



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]

Date Mailed: September 10, 2018  
MAHS Docket No.: 18-006120  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

**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 August 6, 2018, from Detroit, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by Kimberly Reed, Lead Worker.

*During the hearing, Petitioner waived the time period for the issuance of this decision in order to allow for the submission of additional records. A legible copy of an MRI was received and marked into evidence as Petitioner's Exhibit 2. A Physical Medical Source Statement was received and marked into evidence as Petitioner Exhibit 1.*

**ISSUE**

Whether the Department properly determined that Petitioner was not disabled for purposes of the State Disability Assistance (SDA) benefit programs?

**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 9, 2018, the Petitioner filed an application seeking cash assistance on the basis of disability.
2. On June 6, 2018, the Disability Determination Service (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program.
3. On June 8, 2018, the Department sent Petitioner a Notice of Case Action denying the application based on DDS/MRT's finding of no disability.

4. On June 18, 2018, the Department received Petitioner's timely written request for hearing.
5. Petitioner alleged disabling impairment due to mid-back osteoarthritis, foraminal stenosis with nerve impingement with radiculopathy and severe pain.
6. On the date of the hearing, Petitioner was [REDACTED] years old with a [REDACTED] birth date; he is [REDACTED] in height and weighs about [REDACTED] pounds.
7. Petitioner attended college and has a BA degree in biomedical science and has post graduate studies in medical school and was 4-5 months from completing his medical degree.
8. At the time of application, Petitioner was not employed.
9. Petitioner has an employment history of work as a Department of Corrections SWAT team employee at a prison. The Petitioner also worked as a farm laborer.
10. Petitioner has a pending disability claim with the Social Security Administration.

### **CONCLUSIONS OF LAW**

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

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. 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.

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 90 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 1**

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, she/he is not ineligible under Step 1; and the analysis continues to Step 2.

### **Step 2**

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

An MRI was performed on [REDACTED], 2017, of the thoracic and lumber spine due to worsening mid- and lower-back pain, Right lower extremity radiculopathy. The results for the thoracic spine notes desiccation (loss of fluid, drying out of fluid between discs) of the T7-T8 and T8-T9 discs. Mild Fatty degenerative marrow changes at the inferior T7, T8 and T9 endplates. There is mild bilateral degenerative facet hypertrophy at T8-T9, and T10-T11. The impression for the thoracic spine was mild degenerative disc and facet disease from the T7-T8 through T10-T11 levels without evidence of significant spinal canal or neural foraminal stenosis.

The MRI referenced above was also performed on the lumbar spine noted:

T-12-L1: No significant spinal canal or neural foraminal stenosis;

L 1-2: No significant spinal canal or neural foraminal stenosis;

L 2-3: No significant spinal canal or neural foraminal stenosis;

L 3-4: Mild bilateral degenerative facet hypertrophy. No significant spinal canal or neural foraminal stenosis;

L 4-5: Mild circumferential disc bulge. Moderate bilateral degenerative facet hypertrophy. Mild bilateral neural foraminal stenosis. No significant spinal canal stenosis;

L5-S1: Severe loss of disc height with degenerative endplate changes. Mild posterior disc bulge, with a superimposed small focal central posterior annular fissure. Moderate bilateral degenerative facet hypertrophy. Moderate bilateral neural foraminal stenosis. No significant spinal canal stenosis. The Impression was Moderate bilateral degenerative facet hypertrophy at L4-5 and L5-S1. Severe degenerative disc disease and mild bilateral neural foraminal stenosis at the L5-S1 level. No significant spinal canal stenosis at any level. (Petitioner Exhibit 2.)

A Medical Source Statement was completed by the Petitioner's treating doctor on [REDACTED] 2018. The diagnosis was lumbar intervertebral disc disease with radiculopathy. Prognosis was guarded. Symptoms were listed as pain in back and down both legs, right worse, poor mobility, limited range of motion. Clinical findings, straight leg raising, decreased mobility of lumbar spine and thoracic spine. The treatment used was physical therapy, epidural injections, tens unit, hydrocodone, ibuprofen, causes drowsiness. The impairments were expected to last at least 12 months. No emotional factors were listed as contributing to the severity of patient's symptoms and functional limitations. The doctor noted that anxiety contributes psychologically to the patient's physical condition. The doctor further notes the Petitioner was unable to walk a block. The Petitioner could sit 5 minutes and stand 5 minutes and could sit, stand/walk less than 2 hours in an 8-hour working day with normal breaks. The limitations imposed were based on pain in back causing immobility from severe pain. The doctor indicated that Petitioner would need a job that permits shifting positions at will from sitting, standing or walking and requires periods of walking around, and needed to walk every 5 minutes for 10 minutes. The shifting position limitations and requirements were due to stiffness occurring if not allowed to stretch, move, and pain is severe. The limitations also included unscheduled breaks during work day every 20 minutes and the duration on average of the breaks noted unsure. The symptoms causing the need for the breaks were muscle weakness, pain/paresthesias, numbness, and spasm and loss of mobility. No requirement for elevation of legs was necessary. An assistive device (cane) was required due to pain and weakness.

The following physical limitations/restrictions were also found as follows: only lift less than 10 pounds rarely with the other weight ranges listed as never; twist, stoop (bend), crouch, climb ladders were limited to never; climb stairs, rarely. The limitations were due to back disease. Limitations were also imposed as regards ability to grasp, turn,

twist objects; find manipulation, arms reaching in front of body was 10% and arms reaching overhead was 5% for both the right and left hands. The doctor further indicated that Petitioner was capable of moderate stress – normal work because he was mentally strong. The doctor further indicated that Petitioner was likely to be absent more than four days per month. The doctor concluded that the Petitioner's physical impairments plus any emotional impairments as demonstrated by signs, clinical findings and test result were **reasonably consistent** with the symptoms and functional limitations due to back disease. The earliest onset date that symptoms and limitations apply was 2005. (Petitioner Exhibit 1.) The Petitioner is prescribed Ibuprofen 800mg and Norco.

