctor regarding his HIV (Exhibit B, p. 32.) An April 6, 2013 abdominal ultrasound identified multiple splenic hypoechoic fool. An April 8, 2013 2D echocardiogram showed mild pulmonary hypertension and moderate pericardial effusion with no tamponade. A May 7, 2013 CT scan of the head concluded that an acute/subacute stroke could not be ruled out. A May 8, 2013 CT scan of the chest, abdomen and pelvis showed some problematic lymph nodes which might be related to Claimant's HIV diagnosis. (Exhibit B, pp. 5, 15-18, 105-106.)

From November 2013 to November 27, 2013, Claimant was hospitalized for acute bronchitis after he arrived complaining of a week-long history of increasing weakness, fatigue, right flank pain, low-grade fever, persistent cough with nausea and vomiting, and headaches. It was noted on November 11, 2013 that Claimant's last CD4 count was 304. A November 21, 2013 chest scan showed a few scattered patchy opacities bilaterally; stable lymphadenopathy in the chest and upper abdomen, possibly relating to Claimant's HIV; and stable small to moderate size pericardial effusion. Claimant's head and brain CT scan showed atypical infection in sinuses. His blood work showed anemia consistent with beta thalassemia minor pattern. Because the pericardial effusion, possibly secondary to HIV, was hemodynamically stable, it was determined that his primary issue, the infection and pneumonia, would be treated at the time. Claimant was placed on steroids and prescribed Rocephin and his condition improved. He was released with instruction to follow up with the HIV clinic for further management for HIV. (Exhibit B, pp 19-21; 22-84, 85-100, 101-104, 105-115, 115-146.)

On December 14, 2013, Claimant returned to the hospital with a fever, coughing, fatigue, rash and hypotension. He was hospitalized from December 14, 2013 to December 17, 2013. His pericardial effusion continued to appear stable, with a December 14, 2013 2D echocardiogram showing a large pericardial effusion, with no evidence of cardiac tamponade, and a visually estimated ejection fraction of 75%. A December 14, 2013 upper abdomen ultrasound showed cholelithiasis, without evidence of cholecystitis, and splenomegaly. An ECG showed sinus tachycardia but could not rule out inferior infarct, age undetermined. The admitting doctor initially concluded that Claimant likely had pneumonia with early sepsis further compromised by his pericardial effusion. However, after a consultation with infectious disease, it was determined that Claimant had an allergic drug reaction to antibiotics prescribed by his primary care physician. His oral antibiotics for bronchitis were changed and Claimant was discharged. (Exhibit B, pp. 5-18, 147-148, 149-193, 194-216, 217, 220-223, 224-227, 228-247.)

Claimant began seeing his infectious disease doctor in December 2013. At that time, the doctor initiated HAART treatment but, because of his concern regarding Claimant's compliance, put him on a regimen of once daily Tivicay, Edurant, and Prezisla. His CD4 count on December 18, 2013 was 313. (Exhibit B, p. 3.)

On January 10, 2014, Claimant's infectious disease doctor completed a DHS-49, medical examination report. The doctor identified Claimant's current diagnoses as HIV, pericardial effusion, anemia, thrush, and recurrent fevers. The doctor noted in his physical examination that Claimant had a normal gait, had no overt neurological deficits, and his mood appeared normal and he was oriented to time, place and person. The doctor limited Claimant's ability to lift (he could frequently lift 10 pounds, occasionally lift 20 or 25 pounds, and never lift 50 or more pounds) but noted that these limitations were not expected to last more than 90 days. The doctor indicated that Claimant could sit about 6 hours in an 8-hour workday and could use his hands and arms and legs and feet for repetitive actions. The doctor noted that Claimant's anemia and pericardial effusion, which was of uncertain cause, lead to Claimant being easily fatigued and experiencing shortness of breath. (Exhibit B, pp. 12-13.)

On February 6, 2014, Claimant's pericardial effusion was evaluated by a cardiologist. The history noted that Claimant recently started on HAART and felt dramatically better, and because of persistent fevers without clear etiology, he had been hospitalized several times at [redacted] and several echocardiograms showed at least moderate to large sized pericardial effusion, but no signs of tamponade. A pericardiocentesis to remove pericardial fluid was scheduled. (Exhibit 1, pp. 4-6).

The pericardiocentesis was performed on February 18, 2014. Following the procedure, there was a small residual pericardial effusion without echocardiographic evidence of tamponade. In April 2014, the cardiologist who evaluated Claimant on February 6, 2014 completed a DHS-49, medical examination report, identifying Claimant's condition as pericardial effusion, with status post-pericardiocentesis. The doctor indicated that Claimant could never lift any weight and could never use his hands or arms for repetitive motions. He also indicated that the limitation was not expected to last more than 90 days. (Exhibit 2, pp. 1-6.)

On February 17, 2015, Claimant's infectious disease doctor completed a DHS-49, physical examination report, identifying Claimant's diagnoses as HIV, beta-thalassemia, and muscle and joint pain. The doctor noted that Claimant had a normal gait and no joint warmth, swelling or redness. He also noted that Claimant was oriented, with no signs of depression or anxiety. He identified Claimant's CD4 count as 728 and his RNA as less than 20 as of October 16, 2014. The doctor did not identify any physical limitations, noting that "HIV is not contributing to joint/muscle complaints." (Exhibit 3.)

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 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, and the analysis will proceed to Step 3.

Step Three

Step 3 of the sequential analysis of a disability claim requires a determination as to whether 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.

