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GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

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Date Mailed: August 1, 2017
MAHS Docket No.: ██████████ 17-006382
Agency No.: ██████████
Petitioner: ██████████

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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; 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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on ██████████, from Detroit, Michigan. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by ██████████, hearing facilitator.

ISSUE

The issue is whether MDHHS properly denied Petitioner's State Disability Assistance (SDA) eligibility for the reason that Petitioner 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 ██████████, Petitioner applied for SDA benefits.
2. Petitioner's only basis for SDA benefits was as a disabled individual.
3. On ██████████, the Disability Determination Service determined that Petitioner was not a disabled individual (see Exhibit 1, pp. 7-13).
4. On ██████████, MDHHS denied Petitioner's application for SDA benefits.
5. On ██████████, Petitioner requested a hearing disputing the denial of SDA benefits.

6. As of the date of the administrative hearing, Petitioner did not have employment earnings amounting to substantial gainful activity.
7. As of the date of the administrative hearing, Petitioner was a 34-year-old female.
8. Petitioner obtained an associate degree in emergency medicine.
9. Petitioner has a history of semi-skilled employment, with no known transferrable job skills.
10. Petitioner has restrictions which allow the performance of sedentary employment.

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).

Petitioner requested a hearing to dispute the denial of a SDA application. Petitioner claimed an inability to work for 90 days due to mental and/or physical disabilities. MDHHS presented a Notice of Case Action (Exhibit 1, pp. 4-5) dated [REDACTED], verifying Petitioner's application was denied based on a determination that Petitioner was not disabled.

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 (April 2017), p. 5. 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 (April 2017), p. 1. A person is disabled for SDA purposes if he or she meets any of the following criteria:

- Receives other specified disability-related benefits or services....
 - Resides in a qualified Special Living Arrangement (SLA) facility.
 - Is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability.
 - Is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS)...
- Id.*, pp. 1-2.

When the person does not meet one of the [above] criteria, [MDHHS is to] follow the instructions in BAM 815, Medical Determination and Disability Determination Service (DDS), Steps for Medical Determination Applications. *Id.*, p. 4. The DDS will gather and review the medical evidence and either certify or deny the disability claim based on the

medical evidence. *Id.* The review of medical evidence is primarily outlined by federal law.

[State agencies] must use the same definition of disability as used under SSI... 42 C.F.R. § 435.540(a). [Federal] law defines disability 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 C.F.R. § 416.905(a).

MDHHS adopted a functionally identical definition of disability (see BEM 260 (July 2015), p. 10). The same definition applies to SDA, though SDA eligibility factors only a 90-day period of disability.

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In general, you have to prove... that you are blind or disabled. 20 C.F.R. § 416.912(a). You must inform us about or submit all evidence known... that relates to whether or not you are blind or disabled. *Id.* Evidence includes, but is not limited to objective medical evidence (e.g. medical signs and laboratory findings), evidence from other medical sources (e.g. medical history and opinions), and non-medical statements about symptoms (e.g. testimony) (see *Id.*).

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

The first step in the process considers a person's current work activity (see 20 C.F.R. §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 [REDACTED] monthly income limit considered SGA for non-blind individuals is [REDACTED].

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.*

Petitioner credibly denied performing current employment; no evidence was submitted to contradict Petitioner's testimony. Based on the presented evidence, it is found that Petitioner is not performing SGA. Accordingly, the disability analysis may proceed to the second step.

At the second step, we consider the medical severity of your impairment(s). 20 C.F.R. §416.920 (a)(4)(ii). If you do not have a severe medically determinable physical or mental impairment that meets the duration requirement in §416.909, or a combination of impairments that is severe and meets the duration requirement, we will find that you are not disabled. *Id.*

Generally, federal courts have imposed a de minimus standard upon petitioners 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, SSR 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 (see 20 C.F.R. § 416.920 (5)(c)). In determining whether Petitioner'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 and Petitioner's testimony.

Medical clinic encounter notes (Exhibit 1, pp. 186-191) dated [REDACTED], were presented. Petitioner complained of nausea, light-sensitivity, and headaches, ongoing for 8 days. Toradol and Zofran were prescribed.

A right-knee radiology report (Exhibit 1, p. 141) dated October 23, 2015, was presented. A negative study was noted.

A lower extremity CT report (Exhibit 1, p. 140) dated [REDACTED], was presented. An impression of trace amounts of knee effusion and fluids were noted.

