



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: June 5, 2019
MOAHR Docket No.: 19-003053
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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 April 24, 2019, from Lansing, Michigan. The Petitioner was represented by herself and her case manager, [REDACTED] from [REDACTED]. The Department of Health and Human Services (Department) was represented by Gregory Folsom, Hearing Facilitator. The record was left open for additional medical records which were received on May 10, 2019, and the record was closed.

ISSUE

Whether the Department properly determined that Petitioner was not disabled for purposes of continued 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. Petitioner was approved for SDA by Administrative Law Judge Vicki Armstrong because the Department did not meet their burden that Petitioner had had a medical improvement or that any improvement was related to her ability to perform basic work activities with a medical review in November 2018.
2. On February 26, 2019, the MRT denied Petitioner's medical review for SDA stating that the Petitioner had medical improvement.
3. On March 6, 2019, the Department Caseworker sent Petitioner a notice that she was denied for SDA because she had had medical improvement.

4. On March 18, 2019, the Department received a hearing request from Petitioner, contesting the Department's negative action.
5. Petitioner is a 50-year-old woman whose date of birth is [REDACTED], 1968. Petitioner is 5' 5" tall and weighs 184 pounds. She has a high school diploma. Petitioner can read and write and perform basic math. Petitioner was last employed as a line worker on March 4, 2013, at the medium level. She has also been employed as an inmate supervisor at the light level and team technician.
6. Petitioner's alleged impairments are arthritis in the right hip and knees where the right knee was worse, degenerative disc disease, side effects of medications, partial torn rotator cuff of the right arm, anxiety, depression, bipolar disorder, and post-traumatic stress disorder.
7. On [REDACTED], 2019, Petitioner was seen by an independent medical examiner at [REDACTED]. Her chief complaint was hypertension. Her other complaint was chronic right-sided pain which she states has been going on for years. She takes medication for both issues. She has not worked since 2015 where Petitioner used to work as a cook at the county jail but stopped because of a history of anxiety and depression. She now lives by herself but does not drive. She can do household chores and grocery shopping with help. She mostly stays at home. Petitioner appears mildly depressed. Her immediate, recent, and remote memory is intact with normal concentration. Petitioner's insight and judgment are both appropriate. She provided good effort during the examination. Petitioner is left-handed. She walks with a normal gait without the use of an assistive device. Cranial nerves and Motor strength were intact. Muscle tone was normal. Petitioner's blood pressure was stable today. There was no findings of heart failure or significant cardiopulmonary disease. She appears to be asymptomatic. For her right-sided pain, there were no objective findings of tenderness, joint instability, or active synovitis. She did not appear to be deconditioned but did appear depressed. A neuropsychological evaluation would be helpful as she did have an element of apathy by history. Physically overall, she appears stable. Department Exhibit 1, pgs. 170-176.
8. On [REDACTED] 2019, Petitioner was seen for an independent psychological evaluation at the Michigan Disability Determination Service by an independent psychologist. Her complaints and symptoms were anxiety and depression with bipolar disorder. Her gait and posture appear to be fairly normal, but some pain posturing is demonstrated at times while ambulating. She appeared to exaggerate symptoms and underrepresented her abilities today. Her general verbal presentation while describing her limitation was suggestive of high functioning. Overall, she presents today primarily with mixed cluster B personality traits, which have likely been shaped and maintained by her environment and perceptions, with self-dramatized and attention seeking appearing as the most prevalent. Some antisocial traits also appear evident based on her reports and comments today. Depression and anxiety are also suggested. Petitioner also

