RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[redacted]

Date Mailed: June 10, 2016
MAHS Docket No.: 16-004540
Agency No.: [redacted]
Petitioner: [redacted]

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

HEARING DECISION

Following Petitioner'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 May 19, 2016, from Mt. Clemens, Michigan. Petitioner appeared and represented himself. The Department of Health and Human Services (Department) was represented by [redacted], Hearing Facilitator.

ISSUE

Did the Department properly determine that Petitioner 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 January 8, 2016, Petitioner submitted an application seeking cash assistance on the basis of a disability.

2. On March 21, 2016, the Disability Determination Service (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 2-8).

3. On March 24, 26, the Department sent Petitioner a Notice of Case Action denying the application based on DDS/MRT's finding of no disability (Exhibit A, pp. 295-296).

4. On April 12, 2016, the Department received Petitioner's timely written request for hearing.

5. Petitioner alleged disabling impairment due to herniated neck discs; scoliosis; fused discs in the lower spine; right knee pain; carpal tunnel syndrome (CTS) of the wrist; arthritis of the wrist, neck and back; depression; and anxiety.

6. On the date of the hearing, Petitioner was [redacted] years old with a [redacted] birth date; he is [redacted] in height and weighs about [redacted] pounds.

7. Petitioner completed high school and some college.

8. At the time of application, Petitioner was not employed.

9. Petitioner has an employment history of work at various temporary agencies. His longest employment was as a dishwasher/prep/stocker.

10. Petitioner has a pending disability claim with the Social Security Administration.

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.

Petitioner applied for cash assistance alleging a disability. A disabled person is eligible for SDA. BEM 261 (July 2015), 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).

Determining whether an individual is disabled for SSI purposes requires the application of a five step evaluation of whether the individual (1) is engaged in substantial gainful activity (SGA); (2) has an impairment that is severe; (3) has an impairment and duration that meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) has the residual functional capacity to perform past relevant work; and (5) 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 in this process, 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

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, Petitioner was not working during the period for which assistance might be available. Because Petitioner was not engaged in SGA, he is not ineligible under Step 1, and the analysis continues to Step 2.

Step Two

Under Step 2, the severity and duration of an individual's alleged impairment is considered. If the individual does not have a severe medically determinable physical or mental impairment (or a combination of impairments) that 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. 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, such as (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). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28.

In the present case, Petitioner alleges disabling impairment due to herniated neck discs; scoliosis; fused discs in the lower spine; right knee pain; CTS of the wrist; arthritis of the wrist, neck and back; depression; and anxiety. The medical evidence presented at the hearing was reviewed and is summarized below.

Petitioner's neurologist identified Petitioner's diagnoses as of January 28, 2016 as cervical myelopathy, with decreased range of motion of the neck; left mild peroneal neuropathy at the knee as shown in a June 8, 2015 EMG; lumbar radiculopathy, with low back pain radiating the lower extremities and evidence of left L5-S1 radiculopathy shown on a June 8, 2015 x-ray; tremors; and history of loss of consciousness. The doctor observed no ataxia but noted that Petitioner was unable to toe or heel walk or tandem gait and used a four-point cane. A neurosurgeon who reviewed Petitioner's cervical myelopathy recommended physical therapy. (Exhibit A, pp. 9-18.) An MRI of Petitioner's cervical spine showed evidence of a herniated disc at C5-C6, with a need for cervical decompression in the future. It was believed that cervical myelopathy was the cause of Petitioner's gait dysfunction. A brain MRI and evoked potentials were negative for any demyelinating disease. EEG examination was negative for any active epileptiform discharges. His EMG examination and nerve conduction studies in the lower extremities showed left mild peroneal neuropathy at the knee but no peripheral neuropathy and left L5-S1 radiculopathy. (Exhibit A, pp. 262-274.)

Petitioner's medical records include progress notes by his physical medicine and rehabilitation (PMR) doctor between August 2014 and February 2015 for treatment of low back pain and knee pain. Petitioner reported that his back pain radiated up his back and was worse with ambulation and stairs; it occasionally resulted in bilateral lower extremity parasthesia. Petitioner's right knee x-ray and MRI were negative. He had injections to both the back and knee. (Exhibit A, pp. 226-258.)