Physician office visit notes (Exhibit 1, pp. 137-138) dated [REDACTED], were presented. A complaint of knee pain was noted. Ibuprofen and tramadol were prescribed.

Physician office visit notes (Exhibit 1, pp. 135-136) dated [REDACTED], were presented. Treatment for a rash was noted.

Handwritten physician office visit notes (Exhibit 1, p. 153) dated [REDACTED], were presented. Abdominal and side pain was reported. An impression of anemia was noted.

Handwritten physician office visit notes (Exhibit 1, p. 154) dated [REDACTED] were presented. Abdominal pain and nausea were reported. Impression of viruses and abdominal pain were noted.

Handwritten physician office visit notes (Exhibit 1, pp. 152-153) dated [REDACTED] were presented. Treatment for a sore throat and stuffy nose was noted.

Medical clinic encounter notes (Exhibit 1, pp. 192-196) dated [REDACTED], were presented. Petitioner complained of ear pain, wheezing, headaches, nasal congestion, and sore throat, ongoing for a week. A diagnosis of a viral infection was noted.

Handwritten physician office visit notes (Exhibit 1, pp. 146-147) dated [REDACTED], were presented. Right-foot pain was reported. Tenderness and swollenness were noted. Rest-ice-compression-elevation treatment was recommended.

Handwritten physician office visit notes (Exhibit 1, pp. 150-151) dated [REDACTED], were presented. A complaint of ongoing headaches was noted. Imitrex was prescribed.

Medical clinic encounter notes (Exhibit 1, pp. 197-204) dated [REDACTED], were presented. Petitioner complained of right-foot pain, ongoing for 7 days. Foot swelling was noted. Foot cellulitis was diagnosed. Medication was prescribed. Foot elevation was recommended.

Handwritten physician office visit notes (Exhibit 1, pp. 148-149) dated [REDACTED], were presented. Right-foot pain and depression were reported. Zoloft and doxycycline were prescribed.

Medical clinic encounter notes (Exhibit 1, pp. 205-211) dated [REDACTED], were presented. Petitioner complained of right-foot pain, ongoing for a month. Tenderness was noted. An ace wrap was performed. Podiatrist treatment was recommended.

A right ankle x-ray report (Exhibit 1, p. 139) dated [REDACTED], was presented. Focal cortical thickening was noted. Further evaluation was needed for consideration of chronic stress injury.

Handwritten medical encounter notes (Exhibit 1, pp. 144-145) dated [REDACTED], were presented. Right-foot pain was reported. Toradol was prescribed.

A letter from Petitioner's physician (Exhibit 1, p. 122) dated [REDACTED], was presented. It was noted Petitioner could not stand for prolonged periods and was unable to currently work at her job.

Emergency room encounter notes (Exhibit 1, pp. 113-120) dated [REDACTED] were presented. It was noted that Petitioner complained of left hip pain, ongoing for 3

weeks. Pain to palpation on left hip was noted. Diazepam and Prednisone were prescribed.

A left-hip x-ray report (Exhibit 1, p. 105) dated [REDACTED], was presented. An impression of no fracture was noted.

A left-hip MRI report (Exhibit 1, p. 75, 94, 97) dated [REDACTED], was presented. An early stress reaction in the femoral neck, without evidence of complete fracture was noted.

Emergency room encounter notes (Exhibit 1, pp. 106-112) dated [REDACTED], were presented. It was noted that Petitioner complained of ongoing left hip pain. It was noted Petitioner walked with a cane. Tenderness to palpation was noted. A left-hip x-ray report (Exhibit 1, p. 104) noted no abnormalities.

Physician assistant office visit notes (Exhibit 1, pp. 87-89) dated [REDACTED], were presented. Petitioner complained of hip pain (8/10). It was noted Petitioner used a cane. A plan of no weight-bearing on left hip was noted. A wheelchair was ordered. Follow-up in a month was planned.

Medical assistant office visit notes (Exhibit 1, pp. 89-90) dated [REDACTED], were presented. Joint pain was noted. Treatment details were not apparent.

A Psychiatric Review Technique and Mental Residual Functional Capacity Assessment (Exhibit 1, pp. 14-21) dated [REDACTED], were presented. The documents were signed by a "single decisionmaker" as part of Petitioner's SSA claim of disability. Moderate restrictions were assessed to the following Petitioner abilities: understand and remember detailed instructions, carry-out detailed instructions, and maintain concentration for extended periods. The documents were not factored because they were not completed by an acceptable medical source (see 20 C.F.R. § 404.1513 (a)).

