

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

IN THE MATTER OF:

██████████
██████████████████
██████████
██████████████████

Reg. No.: 15-012887
Issue No.: 4009
Case No.: ██████████
Hearing Date: September 2, 2015
County: Wayne (17)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on September 2, 2015, from Detroit, Michigan. Participants included the above-named Claimant. ██████████, Claimant's son, testified on behalf of Claimant. Participants on behalf of the Michigan Department of Health and Human Services (MDHHS) included ██████████, medical contact worker.

ISSUE

The issue is whether MDHHS properly denied Claimant's State Disability Assistance (SDA) eligibility for the reason that Claimant is not a disabled individual.

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 6, 2014, Claimant applied for SDA benefits.
2. Claimant's only basis for SDA benefits was as a disabled individual.
3. On July 26, 2015, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 31-33).
4. On June 30, 2015, MDHHS denied Claimant's application for SDA benefits and mailed a Notice of Case Action informing Claimant of the denial.
5. On July 8, 2015, Claimant requested a hearing disputing the denial of SDA benefits.

6. As of the date of the administrative hearing, Claimant was a 49-year-old female with a height of 5'5" and weight of 190 pounds.
7. Claimant has not earned substantial gainful activity since before the first month of benefits sought.
8. Claimant's highest education year completed was the 12th grade.
9. Claimant has a history of semi-skilled employment, with no known transferrable job skills.
10. Claimant alleged disability based on restrictions related to back pain, anxiety, depression, thyroid problems, and seizures.

CONCLUSIONS OF LAW

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. MDHHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. MDHHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Prior to a substantive analysis of Claimant's hearing request, it should be noted that Claimant noted a need for special arrangements in order to participate in the hearing. Claimant wrote that she had depression and anxiety. During the hearing, Claimant was asked if she required any special arrangement or accommodation for hearing participation. Claimant responded she required no special arrangements and the hearing was conducted accordingly.

It should also be noted that Claimant's hearing request noted a dispute concerning Family Independence Program (FIP) benefits. FIP is a cash assistance program for pregnant women and caretakers to minor children. Claimant testified that she seeks cash assistance based on disability and conceded that FIP eligibility is not in dispute.

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 (January 2013), p. 4. The goal of the SDA program is to provide financial assistance to meet a disabled person's basic personal and shelter needs. *Id.* To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 (January 2012), p. 1. A person is disabled for SDA purposes if he/she:

- receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- resides in a qualified Special Living Arrangement facility, or
- is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or

- is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).
Id.

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for SDA eligibility without undergoing a medical review process (see BAM 815) which determines whether Claimant is a disabled individual. *Id.*, p. 3.

Generally, state agencies such as MDHHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally 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. SDA differs from federal programs in that only a 90 day period is required to establish disability.

SGA means a person does the following: performs significant duties, does them for a reasonable length of time, and does a job normally done for pay or profit. *Id.*, p. 9. Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute SGA. *Id.*

The person claiming a physical or mental disability has the burden 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 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).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The 2015 monthly income limit considered SGA for non-blind individuals is \$1,090.

Claimant credibly denied performing any employment since the date of the SDA application; no evidence was submitted to contradict Claimant's testimony. Based on

the presented evidence, it is found that Claimant is not performing SGA and the disability analysis may proceed to Step 2.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the durational requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id.*

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or
- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6th Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1st Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirements are intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1st Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with a summary of presented medical documentation.

Two pages of a Medical Examination Report (Exhibits 4-5) were presented; a signature page was not submitted. The form was undated but was likely completed in December 2014 (based on a submission date of December 30, 2014). A 3-year history of treating Claimant was noted; presumably, the form was completed by Claimant's primary care

physician. Claimant's physician listed diagnoses of reported anxiety, panic attacks, seizures, depression, and chronic pain. Current medications included Xanax, Motrin, Zoloft, and Remeron; the statement was consistent with a pharmacy list of medications (Exhibit 14). Claimant's weight was noted to be 167 pounds. Physical examination findings noted a flat affect, lumbar tenderness, and that Claimant was positive for seizures. An impression was given that Claimant's condition was stable. It was noted that Claimant's limitation(s) was expected to last 90 days.