On February 5, 2015, Petitioner's PMR doctor completed a medical examination report, DHS-49, listing Petitioner's diagnoses as chronic pain, knee pain, low back pain, and facet arthropathy. The doctor noted that Petitioner used a cane because of right knee pain but his knee MRI was negative; he had mild tenderness and pain at the left shoulder; he could write and use his hands; and he had pain with axial loading; and his strength was 5 of 5 throughout. The doctor concluded that Petitioner's condition was stable and identified the following limitations: (i) he could frequently lift and carry 10 pounds, occasionally lift and carry 20 and 25 pounds, and never lift and carry 50 pounds or more; (ii) he could stand and/or walk and sit as tolerated; (iii) he could use his arms and hands to grasp, reach, push/pull, fine manipulate; and (v) he could use both feet or legs to operate foot and leg controls. The doctor indicated that Petitioner should be

able to meet his needs in the home. (Exhibit A, pp. 200-201, 219-221.) On July 22, 2015, Petitioner went to the emergency department complaining of back and neck pain. He was treated and released. (Exhibit A, pp. 118-124.)

Petitioner began psychiatric treatment in June 2014. At that time he was diagnosed with bipolar disorder, anxiety disorder, antisocial personality disorder, and nondependent alcohol abuse in remission, and was assigned a global assessment of functioning (GAF) score of 41. (Exhibit A, pp. 160-165.) At his December 22, 2014 appointment, he reported that he was admitted to a hospital on December 3, 2014 for ten days for depression with suicidal ideation but no attempt to hurt himself (Exhibit A, pp. 167-178). From December 3, 2014 to December 10, 2014, Petitioner was hospitalized following complaints of depression and suicidal ideation with a diagnosis of major depressive disorder, recurrent episode, severe, without psychotic behavior. He was treated and discharged in fair condition. During his hospitalization, Petitioner also complained of back and knee pain. He was also diagnosed with gastroesophageal reflux disease. (Exhibit A, pp. 82-86, 98, 121-124, 125-155).

On February 9, 2015, Petitioner's psychiatrist completed a psychiatric evaluation diagnosing him with major depressive disorder, recurrent, severe; anxiety disorder; and anti-social personality disorder and assigned him a global assessment of functioning (GAF) score of 45 (Exhibit A, pp. 179-180). His June 2015 annual assessment by his mental health provider showed a diagnosis of major depressive disorder, recurrent, severe, without psychosis, anxiety disorder, and antisocial personality disorder, with nondependent alcohol abuse in remission. The psychiatrist assigned Petitioner a GAF score of 45. (Exhibit A, pp. 20-77.)

From August 14, 2015 to August 20, 2015, Petitioner was admitted for psychiatric hospitalization after complaining of suicidal and homicidal thoughts. At intake, it was noted he had no psychotic symptoms but showed poor judgment and no insight. He was diagnosed with major depression, recurrent, chronic. He was treated with Wellbutrin and his condition improved to baseline. He was discharged denying any suicidal or homicidal ideations and referred to his outpatient psychiatrist and therapist. (Exhibit A, pp. 92-117.)

From December 27, 2015 to December 28, 2015, Petitioner was hospitalized after concerns of pesticide poisoning (Exhibit A, pp. 78-81, 87-91).

In consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Petitioner suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days. Therefore, Petitioner 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 in this case, listings 1.02 (major dysfunction of a joint), 1.04 (disorders of the spine), 12.04 (affective disorders), and 12.06 (anxiety-related disorders) were considered. The medical evidence presented does **not** show that Petitioner's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Therefore, Petitioner 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 Steps 4 and 5, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s), including those that are not severe, 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); 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 individual's impairments 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).

The exertional requirements, or physical demands, of work in the national economy are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a). 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 and occasionally walking and standing. 20 CFR 416.967(a). 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 the light 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. 20 CFR 416.967(b). 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). 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). 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. 20 CFR 416.967(e).

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., unable to 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). 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.*

In this case, Petitioner alleges both exertional and nonexertional limitations due to his medical condition. Petitioner testified that he could walk no more than one block, sit no more than 20 minutes, stand no more than 20 minutes, and lift no more than 15 pounds. He walked with a 4 pronged cane to relieve pressure off his knee. He cared for his personal hygiene and dressing himself other than those days when he was unable to get out of bed. He did household chores that did not require bending or squatting. He usually got help with shopping but could walk to the dollar store behind his apartment for a quick stop.

