



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: October 13, 2016
MAHS Docket No.: 16-011683
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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, a telephone hearing was held on September 14, 2016, from Lansing, Michigan. [REDACTED], the Petitioner, appeared on her own behalf. The Department of Health and Human Services (Department) was represented by [REDACTED], Family Independence Manager. [REDACTED], Eligibility Specialist, appeared as a witness for the Department.

The following Exhibits were entered into the record during the hearing:

Department Exhibit A:

- o Department's Hearing Summary (Exhibit A, p. 1)
- o August 15, 2016, Hearing Request (Exhibit A, pp. 2-3)
- o September 23, 2015, Assistance Application (Exhibit A, pp. 4-23)
- o November 19, 2015, Medical-Social Questionnaire (Exhibit A, pp. 24-27)
- o July 20, 2016, Medical-Social Eligibility Certification (Exhibit A, pp. 28-34)
- o March 28, 2016, Social Security Administration (SSA) Case Analysis (Exhibit A, p. 25)
- o July 15, 2016, SSA Mental Residual Functional Capacity Assessment (Exhibit A, pp. 36-39)
- o July 20, 2016, SSA Physical Residual Functional Capacity Assessment (Exhibit A, pp. 40-47)
- o July 15, 2016, SSA Psychiatric Review Technique (Exhibit A, pp. 48-61)
- o June 15, 2016, Consultative Mental Status Examination (Exhibit A, pp. 62-66)
- o July 1993 through May 1998, records from [REDACTED] (Exhibit A, pp. 67-75)

- December 2010 through May 2015, records from [REDACTED] (Exhibit A, pp. 76-119)
- August 2015 through September 2015, records from [REDACTED] (Exhibit A, pp. 120-136)
- April 2015 through January 2016, records from [REDACTED] (Exhibit A, pp. 137-176)
- December 31, 2015, SSA Work History Questionnaire (Exhibit A, pp. 177-186)
- December 30, 2015, Activities of Daily Living (Exhibit A, pp. 187-194)
- December 30, 2015, Activities of Daily Living-Third Party (Exhibit A, pp. 195-205)
- July 21, 2016, Notice of Case Action (Exhibit A, pp. 206-209)

Petitioner brought additional documentation to the September 14, 2016, which the Department forwarded to the Michigan Administrative Hearing System on September 15, 2016. Petitioner Exhibit 1 was also entered into the record:

- First page of an undated Physical Medical Source Statement (Exhibit 1, p. 1)
- September 9, 2013, Physical Ability Assessment (Exhibit 1, pp. 2-3)
- September 10, 2016, record from [REDACTED] (Exhibit 1, pp. 4-5)

ISSUE

Whether the Department properly determined 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 September 23, 2015, Petitioner applied for SDA. (Exhibit A, pp. 4-23)
2. On July 20, 2016, the Medical Review Team/Disability Determination Services (MRT/DDS) found Petitioner not disabled. (Exhibit A, pp. 28-34)
3. On July 21, 2016, the Department notified Petitioner of the MRT determination. (Exhibit A, pp. 206-209)
4. On August 15, 2016, the Department received Petitioner's timely written request for hearing. (Exhibit A, pp. 2-3)

5. Petitioner alleged disabling impairments including lumbar fusion, bursitis, fibromyalgia, chronic pain, irritable bowel syndrome (IBS), bipolar, depression, anxiety, and learning disability. (Exhibit A, pp. 24-27; Petitioner Testimony)
6. At the time of hearing, Petitioner was 37 years old with a [REDACTED], birth date; was 5' 5.5" in height; and weighed 155 pounds. (Petitioner Testimony)
7. Petitioner completed the 12th grade and has a work history including school bus driver. (Petitioner Testimony)
8. Petitioner's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

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 Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

Disability is defined as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make

appropriate mental adjustments, if a mental disability is alleged. 20 CFR 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, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (i.e. age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Petitioner is not involved in substantial gainful activity. Therefore, Petitioner is not ineligible for disability benefits under Step 1.

The severity of the Petitioner's alleged impairment(s) is considered under Step 2. The Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.

Id.

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 *citing Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a Petitioner's age, education, or work experience, the impairment would not affect the Petitioner's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, Petitioner alleged disabling impairments including lumbar fusion, bursitis, fibromyalgia, chronic pain, IBS, bipolar, depression, anxiety, and learning disability. (Exhibit A, pp. 24-27; Petitioner Testimony) While some older medical records were submitted and have been reviewed, the focus of this analysis will be on the more recent medical evidence.