A mental status examination report (Exhibits 25-28) dated April 10, 2015, was presented. The report was noted as completed by a consultative licensed psychologist. Claimant reported daily anxiety attacks, unresolved by current medications. Claimant also reported poor sleep, sadness, and uncontrolled shakes. Claimant reported no history of psychiatric hospitalization or outpatient treatment. A history of past alcohol abuse was indicated. Claimant reported wanting to get better on multiple occasions. Noted observations of Claimant included adequate contact with reality, no evidence of overt thought disorder, and goal-directed stream of mental activity. An Axis I diagnosis of adjustment disorder (with mixed anxiety and depressed mood) was noted. A GAF of 51 was noted. A fair prognosis was indicated.

An internal medicine examination report (Exhibits 17-24) dated April 10, 2015, was presented. The report was noted as completed by a consultative physician. Claimant reported a history of thyroid disease, seizures, back pain, and depression. Claimant reported having a seizure 3 weeks earlier but did not go to the hospital. Claimant reported her psychiatrist treats her for depression and anxiety. Claimant reported that her medications have caused her to gain an unspecified amount of weight. Claimant reported persistent back pain though she admitted never pursuing medical treatment. Tandem walk, toe walk, and heel walk were noted as slowly performed. A reduced range of motion in Claimant's hip forward flexion was noted (50°- normal 100°). It was noted that Claimant was able to perform all 23 listed work-related activities which included sitting, standing, lifting, carrying, stooping, bending, and reaching; no restrictions were provided.

Behavioral health agency documents (Exhibits A1-A3) dated August 27, 2013, were presented. It was noted that Claimant was receiving ongoing treatment for generalized anxiety disorder and major depressive disorder (recurrent and moderate). Active medications included Alprazolam, Buspirone, Duloxetine, Ferrous Sulfate, Levetiracetam, Mirtazapine, and Omeprazole.

Claimant testified she was last hospitalized in August 2014. Claimant testified that she received 2 pints of blood during the hospitalization. Corresponding documents were not presented. The hospitalization will not be factored in the analysis due to the absence of evidence.

Claimant alleged a severe impairment, in part, based on seizures. Claimant and her son testified that Claimant last had a seizure on July 4, 2015. Claimant testified that her son

drove her to the hospital but she would not go inside because she did not believe it would help. Claimant testified that she is tired of hospitals and needles.

Claimant testified her seizures are caused by an unspecified brain abnormality. Claimant testified when she has a seizure, it comes suddenly. Claimant estimated she had two seizures this year. Claimant testified that she went to her neurologist who increased her dosage of Keppra (750 mg). Claimant's son testified his mother is becoming increasingly forgetful, possibly due to seizures. Claimant testified she is not allowed to drive due to seizures. Though Claimant lives alone, Claimant testified that she does not bathe or shower when she is by herself.

Claimant's physician listed seizures as a diagnosis and Claimant reported seizures to a consultative examiner. A prescription for Keppra did not appear to be documented though Levetiracetam was documented and it is known to treat seizures. Presented evidence was sufficient to infer some degree of impairment based on seizures.

Claimant alleged disability, in part, due to chronic back pain. The complaint was referenced by her physician in a Medical Examination Report. Claimant said she takes Motrin and other medications. Claimant testified that she is limited to 1 block of walking and 5 minutes of standing due to back pain. Claimant also testified that she can only sit for 30 minutes before back pain. Claimant testified that she spends most of her time laying on her back. Claimant testified that cleaning is difficult due to back pain. Claimant also testified that shopping is not practical because of her back pain.

Claimant's complaint of back pain was referenced in a Medical Examination Report. A restricted range in hip motion was indicated by a consultative examiner. This was some evidence of restriction and/or impairment.

Claimant testified that a CT scan was performed on her spine but "it didn't show anything." Radiology was not presented. Treatment for back pain was not presented. A prescription for pain medication was not apparent. The evidence was insufficient to establish a severe impairment concerning back pain.