The Petitioner's doctor also completed an earlier Physical Residual Functional Capacity questionnaire on August 4, 2017, at which time diagnosis was lumbar disc disease and neural foraminal narrowing with a guarded prognosis which was for the most part the same as above with more severity of limitation with hands and fingers to 0%. (Exhibit A, p. 97.) In August 2017, the doctor referred the Petitioner to pain management and neuro surgery.

In an earlier evaluation by the Petitioner's pain management doctor notes that Petitioner is not a candidate for surgery and discussed possible spinal stimulation trial for pain management. On [REDACTED], 2017, a motor nerve, sensory nerve and H Reflex Study and EMG study was performed. At that time, the Summary was no response in left Peroneal sensory nerve, and the needle electromyographic study was within normal limits. The Conclusion was no electro diagnostic evidence for a Lumbar Radiculopathy, and Electrodiagnostic studies are consistent with left Peroneal sensory neuropathy.

Six (6) X-rays were taken on [REDACTED], 2017, of the lumbar spine which did not reveal any spondylolysis, with normal sacroiliac joint, and visualized disc spaces unremarkable.

The Petitioner has also received injections to the spine on [REDACTED], 2017, after two prior injections ([REDACTED] 2017, and [REDACTED] 2017) with complaints of right foot and ankle pain numbness and tingling. The notes indicate that the patient failed two epidural injections one of which was bilateral S1 and other at bilateral L5-S1 with increased pain. The notes indicate that a bilateral lumbar medial branch block leading to radio frequency neurotomy in two months.

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 3**

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 1.04 Disorders of the Spine was 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).

In this case, Petitioner alleges both exertional and nonexertional limitations due to his medical condition. Petitioner testified that he could not grocery shop due to pain and inability to sit or stand long enough to participate. He cannot do household work due to back pain and does not cook due to his standing limitations. He can climb stairs with a rail. He further testified that he could stand 5 minutes, sit less than 5 minutes and needs help with dressing. There is nothing wrong with his hands or arms but has radiating pain down both legs with the right leg symptoms more severe. He struggles to walk more than 100 feet, and the heaviest weight he can carry is less than 10 pounds. The Petitioner testified that on most days he stays in bed and eats once a day. In addition, the Petitioner's treating doctor has evaluated him recently on two occasions imposing physical limitations and use of a cane at a less than sedentary level. See discussion in Section 2, medical evidence. The MRI presented in this case also shows severe loss of disc height with degenerative endplate changes in the lumbar spine and both lumbar and thoracic degeneration. The Petitioner also had a series of spinal injections and nerve block injections without any significant change in pain in the lumbar back with radiculopathy.

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.

With respect to Petitioner's exertional limitations, it is found based on a review of the entire record that Petitioner maintains the physical capacity to perform less than sedentary work. See SSR 96-9p and DI 25015.020, March 31, 2017.

Based on the medical record presented, as well as Petitioner's testimony, Petitioner has no 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 4**

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 15 years prior to the application consists of work as a Department of Corrections, Corrections Officer, supervising prisoners and as a farm laborer. Petitioner's work as a corrections officer, which required standing one hour and walking two hours, sitting 4 hours and lifting 25 pounds regularly and up to 100 pounds require a medium exertional level. As a farm laborer the Petitioner was required to perform all ranges of both exertional and nonexertional working in the fields and milking cows with lifting of between 25 and 50 pounds frequently and 100 pounds as the heaviest weight. As such, the Petitioner's work as a farm laborer was considered medium to heavy work.

Based on the RFC analysis above, Petitioner's exertional RFC limits him to no more than less than sedentary work activities. As such, Petitioner is incapable of performing past relevant work. In light of the entire record, it is found that petitioner's nonexertional RFC prohibits him from performing past relevant work as well.

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). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978).

When the impairment(s) and related symptoms, such as pain, only affect the ability to perform the exertional aspects of work-related activities, Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

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 ■ years old at the time of application and ■ years old at the time of hearing, and thus, considered to be a younger individual (age 18-44) for purposes of Appendix 2. He is a college graduate, with post graduate work with a history of work experience as a Corrections Officer and Farm Laborer. As discussed above, Petitioner maintains the exertional RFC for work activities on a regular and continuing basis to meet the physical demands to perform less than sedentary work activities and thus, is not capable of other work.

In this case, the Medical-Vocational Guidelines, Appendix 2, do not support a finding that Petitioner is not disabled based on his exertional limitations. The Department has failed to counter with evidence of significant numbers of jobs in the national economy which Petitioner could perform despite his limitations. Therefore, the Department has failed to establish that, based on his RFC of less than sedentary and age, education, and work experience, Petitioner can adjust to other work. Therefore, Petitioner is disabled at Step 5.

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

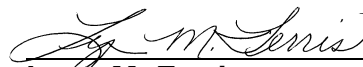
**DECISION AND ORDER**

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. The Department shall Reregister and process Petitioner's January 9, 2018, SDA application to determine if all the other non-medical criteria are satisfied and notify Petitioner of its determination.
2. Supplement Petitioner for lost benefits, if any, that Petitioner was entitled to receive if otherwise eligible and qualified;
3. Review Petitioner's continued eligibility in September 2019.

LMF/



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**Lynn M. Ferris**

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**

Kimberly Reed  
MDHHS-Montcalm-Hearings

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]

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L Karadsheh  
L M Ferris  
MAHS