appears to demonstrate an overt amount of learned helplessness type behaviors/perceptions and D pendant features. In general, she appears more functionally capable than she perceives or reports, suggesting that attitude and character issues likely play a large role in her perceived limitations. Based on this exam, it is my impression that Petitioner's mental abilities to understand, attend to, remember, and carry out instructions of general work-related behaviors are not impaired. Furthermore, I do not see any significant evidence of cognitive/adaptive deficits which would suggest overt limitations in her ability to engage in basic ADL's including fund management. Pertaining to social/interactional functioning, based on her current perceptions, she may experience a mild degree of difficulty at times regarding interpersonal interactions, maintaining a schedule/regular attendance, and adopting/reacting to novel stress situations and supervision within the context of a conventional and competitive work-based environment. Overall though in general, she appears capable of work-related behaviors if motivated. She was diagnosed with other specified personality disorder, with mixed cluster B and C features, primary, and other specified anxiety disorder with mixed anxious and depressive features. Her prognosis was fair at baseline. She is capable of managing her own benefit funds. Department Exhibit 1, pgs. 155-159.

9. On [REDACTED], 2019, Petitioner was seen by her treating nurse practitioner at [REDACTED]. She was an established patient. She was seen for a medical evaluation and review of her current medications. She reported good response to the medicine with no active psychiatric symptoms. She reported increased anxiety symptoms with no auditory or visual hallucinations. Petitioner had no delusions where she reported sleeping well with a good appetite. She is satisfied with the current medication regime and wants to continue. Petitioner was informed that the medical plan today was to decrease present Xanax to start the weaning process. She stated that she doesn't take Xanax every day anyway only when she was extremely anxious. She was diagnosed with mood disorder, NOS, bipolar one disorder, most recent episode manic/hypomanic, unspecified, and generalized anxiety disorder. There was no evidence of a serious thought disorder or risk factors. Department Exhibit 2, pgs. 7-12.
10. On December 14, 2018, Petitioner underwent an MRI of the lumbar spine. The radiologist's clinical impression was mild spondylotic change of the lower lumbar spine without focal disc herniation or stenosis. There was no significant change since November 10, 2017, MRI scan. Department Exhibit 1, pg. 167.

CONCLUSIONS OF LAW

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.

The Department's Program Eligibility Manual provides the following policy statements and instructions for caseworkers regarding the SDA program.

DISABILITY – SDA

DEPARTMENT POLICY

SDA

To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older.

Note: There is no disability requirement for AMP. BEM 261, p. 1.

DISABILITY

A person is disabled for SDA purposes if he:

- . receives other specified disability-related benefits or services, or
- . resides in a qualified Special Living Arrangement facility, or
- . 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).

If the client's circumstances change so that the basis of his/her disability is no longer valid, determine if he/she meets any of the other disability criteria. Do NOT simply initiate case closure. BEM, Item 261, p. 1.

Other Benefits or Services

Persons receiving one of the following benefits or services meet the SDA disability criteria:

- . Retirement, Survivors and Disability Insurance (RSDI), due to disability or blindness.
- . Supplemental Security Income (SSI), due to disability or blindness.

- . Medicaid (including spend-down) as blind or disabled if the disability/blindness is based on:
 - .. a DE/MRT/SRT determination, or
 - .. a hearing decision, or
 - .. having SSI based on blindness or disability recently terminated (within the past 12 months) for financial reasons.

Medicaid received by former SSI recipients based on policies in PEM 150 under **"SSI TERMINATIONS,"** INCLUDING **"MA While Appealing Disability Termination,"** does not qualify a person as disabled for SDA. Such persons must be certified as disabled or meet one of the other SDA qualifying criteria. See **"Medical Certification of Disability"** below.

- . Michigan Rehabilitation Services (MRS). A person is receiving services if he has been determined eligible for MRS and has an active MRS case. Do not refer or advise applicants to apply for MRS for the purpose of qualifying for SDA.
- . Special education services from the local intermediate school district. To qualify, the person may be:
 - .. attending school under a special education plan approved by the local Individual Educational Planning Committee (IEPC); **or**
 - .. not attending under an IEPC approved plan but has been certified as a special education student **and** is attending a school program leading to a high school diploma or its equivalent, **and** is under age 26. The program does not have to be designated as "special education" as long as the person has been certified as a special education student. Eligibility on this basis continues until the person completes the high school program or reaches age 26, whichever is earlier.
- . Refugee or asylee who lost eligibility for Social Security Income (SSI) due to exceeding the maximum time limit BEM, Item 261, pp. 1-2.

