

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

IN THE MATTER OF:

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

Reg. No.: 15-006459
Issue No.: 4009
Case No.: ██████████
Hearing Date: June 22, 2015
County: Genesee-District 2

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

**ORDER AMENDING
HEARING DECISION ISSUED JULY 29, 2015**

Following Claimant's request for a hearing, a telephone hearing was held 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 on June 22, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and ██████████, Claimant's case manager at ██████████. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Hearing Facilitator.

At the conclusion of the hearing, a Hearing Decision was issued by Administrative Law Judge Alice C. Elkin and mailed on July 29, 2015. Subsequent to the issuance of the Hearing Decision, it was discovered that additional medical evidence Claimant submitted in response to an interim order extending the record had been timely received by the Michigan Administrative Hearing System (MAHS) before expiration of the due date of the order. These records had not been considered in determining Claimant's disability and eligibility for SDA. The July 29, 2015 Hearing Decision is hereby **AMENDED**.

The following is the **AMENDED** Hearing Decision:

ISSUE

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

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On April 2, 2015, Claimant submitted an application for public assistance seeking SDA benefits (Exhibit A, pp. 6-17).
2. On April 13, 2015, the Medical Review Team (MRT) found Claimant not disabled (Exhibit A, pp. 43-45).
3. On April 13, 2015, the Department sent Claimant a Notice of Case Action denying the application based on MRT's finding of no disability (Exhibit A, pp. 46-48).
4. On April 22, 2015, Claimant submitted another application for SDA benefits (Exhibit A, pp. 49-63).
5. Relying on MRT's April 13, 2015, decision and the lack of new medical evidence, on April 22, 2015, the Department sent Claimant a Notice of Case Action denying the April 22, 2015 application (Exhibit A, pp. 64-66).
6. On April 27, 2015, the Department received Claimant's timely written request for hearing (Exhibit A, pp. 4-5).
7. Claimant alleged physical disabling impairment due to chronic back pain, diabetes, arthritis, chronic obstructive pulmonary disease (COPD)/asthma, hypertension, kidney injury, and tumors on feet.
8. Claimant alleged mental disabling impairment due to depression, anxiety, bipolar disorder, and post-traumatic stress disorder (PTSD).
9. On the date of the hearing, Claimant was [REDACTED] years old with a [REDACTED], birth date; she is [REDACTED] in height and weighs about [REDACTED] pounds.
10. Claimant obtained a GED. She can read and write but cannot spell. She took special education classes in high school.
11. Claimant has an employment history of work as a nursing assistant.

CONCLUSIONS OF LAW

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

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 disabled person is eligible for SDA. BEM 261 (July 2014), p. 1. An individual automatically qualifies as disabled for purposes of the SDA program if the individual receives Supplemental Security Income (SSI) or Medical Assistance (MA-P) benefits based on disability or blindness. BEM 261, p. 2. Otherwise, to be considered disabled for SDA purposes, a person must have a physical or mental impairment for at least ninety days which meets federal SSI disability standards, meaning the person is unable to do any substantial gainful activity by reason of any medically determinable physical or mental impairment. BEM 261, pp. 1-2; 20 CFR 416.901; 20 CFR 416.905(a).

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

- (1) whether the individual is engaged in substantial gainful activity (SGA);
- (2) whether the individual's impairment is severe;
- (3) whether the impairment and its duration meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404;
- (4) whether the individual has the residual functional capacity to perform past relevant work; and
- (5) whether the individual has the residual functional capacity and vocational factors (based on age, education and work experience) to adjust to other work. 20 CFR 416.920(a)(1) and (4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need 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 SDA means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 90 days. 20 CFR 416.922; BEM 261, p. 2.

An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities mean the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples include (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b).

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

In the present case, Claimant alleges physical disabling impairment due to chronic back pain, diabetes, arthritis, COPD, asthma, hypertension, kidney injury, and tumors on feet and mental disabling impairment due to depression, anxiety, bipolar disorder, and PTSD. The medical evidence presented at the hearing, and in response to the interim order, was reviewed and is summarized below.

A March 12, 2015, MRI of Claimant's lumbar spine showed (i) left paracentral disc protrusion at T11-T12 narrowing the left lateral recess without significant impact on the cord; (ii) shallow broad-based posterior disc protrusion at L5-S1 resulting in no central canal or neural foraminal stenosis; (iii) disc bulge at L2-L3 and L4-L5 resulting in no significant central canal or neural foraminal stenosis; (iv) nonspecific lesions in the bilateral adrenal glands measuring up to 1.4 cm (Exhibit A, pp. 20-21).