Many of Petitioner's medical history verified treatment for acute problems and symptoms (e.g. virus, foot pain, rash, nausea...). None of the aforementioned problems were demonstrated to meet the durational requirements for SDA eligibility.

Petitioner testimony suggested only ongoing restrictions based on a hip fracture and depression. The analysis will consider Petitioner's SDA eligibility based on these alleged severe impairments.

Petitioner testified she was diagnosed with osteogenesis imperfecta. Petitioner testified that the disease causes high calcium and low Vitamin D levels. Petitioner testimony implied that the diagnoses makes her bones weak and susceptible to fracture. Petitioner testified supplements do not help and that the disease is not treatable.

Petitioner testified she is impaired, in part, from a hip fracture. Petitioner testified the injury was not caused by any impact. Petitioner testified she underwent surgical repair

of her hip on [REDACTED]. Petitioner testified her hip remains achy despite surgery. Petitioner testified she still utilizes a cane and has to take Ibuprofen to control pain.

Petitioner testified she struggles to muster energy to perform ADLs. Petitioner testified she takes anti-depressants which have done little to improve her mood. Petitioner also testified she is terrified when dealing with people.

Presented evidence sufficiently demonstrated a degree of impairment due to hip problems and/or depression. Presented evidence debatably verified a treatment history of longer than 90 days; for purposes of this decision, it will be found that Petitioner's treatment history for hip pain and depression sufficiently meets SDA requirements.

It is found that Petitioner established degrees of exertional and non-exertional impairments which have lasted longer than 90 days. Accordingly, the analysis may proceed to the third step.

At the third step, we also consider the medical severity of your impairment(s). 20 C.F.R. § 416.920 (4)(iii). If you have an impairment(s) that meets or equal one of our listings in appendix 1 to subpart P of part 404 of this chapter and meets the duration requirement, we will find that you are disabled. *Id.* If you have an impairment(s) which meets the duration requirement and is listed in appendix 1 or is equal to a listed impairment(s), we will find you disabled without considering your age, education, and work experience. *Id.* 20 C.F.R. § 416.920 (d).

A listing for joint dysfunction (Listing 1.02) was considered based on Petitioner's complaints of hip pain. The listing was rejected due to a failure to establish that Petitioner is unable to ambulate effectively.

Listings for affective disorders (Listing 12.04) was considered based on a diagnosis of depression. The listing was rejected due to a failure to establish an extreme restriction or multiple marked restrictions to understanding or applying information, interacting with others, concentration or persistence, and/or adaptation. It was also not established that Petitioner had minimal capacity to adapt to changes in environment or to demands that are not already part of daily life.

It is found Petitioner does not meet any SSA listings. Accordingly, the analysis may continue.

If your impairment(s) does not meet or equal a listed impairment, [SSA] will assess and make a finding about your residual functional capacity based on all the relevant medical and other evidence in your case record... 20 C.F.R. § 416.920(e). [SSA uses the]... residual functional capacity assessment at the fourth step of the sequential evaluation process to determine if you can do your past relevant work (paragraph (f) of this section) and at the fifth step of the sequential evaluation process (if the evaluation proceeds to this step) to determine if you can adjust to other work (paragraph (g) of this section). *Id.*

Your impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what you can do in a work setting. 20 C.F.R. § 416.945 (a)(1). Your residual functional capacity is the most you can still do despite your limitations. *Id.* We will assess your residual functional capacity based on all the relevant evidence in your case record. *Id.* We will consider all of your medically determinable impairments of which we are aware, including your medically determinable impairments that are not “severe,”... when we assess your residual functional capacity. 20 C.F.R. § 416.945 (a)(2). We will assess your residual functional capacity based on all of the relevant medical and other evidence. 20 C.F.R. § 416.945(a)(3). We will first use our residual functional capacity assessment at step four of the sequential evaluation process to decide if you can do your past relevant work. 20 C.F.R. § 416.945(a)(5). For purposes of this decision, a RFC assessment will be reserved for the final step.

The fourth step in analyzing a disability claim requires an assessment of the Petitioner’s residual functional capacity (RFC) and past relevant employment. 20 C.F.R. § 416.920(a)(4)(iv). An individual is not disabled if it is determined that a petitioner 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 C.F.R. § 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 C.F.R. § 416.960(b)(3).

