



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]  
Date Mailed: August 9, 2018  
MAHS Docket No.: 18-005038  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton**

**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. After due notice, a telephone hearing was held on July 26, 2018, from Detroit, Michigan. Petitioner represented by himself. [REDACTED], Authorized Hearing Representative (AHR), [REDACTED] family friend, and J [REDACTED], Case Manager, also appeared on behalf of Petitioner. 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 3, 2018, Petitioner submitted an application seeking cash assistance on the basis of a disability.
2. On February 27, 2018, the Disability Determination Service (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 5-11).
3. On March 1, 2018, the Department sent Petitioner a Notice of Case Action denying the application based on DDS/MRT's finding of no disability (Exhibit A, pp. 504-507).
4. On May 25, 2018, the Department received Petitioner's timely written request for hearing (Exhibit D, pp. 3-4).

5. Petitioner alleged disabling impairment due to chronic schizophrenia affective disorder, major depressive disorder, panic attacks, anxiety and fatigue.
6. On the date of the hearing, Petitioner was [REDACTED] years old with a [REDACTED] birth date; he is 6'2" in height and weighs about 225 pounds.
7. Petitioner is a high school graduate.
8. At the time of application, Petitioner was not employed.
9. Petitioner has an employment history of working with computers and as a caregiver.
10. Petitioner has appealed the denial of his 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 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.

On August 17, 2017, 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.

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, are not medically severe, i.e., 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. If such a finding is not clearly established by medical evidence or if the effect of an impairment or combination of impairments on the individual's ability to do basic work activities cannot be clearly determined, adjudication must continue through the sequential evaluation process. Id.; SSR 96-3p. The medical evidence presented at the hearing was reviewed and is summarized below.

Medical records provided that were approximately three years or more prior to application date included records from [REDACTED] pp. 138-247 (March 2007 through November 2008); [REDACTED] pp. 446-461 (February 10, 2008 through June 25, 2009); and [REDACTED] pp. 468-203 (July 10, 2012 through March 31, 2015).

Petitioner's fiancé indicated that Petitioner has been diagnosed with autism. Autism was not an impairment that was identified at the time of application and thus was not included as a factor in this decision. Additionally, there were no medical records provided identifying autism as a diagnosis.

Petitioner had several office visits with [REDACTED] between January 23, 2017 through July 4, 2017. Petitioner's GAF score was noted to be between 55 and 58. (Exhibit A, pp. 396-445).

July 5, 2017 – Presence [REDACTED] – Petitioner presented to the emergency room with chest pain. His diagnostic workup was unremarkable. He had low risk factors. CT was unremarkable as well. Condition listed as good. (Exhibit A pp. 89-96).

August 13, 2017 – [REDACTED] – Petitioner was admitted with auditory hallucinations with suicidal ideation and had a plan to jump off a building. Petitioner also admitted to having an increase of aggressive/angry mood swings throughout the week. During his psychiatric evaluation completed on August 14, 2017, Petitioner was noted to be unclean and disheveled. Petitioner was noted to have hallucinations. Petitioner was noted to have flight of ideas, tangential, and was noted to be disorganized. Petitioner was further noted to have poor attention and to be unable to answer questions. Under justification for hospitalization, the following was noted: life threatening danger to self or others; evidence of self-injuries; acute deterioration in

functioning; inability to maintain adequate nutrition, shelter or other essential of daily living due to psychotic disorder and marked regression in intensification of significant symptoms. Petitioner was discharged on August 24, 2017. His discharge diagnosis was schizophrenia. Petitioner's functioning at the time of discharge was fair. (Exhibit A pp. 105-129).

August 30, 2017 – [REDACTED] – Petitioner presented for an office visit following his discharge for a "nervous breakdown." Petitioner was noted to have normal speech and was coherent. Petitioner had a normal rate of thoughts, abstract reasoning and computation. Petitioner did not display evidence of hallucinations, delusions, or homicidal/suicidal preoccupations but was obsessed about his future. His judgment was good. Petitioner was oriented to time, place and person. His mood was anxious, and his affect was constricted and non-reactive. Petitioner's GAF was 45. (Exhibit A pp. 389-396).

October 2, 2017 – [REDACTED] – Petitioner presented for a Behavioral Health Consult. Petitioner was noted to be cooperative with good eye contact and better grooming and hygiene. Petitioner was further noted to have normal speech and was coherent. Petitioner had a normal rate of thoughts, abstract reasoning and computation. Petitioner did not display evidence of hallucinations, delusions, or homicidal/suicidal preoccupations and was further noted to have lesser obsessive thoughts. His judgment was intact. Petitioner was oriented to time, place and person. His affect was constricted and non-reactive. Petitioner's GAF was 55. (Exhibit A pp. 377-381).