On March 10, 2015, Claimant's internist since February 19, 2015, completed a physical exam report, DHS-49, listing Claimant's diagnoses as back pain, osteoarthritis, diabetes mellitus, COPD, hypertension, asthma, hyperlipidemia, depression, and status post nephrectomy. The doctor concluded that Claimant's condition was stable and identified the following physical limitations: (i) she could frequently lift and carry up to 10 pounds but never more; (ii) she could stand and/or walk less than 2 hours in an 8-hour workday; (iii) she could sit less than 6 hours in an 8-hour workday; (iv) she could use neither foot or leg to operate foot and leg controls. The doctor noted that Claimant had limitation in her social interactions due to her history of depression (Exhibit A, pp. 26-27). On July 14, 2015, the internist completed an updated DHS-49 confirming the diagnoses and limitations.

In a September 30, 2013 psychiatric evaluation, Claimant was diagnosed with post-traumatic stress disorder; major depressive disorder, recurrent, moderate; and generalized anxiety disorder. On May 11, 2015, a nurse practitioner in the mental health practice Claimant frequented completed a psychiatric/psychological examination report, DHS-49D, and a mental residual functional capacity assessment, DHS-49-E, regarding Claimant's mental impairments and how they affected her activities. Because the forms completed by the nurse practitioner are not from an acceptable medical source, they are not included in assessing Claimant's medical evidence for purposes of Step 2 but are considered in assessing her residual functional capacity for Steps 4 and 5. 20 CFR 416.913.

Notes from Claimant's office visits with her nephrologist from October 23, 2013 to May 15, 2015 were included in the medical records (Exhibit C). The records showed that Claimant had had a right nephrectomy on January 21, 2014 and was being treated for chronic kidney disease II due to her single kidney; hypertension; and nephrolithiasis. The May 15, 2015 office notes indicated Claimant had recently been diagnosed with Type 2 diabetes mellitus, blood sugars well-controlled. The records also indicate that Claimant's hypertension was well-controlled.

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 90 days. 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 if the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920(a)(4)(iii). If an individual's impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

Based on the medical evidence presented, listings 1.02 (major dysfunction of a joint), 1.04 (disorders of the spine), 3.02 (chronic pulmonary insufficiency), 3.03 (asthma), 6.05 (chronic kidney disease with impairment of kidney function), 9.00 (endocrine disorders), 12.04 (affective disorders), and 12.06 (anxiety-related disorders) were reviewed. Claimant's medical record in this case is not sufficient to support a finding that her impairments meet, or equal, the severity of any considered listing. 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 RFC takes into consideration the total limiting effects of all impairments, including those that are not severe. 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 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).

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.

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 non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e., can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi).

In this case, Claimant alleges both exertional and nonexertional limitations due to her medical condition. She testified that she has daily anxiety attacks that kept her from being able to travel beyond familiar roads, cannot concentrate and forgets things, and has continuous crying spells. She cried during the hearing. She testified she could walk a block but with pain and shortness of breath, sit for only up to one hour if she changed positions, and stand no more than 10 minutes. She lived alone but her mother assisted her with chores and she had modified her dress to include slip-on shoes.

The DHS-49 medical exam reports completed by Claimant's internist on March 10, 2015, and July 15, 2015, listed Claimant's diagnoses as back pain, osteoarthritis diabetes mellitus, COPD, hypertension, asthma, hyperlipidemia, depression, status post nephrectomy. Claimant's endocrinologist's notes indicate that Claimant's hypertension and blood sugars were well-controlled and she is being treated for stage 2 chronic kidney disease. Therefore, the medical evidence does not support any exertional limitations due to Claimant's kidney disease, hypertension, or diabetes. In the DHS-49 he completed, Claimant's internist identified the following physical limitations: (i) she could frequently lift and carry up to 10 pounds but never more; (ii) she could stand and/or walk less than 2 hours in an 8-hour workday; (iii) she could sit less than 6 hours in an 8-hour workday; (iv) she could use neither foot or leg to operate foot and leg controls. The March 12, 2015, MRI of Claimant's lumbar spine showed left paracentral disc protrusion at T11-T12 narrowing the left lateral recess without significant impact on the cord, shallow broad-based posterior disc protrusion at L5-S1 resulting in no central canal or neural foraminal stenosis, and disc bulge at L2-L3 and L4-L5 resulting in no significant central canal or neural foraminal stenosis. Based on the lifting restrictions identified by Claimant's doctor, Claimant's testimony showing that she is capable of slowly performing household chores and can walk up to a block and sit up to an hour at a time, and the limited medical evidence substantiating her the severity of her pain complaints, it is found that Claimant maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a). See SSR 96-9p.