"Disability" is:

...the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.... 20 CFR 416.905.

...We follow a set order to determine whether you are disabled. We review any current work activity, the severity of your impairment(s), your residual functional capacity, your past work, and your age, education and work experience. If we can find that you are disabled or not disabled at any point in the review, we do not review your claim further.... 20 CFR 416.920.

...If you are working and the work you are doing is substantial gainful activity, we will find that you are not disabled regardless of your medical condition or your age, education, and work experience. 20 CFR 416.920(b).

...[The impairment]...must have lasted or must be expected to last for a continuous period of at least 12 months. We call this the duration requirement. 20 CFR 416.909.

...If you do not have any impairment or combination of impairments which significantly limits your physical or mental ability to do basic work activities, we will find that you do not have a severe impairment and are, therefore, not disabled.

We will not consider your age, education, and work experience. 20 CFR 416.920(c).

[In reviewing your impairment]...We need reports about your impairments from acceptable medical sources.... 20 CFR 416.913(a).

...Statements about your pain or other symptoms will not alone establish that you are disabled; there must be medical signs and laboratory findings which show that you have a medical impairment.... 20 CFR 416.929(a).

...You must provide medical evidence showing that you have an impairment(s) and how severe it is during the time you say that you are disabled. 20 CFR 416.912(c).

... [The record must show a severe impairment] which significantly limits your physical or mental ability to do basic work activities.... 20 CFR 416.920(c).

...Medical reports should include --

- (1) Medical history;
- (2) Clinical findings (such as the results of physical or mental status examinations);
- (3) Laboratory findings (such as blood pressure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms).... 20 CFR 416.913(b).

...The medical evidence...must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. 20 CFR 416.913(d).

Medical findings consist of symptoms, signs, and laboratory findings:

- (a) **Symptoms** are your own description of your physical or mental impairment. Your statements alone are not enough to establish that there is a physical or mental impairment.
- (b) **Signs** are anatomical, physiological, or psychological abnormalities which can be observed, apart from your statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena which indicate specific psychological abnormalities e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception. They must also be shown by observable facts that can be medically described and evaluated.
- (c) **Laboratory findings** are anatomical, physiological, or psychological phenomena which can be shown by the use of medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests, electrophysiological studies (electrocardiogram, electroencephalogram, etc.), roentgenological studies (X-rays), and psychological tests. 20 CFR 416.928.

It must allow us to determine –

- (1) The nature and limiting effects of your impairment(s) for any period in question;
- (2) The probable duration of your impairment; and
- (3) Your residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

In general, Petitioner has the responsibility to prove that she is disabled. Petitioner's impairment must result from anatomical, physiological, or psychological abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques. A physical or mental impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings, not only Petitioner's statement of symptoms. 20 CFR 416.908; 20 CFR 416.927. Proof must be in the form of medical evidence showing that the Petitioner has an impairment and the nature and extent of its severity. 20 CFR 416.912. Information must be sufficient to enable a determination as to the nature and limiting effects of the impairment for the period in question, the probable duration of the impairment and the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913.

Once an individual has been determined to be "disabled" for purposes of disability benefits, continued entitlement to benefits must be periodically reviewed. In evaluating whether an individual's disability continues, 20 CFR 416.994 requires the trier of fact to follow a sequential evaluation process by which current work activities, severity of impairment(s), and the possibility of medical improvement and its relationship to the individual's ability to work are assessed. Review may cease and benefits may be continued at any point if there is substantial evidence to find that the individual is unable to engage in substantial gainful activity. 20 CFR 416.994(b)(5).