January 10, 2018 – [REDACTED] – Petitioner presented for mental health, hyperlipidemia and elevated blood pressure. Petitioner reported functioning as extremely difficult. Petitioner presented in a depressed mood with difficulty concentrating, falling asleep, diminished interest or pleasure, fatigue, feelings of guilt and loss of appetite but denied anxious/fearful thoughts. Petitioner was diagnosed with schizophrenia and was to be scheduled for a psychiatric evaluation. (Exhibit A pp. 359-363).

January 29, 2018 – [REDACTED] – Petitioner presented to the emergency room for symptoms of depression and fleeting thoughts of suicidal ideation. Petitioner reported suicidal thoughts the night before when he looked around the house for ways he could hang himself. Petitioner denied auditory or visual hallucinations. Petitioner was encouraged to take medication and was evaluated by the crisis stabilization team who were to follow up with Petitioner in next two days. Petitioner was discharged the same day. (Exhibit pp. 333-339).

February 15, 2018 – [REDACTED] – Petitioner presented for a consultative exam requested by the Department. When asked what problems he has that would interfere with his ability to maintain work, Petitioner responded: Memory problems. Schizoaffective, and massive depression with psychotic features and a

working diagnosis of ASD. Petitioner stated the following: “stress causes psychotic symptoms and I run around doing what the signs tell me to do. I’ll think it means hero work. I’ll think I am a sleeper cell for NSA. I’ve worked for DIA before. I work on some projects with a friend for defense. It’s like John Nash in The Beautiful Mind. I have so many symptoms that I can’t list them.” Petitioner’s grooming was appropriate and there were no overt problems with hygiene. Petitioner was noted to be in contact with reality throughout the examination. His affect was appropriate to the mood. Petitioner was oriented to time, place and person.

Based on the exam, Petitioner’s mental abilities to understand, attend to, remember, and carry out instructions of work-related behaviors were moderately impaired. It was noted that Petitioner may need to do less complex work because of his emotional issues. Further, it was noted that Petitioner’s ability to perform activities within a schedule, at a consistent pace, maintain regular attendance, be punctual within customary tolerances, and complete a normal workday and workweek without interruptions from psychological symptoms were moderately impaired when taking medication regularly. Petitioner’s ability to relate to social interaction such as responding appropriately to co-workers, supervision and others in the workplace were moderately impaired. Petitioner’s ability relating to adaptation and self-management such as traveling to unfamiliar places and adapting to change and stress in the workplace were moderately impaired. (Exhibit A pp. 347-351).

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, listing under 12.03 (schizophrenia spectrum and other psychotic disorders), 12.04 (depressive, bipolar and related disorders) and 12.06 (anxiety and obsessive-compulsive 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). Where the evidence establishes a medically determinable mental impairment, the degree of functional limitation must be rated, taking into consideration chronic mental disorders, structured settings, medication, and other treatment. The effect on the overall degree of functionality is evaluated under four broad functional areas: (i) understand, remember, or apply information; (ii) interact with others; (iii) concentrate, persist, or maintain pace; and (iv) adapt or manage oneself. 20 CFR 416.920a(c)(3). For the first three functional areas, a five-point scale is applied (none, mild, moderate, marked, and extreme). 20 CFR 416.920a(c)(4). The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. 20 CFR 416.920a(c)(4).

In this case, Petitioner alleges nonexertional limitations due to his medical condition. Petitioner's fiancé, [REDACTED], provided most of the information related to Petitioner's medical condition. [REDACTED] testified that he has difficulty remembering and requires constant reminders. She indicated that Petitioner has difficulty concentrating due to extreme fatigue. Petitioner is unable to complete the tasks that he likes to do. [REDACTED] indicated that social interaction was difficult for Petitioner. Ms. [REDACTED] further indicated that Petitioner sleeps at different times during the day and naps frequently. [REDACTED] stated that she has observed Petitioner to have crying spells, low mood and a lack of motivation.

Petitioner's case manager, [REDACTED], provided testimony relating to Petitioner's condition. Ms. [REDACTED] indicated that she has worked with Petitioner since February 2018. Ms. [REDACTED] indicates that Petitioner experiences visual and audio hallucinations. Ms. [REDACTED] indicated that Petitioner initially had constant hallucinations. At her last appointment with Petitioner he did not report any hallucinations. The appointment prior, he reported having visual hallucinations.