On February 5, 2015, Petitioner's physical medicine and rehabilitation doctor concluded that Petitioner's condition was stable and identified the following limitations: (i) he could frequently lift and carry 10 pounds, occasionally lift and carry 20 and 25 pounds, and never lift and carry 50 pounds or more; (ii) he could stand and/or walk and sit as tolerated; (iii) he could use his arms and hands to grasp, reach, push/pull, fine manipulate; and (v) he could use both feet or legs to operate foot and leg controls. The doctor indicated that Petitioner should be able to meet his needs in the home. The record shows that Petitioner continued to deal with back and knee pain. His neurologist identified his diagnoses as of January 28, 2016 as cervical myelopathy, with decreased range of motion of the neck, with an April 2015 cervical spine MRI showing a herniated disc at C5-C6; left mild peroneal neuropathy at the knee as shown a June 8, 2015 EMG; lumbar radiculopathy, with low back pain radiating the lower extremities and evidence of left L5-S1 radiculopathy shown on a June 8, 2015 EMG; and tremors and history of loss of consciousness. The doctor observed no ataxia but noted that Petitioner was unable to toe or heel walk or tandem gait and used a four-point cane.

The medical evidence supports Petitioner's testimony that he has exertional limitations due to his impairments; however, Petitioner's statements concerning the intensity, persistence and limiting effects of these symptoms are not fully supported by the clinical findings in the file. With respect to Petitioner's exertional limitations, it is found based on a review of the entire record that Petitioner maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a).

Petitioner also alleged nonexertional limitations due to his mental condition. He testified he has issues remembering things, had periods when he wanted to hurt himself, and suffered from crying spells, anger issues, and panic attacks. He had friends that assisted him and participated in church activities.

Petitioner is engaged in mental health treatment and his psychiatrist has diagnosed him with major depressive disorder, recurrent, severe; anxiety disorder; and anti-social personality disorder and assigned him a GAF score of 45. He has had two psychiatric admissions following complaints of suicidal ideation: from December 3, 2014 to December 10, 2014; and from August 14, 2015 to August 20, 2015. At the August 2015 hospitalization it was noted that he had no psychotic symptoms but showed poor judgment and no insight.

Based on the medical record presented, particularly the two psychiatric hospitalizations within eight months, as well as Petitioner's testimony, Petitioner has mild limitations on his activities of daily living; mild limitations on his social functioning; marked limitations on his concentration, persistence or pace; and two episodes of decompensation limiting his mental ability to perform basic work activities.

Petitioner'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 Petitioner'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).

Petitioner's work history in the 15 years prior to the application consists primarily of work assigned by temporary employment agencies, including work as a cook, janitor, crew worker, press operator, and sandwich artist and work as a dishwasher/prep cook/stocker (Exhibit A, pp. 189-196). Petitioner testified that his prior employment as a dishwasher/prep cook/stocker involved lifting 50 pounds regularly and up to 100 pounds. Therefore, this employment involved heavy work. The remaining employment, as described in Petitioner's work history (Exhibit A, pp. 189-196) required, at a minimum, light work.

Based on the RFC analysis above, Petitioner's exertional RFC limits him to no more than sedentary work activities. As such, Petitioner is incapable of performing past relevant work. Because Petitioner is unable to perform past relevant work, Petitioner 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 Petitioner'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 Petitioner to the Department to present proof that Petitioner 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, Petitioner was [redacted] old at the time of application and at the time of hearing, and, thus, considered to be a younger individual [redacted]) for purposes of Appendix 2. He is a high school graduate with a history of unskilled work experience.

As discussed above, Petitioner maintains the exertional RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities. Based on his age, education, and work history, the Medical-Vocational Guidelines result in a finding that Petitioner is not disabled based on exertional limitations. However, Petitioner also has mental conditions limiting his nonexertional RFC. Based on his diagnoses of major depressive disorder, recurrent, severe, anxiety disorder, and anti-social personality disorder; his a GAF score of 45; and two recent hospitalizations due to suicidal ideation, Petitioner is presently incapable of engaging in basic work activities on a sustained basis. While it is anticipated that with additional treatment his nonexertional RFC will improve, his current nonexertional RFC renders him unable to adjust to other work. Therefore, Petitioner is found disabled at Step 5 for purposes of the SDA benefit program.

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 Petitioner **disabled** for purposes of the SDA benefit program.

DECISION AND ORDER

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reregister and process Petitioner's January 8, 2016 SDA application to determine if all the other non-medical criteria are satisfied and notify Petitioner of its determination;

2. Supplement Petitioner for lost benefits, if any, that Petitioner was entitled to receive if otherwise eligible and qualified;

3. Review Petitioner's continued eligibility in December 2016.

ACE/tlf

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

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

[redacted]

[redacted]

[redacted]