Step 1

First, the trier of fact must determine if the individual is working and if work is substantial gainful activity. 20 CFR 416.994(b)(5)(i). In this case, Petitioner is not engaged in substantial gainful activity and has not worked since March 4, 2013. Therefore, Petitioner is not disqualified from receiving disability at Step 1.

Step 2

In the second step of the sequential consideration of a disability claim, the trier of fact must determine if the Petitioner's impairment (or combination of impairments) is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. This Administrative Law Judge finds that Petitioner's medical record will not support a finding that Petitioner's impairment(s) is a "listed impairment" or equal to a listed impairment. See Appendix 1 of Subpart P of 20 CFR, Part 404, Part A. Accordingly, Petitioner cannot be found to be disabled based

upon medical evidence alone. 20 CFR 416.920(d). This Administrative Law Judge finds that Petitioner's impairments do not rise to the level necessary to be listed as disabling by law. Therefore, Petitioner is disqualified from receiving disability at Step 2.

Step 3

In the third step of the sequential evaluation, the trier of fact must determine whether there has been medical improvement as defined in 20 CFR 416.994(b)(1)(i). 20 CFR 416.994 (b)(5)(iii). Medical improvement is defined as any decrease in the medical severity of the impairment(s) which was present at the time of the most recent favorable medical decision that the Petitioner was disabled or continues to be disabled. A determination that there has been a decrease in medical severity must be based on changes (improvement) in the symptoms, signs, and/or laboratory findings associated with Petitioner's impairment(s). If there has been medical improvement as shown by a decrease in medical severity, the trier of fact must proceed to Step 4 (which examines whether the medical improvement is related to the Petitioner's ability to do work). If there has been no decrease in medical severity and thus no medical improvement, the trier of fact moves to Step 5 in the sequential evaluation process.

On [REDACTED], 2019, Petitioner was seen by an independent medical examiner at [REDACTED]. Her chief complaint was hypertension. Her other complaint was chronic right-sided pain which she states has been going on for years. She takes medication for both issues. She has not worked since 2015 where Petitioner used to work as a cook at the county jail but stopped because of a history of anxiety and depression. She now lives by herself but does not drive. She can do household chores and grocery shopping with help. She mostly stays at home. Petitioner appears mildly depressed. Her immediate, recent, and remote memory is intact with normal concentration. The Petitioner's insight and judgment are both appropriate. She provided good effort during the examination. Petitioner is left-handed. She walks with a normal gait without the use of an assistive device. Cranial nerves and Motor strength were intact. Muscle tone was normal. Petitioner's blood pressure was stable today. There was no findings of heart failure or significant cardiopulmonary disease. She appears to be asymptomatic. For her right-sided pain, there were no objective findings of tenderness, joint instability, or active synovitis. She did not appear to be deconditioned but did appear depressed. A neuropsychological evaluation would be helpful as she did have an element of apathy by history. Physically overall, she appears stable. Department Exhibit 1, pgs. 170-176.

On [REDACTED], 2019, Petitioner was seen for an independent psychological evaluation at the [REDACTED] by an independent psychologist. Her complaints and symptoms were anxiety and depression with bipolar disorder. Her gait and posture appear to be fairly normal, but some pain posturing is demonstrated at times while ambulating. She appeared to exaggerate symptoms and underrepresented her abilities today. Her general verbal presentation while describing her limitation was suggestive of high functioning. Overall, she presents today primarily with mixed cluster B personality traits, which have likely been shaped and maintained by her environment