[REDACTED] testified that he observed that Petitioner did not maintain eye contact throughout the hearing. Mr. [REDACTED] indicated that Petitioner appeared more fatigued as the hearing progressed. Mr. [REDACTED] stated that Petitioner swayed occasionally, and Mr. [REDACTED] believed that was in an attempt to remain awake during the hearing.



A two-step process is applied in evaluating an individual's symptoms: (1) whether the individual has a medically determinable impairment that could reasonably be expected to produce the individual's alleged symptoms and (2) whether the individual's statement about the intensity, persistence and limiting effects of symptoms are consistent with the objective medical evidence and other evidence on the record from the individual, medical sources and nonmedical sources. SSR 16-3p.

As previously noted, the February 2018 consultative exam revealed that Petitioner's mental abilities to understand, attend to, remember, and carry out instructions of work-related behaviors were moderately impaired; his ability to perform activities within a schedule, at a consistent pace, maintain regular attendance, be punctual within customary tolerances, and complete a normal workday and workweek without interruptions from psychological symptoms were moderately impaired; his ability to relate to social interaction such as responding appropriately to co-workers, supervision and others in the workplace were moderately impaired and his ability relating to adaptation and self-management such as traveling to unfamiliar places and adapting to change and stress in the workplace were moderately impaired. As such, there was no area in which Petitioner had either no limitations or mild limitations.

The medical records taken together with Petitioner's testimony, and that of Ms. [REDACTED] Ms. [REDACTED] and Mr. [REDACTED] demonstrate that Petitioner has moderate to marked limitations on 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 by Petitioner (as actually performed by Petitioner or as generally performed in the national economy) 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) and (2). 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 10 years prior to the application consists of work with computers and as a home health aide for his mother. Petitioner's work in both these capacities require sitting, standing, and performing chore work. Accordingly, they are properly classified as involving sedentary to light work. It should be noted that Petitioner left his work with computers and stopped caring for his mother due to his mental health issues.

Petitioner has moderate to marked limitations in his mental capacity to perform basic work activities. In light of the entire record, it is found that Petitioner's nonexertional

RFC prohibits him from 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**

If an individual is incapable of performing past relevant work, Step 5 requires an assessment of the individual's RFC and age, education, and work experience to determine whether an adjustment to other work can be made. 20 CFR 416.920(a)(4)(v); 20 CFR 416.920(c). If the individual can adjust to other work, then there is no disability; if the individual cannot adjust to other work, then there is a disability. 20 CFR 416.920(a)(4)(v).

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(c)(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). 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).

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] years old at the time of application and [REDACTED] years old at the time of hearing, and, thus, considered to be a younger individual (age 18-44). He has taken some college classes with a history of work experience primarily working with computers and as a caregiver for his mother. As discussed above, Petitioner has moderate to marked limitations on his mental ability to perform work activities.

Petitioner has impairments due to his mental condition. As a result, he has a nonexertional RFC imposing moderate to marked limitations in the ability to understand,

remember, or apply information; moderate to marked limitations in the ability to interact with others; the ability to concentrate, persist or maintain pace; and moderate to marked limitations in the ability to adapt and manage himself. The Department has failed to present evidence of a significant number of jobs in the national and local economy that Petitioner has the vocational qualifications to perform in light of his nonexertional RFC, age, education, and work experience. Therefore, the evidence is insufficient to establish that Petitioner is able to adjust to other work. Accordingly, Petitioner is found disabled at Step 5 for purposes of the SDA benefit program.

### **DECISION AND ORDER**

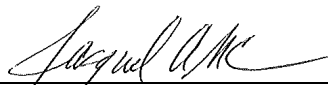
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner **disabled** for purposes of the SDA benefit program.

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

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE THE ORDER WAS ISSUED:

1. Reregister and process Petitioner's January 3, 2018 SDA application to determine if all the other non-medical criteria are satisfied and notify Petitioner of its determination;
2. if otherwise eligible and qualified, supplement Petitioner for lost benefits, if any, that Petitioner was entitled to receive; and
3. Review Petitioner's continued eligibility in February 2019.

JM/tm

  
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Jacquelyn A. McClinton  
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) 763-0155; 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**

Lindsay Miller  
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**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]  
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**Authorized Hearing Rep.**

Meredith McGhan  
3404 Sherwood Drive  
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cc: SDA: L. Karadsheh  
AP Specialist Genesee-Union (2)