Based on the objective medical evidence of HIV, pericardial effusion and shortness of breath, and depression Listings 4.00 (cardiovascular system); 14.00 (immune system disorders), particularly 14.08 (HIV infection); and 12.04 (affective disorders) were considered.

The medical evidence presented does **not** show that Claimant's impairments meet or equal the required level of severity of any of the above-referenced listings to be considered as disabling without further consideration. Because Claimant's impairments are insufficient to meet, or to equal, the severity of a listing, Claimant is not disabled under Step 3 and the analysis continues 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, nonexertional, 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.
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> 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 nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of nonexertional 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 testified that he had both exertional and nonexertional limitations as a consequence of his impairments.

With respect to his exertional limitations due to his impairments, Claimant testified at the hearing that he could walk about a half mile before he experienced shortness of breath and had to stop; he could sit for up to an hour and then would need to lie down because of fatigue; he could lift five to 10 pounds but it was painful; he could not bend or squat; he could stand for up to an hour on a good day but not more than 10 minutes on a bad day. His condition did not affect his ability to grip or grasp items or to take stairs. With respect to his daily living activities, he testified that he lived with his mother; he could take care of his personal hygiene and dressing himself; others cooked, cleaned and laundered for him and he did not think he could do these things himself; he could not shop because he could not carry the bags; he could drive short distances; and he avoided social interaction because of his condition.

Claimant's medical record indicated that Claimant was diagnosed with HIV in May 2013. While he was referred to treatment with an infectious disease doctor at the time, he did not pursue treatment until December 2013. At that time, he began HAART treatment and according to the cardiologist's notes, Claimant was feeling significantly better as of February 2014. In the DHS-49 Claimant's infectious disease doctor completed on February 17, 2015, the doctor noted that Claimant's CD4 count as of October 16, 2014 was 728 (Exhibit 3). The doctor also noted that, while Claimant complained of joint and muscle pain, his HIV was not contributing to these complaints. Claimant's medical record shows a hospitalization in November 2013 due to sinus infection and pneumonia and a subsequent December 2013 hospitalization due to an allergic reaction to antibiotics. A large pericardial effusion was noted during both hospitalizations and a pericardiocentesis was performed on February 18, 2014. After the procedure, there was a small residual pericardial effusion without echocardiographic evidence of tamponade. Claimant's cardiologist completed a DHS-49 shortly after the procedure in April 2014 indicating that Claimant could not lift any weight or use his hands or arms for any repetitive actions; however, the cardiologist indicated that these limitations were not expected to last more than 90 days.

In light of the evidence that Claimant's HIV is not contributing to any ongoing physical limitations and that any limitations due to his pericardial effusion were of limited duration (less than 90 days), and in consideration of the limited medical evidence supporting Claimant's testimony concerning his physical limitations, Claimant has the physical RFC to perform, at a minimum, sedentary work as defined by 20 CFR 416.967(a).

With respect to his nonexertional limitations, Claimant testified that he was depressed about his condition and that he had crying spells about every two or three weeks. However, there was no medical evidence presented showing that Claimant had any nonexertional limitations due to a mental inability to perform basic work activities. To the contrary, Claimant's physical examination during his November 20, 2013 hospital admission was negative for depression. Claimant's infectious disease doctor indicated

in the DHS-49 he completed on February 17, 2015 that he performed a physical examination and Claimant showed no depression or anxiety and that Claimant had no mental limitations (Exhibit 3). Claimant's cardiologist also indicated that Claimant had no mental limitations although he also noted that he was not Claimant's primary care physician (Exhibit 2). Based on the evidence presented, including Claimant's testimony, Claimant's mental RFC shows mild to no mental limitations on his ability to perform basic work activities due to his mental condition.

Claimant's 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 SGA 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, at a minimum, of sedentary work activities and has mild to no 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 sales associate in a retail clothing establishment, a position that required lifting up to 40 pounds daily and standing most of the day (light, unskilled), and medical technician at an adult group home charged with distributing medication to residents, a position that required standing a majority of the day but no significant lifting (light, unskilled). In light of the entire record and Claimant's RFC, 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). If the individual can adjust to other work, then there is no disability. Disability is found if an individual is unable to adjust to other work. *Id.*

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 SGA. 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).

When the impairment(s) and related symptoms, such as pain, only affect the ability to perform the exertional aspects of work-related activities, Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, 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). When a person has a combination of exertional and nonexertional limitations or restrictions, the rules pertaining to the strength limitations provide a framework to guide the disability determination **unless** there is a rule that directs a conclusion that the individual is disabled based upon strength limitations. 20 CFR 416.969a(d).

In this case, at the time of hearing, Claimant was ■ years old and, thus, considered to be a younger individual (age 18-44) for purposes of Appendix 2. He attended but did not graduate from high school. He has history of unskilled work, and, based on his work experience, no transferrable skills. As discussed above, Claimant maintains the RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities. The Medical-Vocational Guidelines result in a finding that, based on Claimant's exertional limitations, Claimant is **not** disabled. 201.24. Claimant's nonexertional limitations resulting in mild to no restrictions in his mental ability to perform basic work activities would not preclude him from being able to perform basic work activities. After review of the entire record, including Claimant's testimony, and in consideration of Claimant's age, education, work experience, physical as well as mental RFC, Claimant is found **not** disabled at Step 5 for purposes of MA-P benefit program.

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 benefit program.

DECISION AND ORDER

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

Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **3/25/2015**

Date Mailed: **3/25/2015**

ACE / tlf

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: [redacted]