and perceptions, with self-dramatized and attention seeking appearing as the most prevalent. Some antisocial traits also appear evident based on her reports and comments today. Depression and anxiety are also suggested. The Petitioner also appears to demonstrate an overt amount of learned helplessness type behaviors/perceptions and D pendant features. In general, she appears more functionally capable than she perceives or reports, suggesting that attitude and character issues likely play a large role in her perceived limitations. Based on this exam, it is my impression that Petitioner's mental abilities to understand, attend to, remember, and carry out instructions of general work-related behaviors are not impaired. Furthermore, I do not see any significant evidence of cognitive/adaptive deficits which would suggest overt limitations in her ability to engage in basic ADL's including fund management. Pertaining to social/interactional functioning, based on her current perceptions, she may experience a mild degree of difficulty at times regarding interpersonal interactions, maintaining a schedule/regular attendance, and adopting/reacting to novel stress situations and supervision within the context of a conventional and competitive work-based environment. Overall though in general, she appears capable of work-related behaviors if motivated. She was diagnosed with other specified personality disorder, with mixed cluster B and C features, primary, and other specified anxiety disorder with mixed anxious and depressive features. Her prognosis was fair at baseline. She is capable of managing her own benefit funds. Department Exhibit 1, pgs. 155-159.

On [REDACTED], 2019, Petitioner was seen by her treating nurse practitioner at [REDACTED]. She was an established patient. She was seen for a medical evaluation and review of her current medications. She reported good response to the medicine with no active psychiatric symptoms. She reported increased anxiety symptoms with no auditory or visual hallucinations. Petitioner had no delusions where she reported sleeping well with a good appetite. She is satisfied with the current medication regime and wants to continue. Petitioner was informed that the medical plan today was to decrease present Xanax to start the weaning process. She stated that she doesn't take Xanax every day anyway only when she was extremely anxious. She was diagnosed with mood disorder, NOS, bipolar one disorder, most recent episode manic/hypomanic, unspecified, and generalized anxiety disorder. There was no evidence of a serious thought disorder or risk factors. Department Exhibit 2, pgs. 7-12.

On December 14, 2018, the Petitioner underwent an MRI of the lumbar spine. The radiologist's clinical impression was mild spondylotic change of the lower lumbar spine without focal disc herniation or stenosis. There was no significant change since November 10, 2017 MRI scan. Department Exhibit 1, pg. 167.

This Administrative Law Judge finds that Petitioner has had medical improvement. Petitioner essentially had a normal physical examination with the independent medical examination. She was not physically impaired. Petitioner did not have a serious thought impairment or risk factors. She should be able to perform work with only mild impairments. Her recent MRI only showed mild impairments. She is being weaned from her mental medications because of her good results. At Step 3, this Administrative Law

Judge finds that Petitioner does have medical improvement and her medical improvement is related to Petitioner's ability to perform substantial gainful activity. As a result, Petitioner is able to perform light work. Therefore, Petitioner is disqualified from receiving disability at Step 3.

Step 4

In Step 4 of the sequential evaluation, the trier of fact must determine whether medical improvement is related to Petitioner's ability to do work in accordance with 20 CFR 416.994(b)(1)(i) through (b)(1)(iv). 20 CFR 416.994(b)(5)(iv). It is the finding of this Administrative Law Judge, after careful review of the record, that there has been medical improvement where she can perform light work.

At Step 4, Petitioner testified that she does perform some of her daily living activities. However, Petitioner's limitations are not supported by the objective medical evidence on the record. Petitioner testified that her condition has gotten worse because she just wants to lay in her bed. She does have mental impairments and is taking medications and in therapy. Petitioner does not or has ever smoked cigarettes. She does not or has ever used illegal or illicit drugs. She stopped drinking alcohol in 2013, where before she drank 1/5 of alcohol 2 to 3 times a week. Petitioner did not think that there was any work that she could perform.

This Administrative Law Judge finds that Petitioner's medical improvement is related to her ability to do work. Petitioner should be able to perform work. She had an essentially normal physical examination. She is in treatment and taking medications for her mental impairments. Her mental condition has improved with medication and therapy where she is being weaned off her Xanax. Therefore, Petitioner is disqualified from receiving disability at Step 4 where Petitioner can perform light work. If there is a finding of medical improvement related to Petitioner's ability to perform light work, the trier of fact is to move to Step 6 in the sequential evaluation process.