Claimant alleged disability, in part, due to anxiety and depression. Claimant testified she has panic attacks every morning upon waking. Claimant testified panic attacks make her breathing difficult and cause her hands to shake. Claimant testified that medication makes her temporarily relaxed (approximately for an hour), but also tired. Claimant testified she gained 50 pounds in the last 6 months due to an unspecified medication side effect. Claimant testified she has daily functioning difficulties due to her anxiety. Claimant testified that her psychiatrist recently increased her dosage of Cymbalta. Claimant testified her psychiatrist prescribes Xanax and Buspar. Claimant thinks she began seeing psychiatrist in June 2015.

Presented records verified a low GAF score, a need for multiple psychological medications (e.g. Alprazolam, Buspirone, Duloxetine...), and multiple physician

statements of depression and/or anxiety. Claimant sufficiently established severe psychological impairments.

It is found that Claimant established significant impairment to basic work activities for a period longer than 90 days. Accordingly, it is found that Claimant established having a severe impairment and the disability analysis may proceed to Step 3.

The third step of the sequential analysis requires determining whether the Claimant's impairment, or combination of impairments, is listed in 20 CFR Part 404, Subpart P, appendix 1. 20 CFR 416.920 (a)(4)(iii). If a claimant's impairments are listed and deemed to meet the durational requirement, then the claimant is deemed disabled. If the impairment is unlisted or impairments do not meet listing level requirements, then the analysis proceeds to the next step.

Claimant alleged disability, in part, based on anxiety disorder. Anxiety disorders are covered by Listing 12.06, which reads as follows:

12.06 *Anxiety-related disorders*: In these disorders anxiety is either the predominant disturbance or it is experienced if the individual attempts to master symptoms; for example, confronting the dreaded object or situation in a phobic disorder or resisting the obsessions or compulsions in obsessive compulsive disorders.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in both A and C are satisfied.

- A. Medically documented findings of at least one of the following:
 - 1. Generalized persistent anxiety accompanied by three out of four of the following signs or symptoms:
 - a. Motor tension; or
 - b. Autonomic hyperactivity; or
 - c. Apprehensive expectation; or
 - d. Vigilance and scanning; or
 - 2. A persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity, or situation; or
 - 3. Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on the average of at least once a week; or
 - 4. Recurrent obsessions or compulsions which are a source of marked distress; or
 - 5. Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress;

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. Resulting in complete inability to function independently outside the area of one's home.

Claimant testimony suggested she is markedly restricted and/or is unable to function outside of her home. Claimant's testimony was not well-documented by presented records.

A consultative examiner stated Claimant's GAF was 51. The Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM IV) states that a GAF within the range of 51-60 is representative of someone with moderate symptoms or any moderate difficulty in social, occupational, or school functioning. Assuming a GAF of 51 is representative of Claimant's daily functioning level, it is indicative of moderate, not marked restrictions.

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's lumbar complaints. This listing was rejected due to a failure to establish a spinal disorder resulting in a compromised nerve root.

A listing for affective disorder (Listing 12.04) was considered based on diagnoses of depression. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not established that Claimant required a highly supportive living arrangement, suffered repeated episodes of decompensation or that the residual disease process resulted in a marginal adjustment so that even a slight increase in mental demands would cause decompensation.

Listings for epilepsy (Listings 11.02 and 11.03) were considered based on Claimant's report of seizures. The listings were rejected due to the general lack of treatment or testing (e.g. electroencephalogram or radiology) and absence of documented detailed descriptions of a seizure pattern.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to the fourth step.

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 it is determined that a claimant can perform past relevant work. *Id.*

Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the

position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3). 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.

Claimant last worked in 2012 as a waitress. Claimant estimated that her job lasted 2-3 months. Claimant estimated she worked “something like” 10 hours/week. Claimant testified she quit because she could not handle the accompanying anxiety and panic attacks. Claimant’s waitressing employment will be not considered in the analysis because it is improbable that Claimant’s limited hours amounted to SGA.