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

Claimant was diagnosed with post-traumatic stress disorder; major depressive disorder, recurrent, moderate; and generalized anxiety disorder in a September 30, 2013 psychiatric evaluation. The nurse practitioner in the practice where Claimant received mental health services completed a DHS-49D, psychiatric/psychological examination report, noting that Claimant exhibited symptoms of anxiety, depression, agitation, crying spells, recurrence of trauma, flat affect and thoughts of self-harm and had interrupted thought process, poor memory and concentration due to overwhelming anxiety, and moderately adequate judgment. The nurse practitioner also completed a mental residual functional capacity assessment, DHS-49-E, regarding Claimant's mental impairments and how they affected her activities and concluded as follows: (i) Claimant had no, or no significant, limitations regarding her ability to remember locations and work-like procedures; understand and remember one or two-step instructions; carry out simple one or two step instructions; perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances; sustain an ordinary routine without supervision; ask simple questions or request assistance; and be aware of normal hazards and take appropriate precautions; (ii) Claimant had no significant to moderate limitations regarding her ability to accept instructions and respond appropriately to criticisms from supervisors; (iii) Claimant had moderate limitations regarding her ability to understand and remember detailed instructions; carry out detailed instructions; work in coordination with or proximity of others without being distracted by them; make simple work-related decision; get along with co-workers or peers without distracting them or exhibiting behavioral extremes; and respond appropriately to change in the work setting; (iv) Claimant had moderate to marked limitations regarding her ability to maintain attention and concentration for extended periods and set realistic goals or make plans independently of others; and (v) Claimant had marked limitations regarding her ability to complete a normal workday and worksheet without interruptions from psychologically based symptoms and perform at a consistent pace without an unreasonable number and length of rest periods; interact appropriately with the general public; maintain socially appropriate behavior and adhere to basic standards of neatness and cleanliness; and travel in unfamiliar places or use public transportation.

There are inconsistencies identified on the DHS-49E completed by the nurse practitioner, with findings that Claimant has no significant limitations in her ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances and in her ability to sustain an ordinary routine without supervision contrary to the findings that she had marked limitations in her ability to complete a normal workday and worksheet without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods. The limitations identified in the DHS-49E also appear inconsistent with the narrative findings in the DHS-49D, which suggest more significant limitations. Taking into consideration the inconsistencies in the DHS-49E and the fact that it was completed by a nurse practitioner and the testimony presented, it is found that Claimant has mild limitations on her activities of daily living; moderate limitations on her social functioning; and mild to moderate limitations on her concentration,

persistence or pace. No episodes of decompensation were identified. Based on the record presented, it is found that Claimant maintains the mental capacity to perform simple, unskilled work despite her mental impairments.

Claimant's RFC is considered at both steps four and five. 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 limited to sedentary work activities and has no substantiated limitations in her mental capacity to perform basic work activities. Claimant's work history in the 15 years prior to the application consists of work as a nursing assistant, which is heavy work. 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.

At this point in the analysis, the burden shifts from Claimant to the Department to present proof that Claimant has the RFC to obtain and maintain substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978).

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). However, 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). 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 application and at the time of hearing, Claimant was [REDACTED] years old and, thus, considered to be a younger individual (age [REDACTED]) for purposes of Appendix 2. She completed [REDACTED] grade but obtained a GED. She can read and write but cannot spell. She took special education classes in high school. Her work experience is limited to unskilled. 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. In this case, the Medical-Vocational Guidelines, 201.18, result in a finding that Claimant is not disabled based on her exertional limitations (201.18).

Claimant also has nonexertional limitations due to her mental impairments. As discussed above, she is capable of simple, unskilled work but has moderate limitations on her social functioning and mild to moderate limitations on her concentration, persistence or pace. Claimant's mental RFC does not preclude her from being able to perform the non-exertional aspects of work-related activities. Therefore, Claimant is found not disabled at Step 5.

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 SDA benefit program.

DECISION AND ORDER

Accordingly, the Department's determination is **AFFIRMED**.



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

Date Signed: **10/1/2015**