Step 6

In the sixth step of the sequential evaluation, the trier of fact is to determine whether the Petitioner's current impairment(s) is not severe per 20 CFR 416.921. 20 CFR 416.994(b)(5)(vi). If the residual functional capacity assessment reveals significant limitations upon a Petitioner's ability to engage in basic work activities, the trier of fact moves to Step 7 in the sequential evaluation process.

In this case, this Administrative Law Judge finds Petitioner can perform at light work. See Steps 3 and 4. She was given an essentially normal physical examination. She is in treatment and taking medications for her mental impairments. Therefore, Petitioner is not disqualified from receiving disability at Step 6 where Petitioner passes for severity.

Step 7

In the seventh step of the sequential evaluation, the trier of fact is to assess a Petitioner's current ability to engage in substantial gainful activities in accordance with 20 CFR 416.960 through 416.969. 20 CFR 416.994(b)(5)(vii). The trier of fact is to assess the Petitioner's current residual functional capacity based on all current impairments and consider whether the Petitioner can still do work she has done in the past.

At Step 7, Petitioner was last employed as a line worker on March 4, 2013 at the medium level. She has also been employed as an inmate supervisor at the light level and team technician. In this case, this Administrative Law Judge finds that Petitioner should be able to perform light work. Petitioner is capable of performing past, relevant light work as long as she maintains her therapy and medications for her mental impairments. See Steps 3 and 4. Therefore, Petitioner is disqualified from receiving disability at Step 7 where Petitioner is capable of performing her past, relevant light work.

Step 8

The objective medical evidence on the record is insufficient that Petitioner lacks the residual functional capacity to perform some other less strenuous tasks than in her previous employment or that she is physically unable to do any tasks demanded of her. Petitioner's testimony as to her limitation indicates her limitations are exertional and non-exertional.

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence, or pace; and ability to tolerate increased mental demands associated with competitive work).... 20 CFR, Part 404, Subpart P, App. 1, 12.00(C).

In the instant case, Petitioner testified that she has bipolar disorder, depression, anxiety, and post-traumatic stress disorder. Petitioner is taking medication and in therapy for her mental impairments. See MA analysis step 2. There was no evidence of a serious thought disorder or risk factors. Petitioner has a high school education. She will be limited to light work.

In the final step, Step 8, of the sequential evaluation, the trier of fact is to consider whether Petitioner can do any other work, given Petitioner's residual function capacity and Petitioner's age, education, and past work experience. 20 CFR 416.994(b)(5)(viii). In this case, based upon Petitioner's vocational profile of a closely approaching advanced age individual, with a high school education, and a history of unskilled and skilled work, MA-P is denied using Vocational Rule 202.14 as a guide. The Medical-Vocational guidelines are not strictly applied with non-exertional impairments such as

bipolar disorder, depression, anxiety, post-traumatic stress disorder. 20 CFR 404, Subpart P, Appendix 2, Section 200.00.

This Administrative Law Judge finds that Petitioner does have medical improvement in this case and the Department has established by the necessary, competent, material and substantial evidence on the record that it was acting in compliance with Department policy when it proposed to close Petitioner's SDA case based upon medical improvement. Petitioner continues to be in therapy and taking medications for her mental impairments. There was no evidence of a serious thought disorder or risk factors. She had an essentially normal physical examination. Petitioner does not meet the disability criteria for SDA, she has had medical improvement making her capable of performing light work.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner not disabled for purposes of the medical review of SDA benefit programs. Petitioner does not meet the disability criteria for SDA, she has had medical improvement making her capable of performing light work.

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

CF/hb



Carmen G. Fahie

Administrative Law Judge
for Robert Gordon, 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR 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

Mark Epps
4809 Clio Road
Flint, MI 48504

Genesee County (Clio), DHHS

BSC2 via electronic mail

L. Karadsheh via electronic mail

Petitioner

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