Petitioner testified she worked nearly 10 years as a paramedic. Petitioner testified her duties included patient care, administering medications, and driving.

Petitioner testified she worked for 3 months as a fast-food restaurant employee. Petitioner testified her duties included food preparation and cashier. Petitioner testified the employment was going well until she broke her hip.

Petitioner’s testimony implied that she is currently unable to perform past relevant employment due to hip pain. Petitioner’s testimony was generally consistent with presented evidence.

It is found Petitioner is unable to perform past employment. Thus, 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 Petitioner's age, education and employment history a determination of disability is dependent on Petitioner'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.

Petitioner testified she struggles with hygiene and ADLs; her testimony implied she has physical and psychological barriers to performing each. Petitioner testified she takes showers 2-3 times per week. In response to a question asking if she had difficulty with dressing or grooming, Petitioner replied that she often stays in her pajamas. Petitioner testified she does not do much housework. Petitioner testified she usually shops with another person, in part, because she is anxious around crowds.

Petitioner testified she sometimes uses a cane. Petitioner testified her walking is restricted to 2 blocks. Petitioner testified she can stand 20-30 minutes if allowed to shift her weight. Petitioner testified she can sit for an unspecified period, but would need a standing option to loosen up her hip joint. Petitioner testified she has no particular gripping or grasping problems. Petitioner testified her endocrinologist told her that she should try to walk a mile per day.

Petitioner's claimed use of a cane and limited sitting abilities were consistent with an inability to perform even sedentary employment. Petitioner's testimony will be examined against presented medical evidence.

Physician statements of ongoing restrictions were not presented. Restrictions can be inferred based on presented documents.

Petitioner testimony implied she has exertional restrictions due to osteogenesis imperfecta. The diagnosis was not apparent in any medical records. Without even a diagnosis, the disorder cannot be considered to limit Petitioner's abilities.

Petitioner testified she relies on a cane. Temporary use of a wheelchair was suggested. The use was not established to be needed for 3 months, thus, a limited period of SDA would not be justified. The evidence was indicative that Petitioner may have an ongoing need for a cane.

Presented radiology verified some type of hip problem. Petitioner testified she underwent surgery; the surgery was not verified by presented medical records. Zero medical records following Petitioner's alleged surgery were presented.

At most, presented records justify finding Petitioner may be limited in standing and lifting/carrying due to hip pain. The limitations are not deemed to merit preclusion of sedentary employment.

The analysis will proceed to consider Petitioner's claims of non-exertional restrictions. Physician statements of non-exertional restrictions were presented.

A Psychiatric Review Technique (Exhibit 1, pp. 26-38, 169-181) dated [REDACTED] was presented. The documents were signed by a "licensed psychologist" as part of Petitioner's SSA claim of disability; a licensed psychologist is an acceptable medical source under federal regulations. A moderate restriction to concentration was assessed. Mild restrictions to Petitioner's ADLs and social functioning were noted.

A Mental Residual Functional Capacity Assessment (Exhibit 1, pp. 165-168) dated [REDACTED], was presented. The assessment was completed by a consultative psychologist. Moderate restrictions were assessed to the following Petitioner abilities: understand and remember detailed instructions, carry-out detailed instructions, and maintain concentration for extended periods. No marked restrictions were indicated.

Petitioner presented no evidence of psychiatric treatment. Previous psychiatric hospitalizations were not provided. No counseling or therapy records were provided. Presented evidence only verified medication for anti-depressants and/or anxiety. Such evidence does not imply restrictions beyond those stated by SSA's consultative psychologist. Stated restrictions were indicative that Petitioner could not perform very complex work, but is capable of performing non-complex employment.

MDHHS did not present evidence of employment available to Petitioner. Petitioner's available employment is not deemed to be so restrictive that ample opportunities are unlikely to be available. Examples of employment Petitioner could perform include the following: telemarketing, telephone customer service, data entry, and receptionist. It is found Petitioner is capable of performing sedentary employment.


Based on Petitioner's exertional work level (sedentary), age (younger individual), education (beyond high school), employment history (semi-skilled with no known transferrable skills), Medical-Vocational Rule 201.28 is found to apply. This rule dictates a finding that Petitioner is not disabled. Accordingly, it is found that MDHHS properly found Petitioner 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 Petitioner's SDA benefit application dated

██████████, based on a determination that Petitioner is not disabled. The actions taken by MDHHS are **AFFIRMED**.

CG/hw



Christian Gardocki
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]