July 1993 through May 1998, records from [REDACTED] document learning disability. The May 1998 Individualized Education Program Team Report indicated that Petitioner would have extended time on tests, and spent 29-29.5 hours of the school week in general education and 0.5-1 hour of the week in special education. (Exhibit A, pp. 67-75)

On [REDACTED], Petitioner underwent posterior spinal fusion from L4 through S1. [REDACTED], [REDACTED], and [REDACTED], x-rays of the lumbar spine or lumbosacral spine showed satisfactory appearance of the lumbar fusion at L4-S1. MRIs of the lumbar spine on [REDACTED], and [REDACTED], were unremarkable other than the evidence of the fusion. (Exhibit A, pp. 90-91, 107-109, and 112-119)

A [REDACTED], x-ray of the cervical spine did not show any acute cervical spine abnormality. A [REDACTED], MRI of the cervical spine showed: no gross herniated disc; minimal bulging at C3-C4 and C6-C7 disc level; and suggestion of mild encroachment upon neuroforamina at C4-5 disc level on the right side. (Exhibit A, pp. 98-100)

A [REDACTED], Physical Ability Assessment did not list any diagnoses and indicated limitations of: lifting and 10 pounds occasionally and never greater weight; alternating between sitting, standing, and walking every 15 minutes; and no exposure to vibration. (Exhibit 1, pp. 2-3)

A [REDACTED], x-ray of the thoracic spine was normal. (Exhibit A, p. 80)

[REDACTED], and [REDACTED], x-rays of the left hip were negative. A [REDACTED], MRI arthrogram of the left hip was unremarkable. (Exhibit A, pp. 85-89 and 110-111)

[REDACTED], x-rays of the knees showed mild bilateral medial compartment narrowing. A [REDACTED], MRI of the knees showed: no significant medial or lateral joint space narrowing in either knee, including on standing; and probable minimal narrowing of the lateral aspect of bilateral patellofemoral articulation. (Exhibit A, pp. 81-82 and 76-77)

August and September 2015 records from [REDACTED] [REDACTED], indicate consultation for abdominal pain and suspected IBS. A CT of the abdomen and pelvis did not show any evidence of inflammatory bowel disease or bowel obstruction. A hydrogen breath test was also negative. (Exhibit A, pp. 128-136)

April 2015 through January 2016, records from [REDACTED] were submitted. The more recent records document treatment for back pain, hip pain, and fibromyalgia. A [REDACTED], office visit records, in part, noted completion of a physical therapy program with mixed results. On [REDACTED], Petitioner underwent left

hip bursa injection for trochanteric bursitis. On [REDACTED], Petitioner underwent injection of three trigger points for fibromyalgia. The [REDACTED], office visit record assessment/plan includes: history of lumbar fusion, stable; fibromyalgia, symptomatic; trochanteric bursitis, left hip, symptomatic; low back pain, symptomatic; sacroiliitis, not elsewhere classified, symptomatic, plan for left sacroiliac joint injection and continued home exercise program; and spinal enthesopathy of thoracic region, symptomatic, plan may consider supraspinous ligament injection in the thoracic area as a diagnostic and therapeutic procedure. Petitioner underwent injection of the left sacroiliac joint [REDACTED] [REDACTED] (Exhibit A, pp. 144-176)

On [REDACTED], Petitioner attended a consultative mental status examination. Diagnoses were: persistent depressive disorder with intermittent major depressive episodes with current mild episode; rule out specific learning disability impairment in reading; and other specified personality disorder with cluster B traits. It was stated that based on this examination Petitioner has sufficient cognitive ability to manage simple and repetitive tasks including learning new routines and basic problem solving. Further, Petitioner's mood issues would impact her ability to maintain effort and keep schedules, but these would be considered mild and ones which she described in the past as having been able to keep within parameters necessary for employment. (Exhibit A, pp. 62-66)

A [REDACTED], MRI of the left hip showed: a small partial thickness tear of the anterosuperior acetabular labrum; left hip alpha angle above the upper limits of normal measuring 59 degrees; mild bilateral greater trochanteric bursitis; combined anterior posterior spinal fusion L4-S1; and degenerative spondylosis of the lumbar spine L3-L4. (Exhibit 1, pp. 4-5)

The first page of an undated Physical Medical Source Statement documents diagnoses of lumbar fusion, fibromyalgia, and sacroiliitis. (Exhibit 1, p. 1) However, little weight can be given to this record because it is undated, appears to be missing further pages, and is not signed by the medical provider.