Claimant testified she was self-employed from approximately 2001-2006. Claimant testified that her business assisted people with completion of forms.

Due to Claimant’s various psychological problems, it is improbable that Claimant could undertake the responsibility of self-employment. It is found that Claimant cannot perform past employment and the analysis may proceed to the final step.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. 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). To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967.

Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b) Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of

arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.*

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.*

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered non-exertional. 20 CFR 416.969a(a). Examples of non-exertional limitations 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 (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.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform sedentary employment. For sedentary employment, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Social Security Rule 83-10.

Physician statements of restrictions were provided. SSR 96-2p states that if a treating source's medical opinion is well-supported and not inconsistent with the other

substantial evidence in the case record, it must be given controlling weight (i.e. it must be adopted). Treating source opinions cannot be discounted unless the Administrative Law Judge provides good reasons for discounting the opinion. *Rogers v. Commissioner*, 486 F. 3d 234 (6th Cir. 2007); *Bowen v Commissioner*.

Claimant's physician opined that Claimant was restricted as follows over an eight-hour workday, less than 2 hours of standing and/or walking, and less than 6 hours of sitting. Claimant was restricted to occasional lifting/carrying of 10 pounds or less, never 20 pounds or more. Claimant's physician opined that Claimant was restricted from performing the following repetitive actions: pushing/pulling and operating leg/foot controls. A restriction and ability to perform fine manipulating was stated; due to the contradictory statement, no weight will be given to the statement.

Claimant's physician provided no basis for the stated restrictions. The restrictions will be considered in light of other presented evidence.

Radiological evidence was not presented. Treatment records were not presented. There is no indication the physician-stated restrictions were based on functional limitation testing. It was already found that Claimant failed to establish a severe impairment related to back pain. These considerations compellingly support rejecting all physician-stated restrictions.

Some evidence of seizures was presented. Radiology was not presented. A detailed seizure history was not presented. Neurological treatment was not presented. The lack of treatment renders Claimant's testimony of recurring seizures to be insufficient to establish that seizures cannot be better controlled. Presented evidence was sufficient to infer that Claimant is unable to perform work involving heights, chemicals, driving, heavy machinery, heavy lifting, and other employment incompatible for someone with seizure problems. Claimant is deemed capable of performing most types of medium employment.

Evidence of physician-stated psychological restrictions was not presented. Presented evidence will be considered to determine if Claimant's RFC is impacted by psychological restrictions.

Presented evidence failed to address how well Claimant's depression and/or anxiety is treated by medication. This is a relevant consideration. For example, Claimant testified she tried a part-time waitressing job for several months in 2012; Claimant testified she had to quit due to anxiety. Claimant conceded she was not on medication or seeking treatment at the time. It is reasonably possible that medication would lessen Claimant's symptoms and improve Claimant's ability to sustain employment.

Claimant testified she sees a psychiatrist though no psychiatric treatment records were presented. Claimant's lack of treatment records is particularly surprising because Claimant conceded she's had MDHHS-issued health insurance since 2014. The


absence of treatment records is also perplexing when factoring that Claimant alleged anxiety and depression since 2006. Presented evidence, at most, justifies an inference that Claimant is unable to perform complex, stressful, or highly social face-to-face employment.

Claimant's combined restrictions are not likely to significantly erode Claimant's potential employment base. Examples of jobs available to Claimant would include office work (e.g. data entry, secretarial...), cashier, security guard, and telephone-related employment (e.g. telemarketing, customer service representative...).

Based on Claimant's exertional work level (medium), age (younger individual aged 45-49), education (high school), employment history (semi-skilled with no known transferrable skills), Medical-Vocational Rule 201.21 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that MDHHS properly found Claimant to be not disabled for purposes of SDA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly denied Claimant's SDA benefit application dated December 6, 2014, based on a determination that Claimant is not disabled. The actions taken by MDHHS are **AFFIRMED**.


Christian Gardocki
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human
Services

Date Signed: **9/4/2015**

Date Mailed: **9/4/2015**

GC/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 48909-8139

CC:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]