As previously noted, Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Petitioner has presented medical evidence establishing that she does have some limitations on the ability to perform basic work activities. The medical evidence has established that the Petitioner has an impairment, or combination thereof, that has more than a de minimis effect on the Petitioner's basic work activities. Further, the impairments have lasted, or can be expected to last, continuously for 90 days; therefore, the Petitioner is not disqualified from receipt of SDA benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the Petitioner's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The evidence confirms recent diagnosis and treatment of multiple conditions, including left hip bursitis and small partial thickness tear of the anterosuperior acetabular labrum; abdominal pain and suspected IBS; back

pain with prior history of fusion and recent MRI showing degenerative spondylosis of the lumbar spine at L3-L4; fibromyalgia; depression; and other personality disorder with cluster B traits.

Based on the objective medical evidence, considered listings included: 1.00 Musculoskeletal System, 5.00 Digestive System, and 12.00 Mental Disorders. However, the medical evidence was not sufficient to meet the intent and severity requirements of any listing, or its equivalent. Accordingly, the Petitioner cannot be found disabled, or not disabled, at Step 3; therefore, the Petitioner's eligibility is considered under Step 4. 20 CFR 416.905(a).

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b). Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are 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 (exertional requirements, i.e. sitting, standing, walking, lifting,

carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty to function due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (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). If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

The evidence confirms recent diagnosis and treatment of multiple conditions, including left hip bursitis and small partial thickness tear of the anterosuperior acetabular labrum; abdominal pain and suspected IBS; back pain with prior history of fusion and recent MRI showing degenerative spondylosis of the lumbar spine at L3-L4; fibromyalgia; depression; and other personality disorder with cluster B traits. Petitioner's testimony indicated she can walk 10-12 minutes, stand only a few minutes, sit 5-6 minutes, and can lift a full gallon of milk. Petitioner's testimony regarding the severity of her limitations is not fully supported by the medical evidence and is found only partially credible. For example, the most recent MRI of the left hip indicates mild bursitis. (Exhibit 1, p. 90) Additionally, the September 9, 2013, Physical Ability Assessment opinion regarding physical limitations is given limited weight because it is several years old. While there are no records indicating current treatment from a mental health provider, the June 15, 2016, consultative mental status examination supports a limitation to simple and repetitive tasks. (Exhibit A, pp. 62-66) Overall, the recent medical records support a sedentary RFC with some limitations. After review of the entire record it is found, at this point, that Petitioner maintains the residual functional capacity to perform limited sedentary work activities as defined by 20 CFR 416.967(a) on a sustained basis. Limitations would include a sit-stand option as well as simple and repetitive tasks.

The fourth step in analyzing a disability claim requires an assessment of the Petitioner's residual functional capacity ("RFC") and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for

the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is considered. 20 CFR 416.960(b)(3).

Petitioner has a work history as a school bus driver, which is considered medium exertional level work. (Exhibit A, p. 31) In light of the entire record and Petitioner's RFC (see above), it is found that Petitioner is not able to perform her past relevant work. Accordingly, the Petitioner cannot be found disabled, or not disabled, at Step 4; therefore, the Petitioner's eligibility is considered under Step 5. 20 CFR 416.905(a).

In Step 5, an assessment of Petitioner's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of hearing, Petitioner was 37 years old and, thus, considered to be a younger individual for disability purposes. Petitioner completed the 12th grade and has a work history as a school bus driver. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Petitioner to the Department to present proof that the Petitioner has the residual capacity to substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

The evidence confirms recent diagnosis and treatment of multiple conditions, including left hip bursitis and small partial thickness tear of the anterosuperior acetabular labrum; abdominal pain and suspected IBS; back pain with prior history of fusion and recent MRI showing degenerative spondylosis of the lumbar spine at L3-L4; fibromyalgia; depression; and other personality disorder with cluster B traits. As noted above, Petitioner maintains the residual functional capacity to perform limited sedentary work activities as defined by 20 CFR 416.967(a) on a sustained basis. Limitations would include a sit-stand option as well as simple and repetitive tasks. Even considering these limitations, significant jobs would still exist in the national economy.

After review of the entire record, and in consideration of the Petitioner's age, education, work experience, RFC, and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.28, Petitioner is found not disabled at Step 5.

In this case, the Petitioner is found not disabled for purposes SDA benefits as the objective medical evidence does not establish a physical or mental impairment that met the federal SSI disability standard with the shortened duration of 90 days. In light of the

foregoing, it is found that Petitioner's impairments did not preclude work at the above stated level for at least 90 days.

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 not disabled for purposes of the SDA benefit program.

DECISION AND ORDER

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 not disabled for purposes of the SDA benefit program.

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

CL/mc



Colleen Lack
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

DHHS

[REDACTED]

Petitioner

[REDACTED]