



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: September 13, 2018  
MAHS Docket No.: 18-004605  
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 July 16, 2018, from Detroit, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Gregory Folsom, Hearing Facilitator.

During the hearing, Petitioner waived the time period for the issuance of this decision in order to allow for the submission of additional records. The requested documents were NOT received. Thus, the record closed on August 17, 2018.

**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 [REDACTED] 2018, Petitioner submitted an application seeking cash assistance on the basis of a disability.
2. On April 19, 2018, the Disability Determination Service (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program (Exhibit A, p. 245).
3. On April 23, 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. 247-250).

4. On [REDACTED] 2018, the Department received Petitioner's timely written request for hearing.
5. Petitioner alleged mental disabling impairment due to Bipolar Disorder, Depression, Borderline Personality Disorder and Post Traumatic Stress Disorder (PTSD) with noted (cocaine, alcohol and cannabis dependence). (Exhibit A, p. 71)
6. On the date of the hearing, Petitioner was 41 years of age with a [REDACTED] 1977, birth date; she is 5' 3" in height and weighed about 175 pounds.
7. Petitioner completed the 9<sup>th</sup> grade and has a learning disability and did not attend special education during school.
8. At the time of the application, Petitioner was not employed.
9. Petitioner has an employment history of factory work standing and packaging items such as pickles and filling boxes and working as a waitress at a [REDACTED], and at a [REDACTED] cleaning rooms. The Petitioner last worked 3 or 4 years ago.
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 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 Supplemental Security Income (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 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.

Petitioner was given a Biopsychosocial Assessment received from [REDACTED] on [REDACTED], 2018, as part of her court-ordered sentencing. At the time of the exam, the Petitioner exhibited the following symptoms: depression, hopelessness, anxious, impulsiveness, oppositionalism, decreased energy, worthlessness, obs./compulsion, irritability, grief, and hyperactivity. In answer to a screen for symptoms, the Petitioner answered many of the questions "yes" which resulted in a severe score. The Petitioner reported cannabis use, 1-2 blunts a day, last use on [REDACTED] 2017, and Cocaine, 1+ gram use [REDACTED] 2017. Based upon these answers to the assessment, it was determined that the Petitioner was at risk of continued use if she does not engage in treatment at this time. At the conclusion of the exam, intensive outpatient services were ordered. Diagnosis was moderate/severe cocaine use disorder, moderate/severe cannabis disorder and moderate/severe alcohol use disorder. (Exhibit A, pp. 85-98.) In addition, the narrative summary of Petitioner's intake noted that at the time has had a

drink two weeks ago but that she currently does not have any cravings or desire to use. The notes indicate that she attends AA (Alcoholics Anonymous).

The treatment records for [REDACTED] were also presented. Petitioner was being treated for Bipolar Disorder (depression), and attended a medication appointment on [REDACTED] 2018, at which time she was taking Lamictal and Prozac. Notes indicate that Petitioner advised that it (meds) was going well; no side effects, moods have been good, and that she thought she was on the right stuff. No Depression last week, sleeping well, going to gym, no psychotic features, no delusions or hallucinations noted at this time. In addition, Petitioner denied any hostility and denied any aggressive behavior or any increase in high risk activities or substance abuse. The notes indicate that Petitioner was also on probation. At the time of the office visit, there were no psychotic features noted or reported, thoughts were organized with no thoughts of harming self or others. All behaviors examined were within normal limits. (Exhibit A, p. 109.) The diagnosis was opioid dependence, alcohol dependence, Cocaine dependence and cannabis dependence. All diagnoses were active. A similar office visit for medication follow up with essentially the same information and conditions reported was completed on [REDACTED], 2018, except one note that mood was irritable. (Exhibit A, pp. 114-124.)

A Psychiatric Evaluation was performed on [REDACTED] 2017, with a brief assessment stating at the time the Petitioner reported feeling depressed and loss of interest and anxious. Notes indicate paranoia expressing as patient thinks people are talking about her with poor sleep and concentration without suicidal or homicidal thoughts, intent or plan. Moods were reported up and down, with affect restricted and reports that she thinks people are talking about her. The patient reported short- and long-term memory were bad and thinks she has Attention Deficit Hyperactivity Disorder (ADHD). Notes indicated that IP appeared average based upon vocabulary and fund of knowledge. Impulse control is impaired but is much better when not using drugs. Insight and judgment were fair, appears to want treatment but may only be seeking it because of her legal issues. The Petitioner was deemed positive for depression. The notes further indicate that Petitioner has a history of overdose and blackouts. Notes further indicate under assessment of risk the following: Per Access, December 11, 2017, alcohol one pint per day, 1-3 days past month, last use November 15, 2017; marijuana ¼ gram three times per week last used November 15, 2017, longest period of sobriety outside of a structured environment is a few months. As a result of the exam, Prozac was prescribed for depression and anxiety and Abilify for mood control. (Exhibit A, p. 31.)

The Petitioner was seen on [REDACTED] 2016, for a psychiatric evaluation and medication review. Review notes indicate that patient was recently charged with assault with a dangerous weapon against her husband's mistress (assault with a car). She was in jail two months and released on [REDACTED] 2016, and is on probation at time of the evaluation. At that time notes indicate mood swings, anger issue, depression, inability to focus, feelings of overwhelmed and unable to concentrate. At the time, the Petitioner had not been on any medications for three years. A history of

substance use disorder was reported and use of marijuana, alcohol, cocaine and heroin use on and off with last use reported as 2012. During this exam, the notes indicate regarding mental status that Petitioner was alert, properly groomed, polite cooperative and pleasant and spoke coherently, and speech was relevant and spontaneous, communicating well. Mood and affect are appropriate to thoughts. No psychotic thoughts exhibited and not responding to internal stimuli, thoughts are logical and well processed. Petitioner's memory was intact, and overall intellectual functioning is within normal range. Insight and judgement were fair to limited depending upon stress level and circumstances and use of alcohol and marijuana. At that time, the diagnosis was bipolar disorder I, most recent episode depressed, opioid dependence and alcohol dependence.

A psychological assessment was performed on [REDACTED] 2016. The patient self-reported, the following symptoms at the time: sleeps too much, feel hopeless and helpless, low self-esteem, tearful, mood swings, can't concentrate and restless, acts without thinking, aggressive, angry, anxious, panic, can't remember things, obsessive constant thoughts, compulsive excessive behavior. Notes indicate that patient self-reported in special ed throughout schooling and dropped out in 9<sup>th</sup> grade because could not learn. The only item not within normal limits was mood which was anxious. Sleep was reported as good, no hallucinations were reported, memory intact, judgment intact and attention and concentration was fair. The examiner found concern finding patient at moderate risk for psychiatric relapse, with prior suicide attempts with history of aggression towards others. Diagnosis was Bipolar I, primary and substance abuse diagnosis opioid dependence, and alcohol dependence both active. (Exhibit A, pp. 147-150.)

A series of case management notes from her case manager with [REDACTED] were reviewed and did not disclosed any issues other than medication changes covering most of 2016. (Exhibit A, pp.154-191.)

The Petitioner completed a Function Report for the Social Security Administration which was completed on [REDACTED] 2018. The Petitioner reported that she cannot focus, gets tired, has headaches and gets depressed, forgetful, stressed and does not get along with others. She reported that she has no problems with her personal care but may need a verbal reminder to take medications. She is able to cook and clean her room and take public transportation and go shopping, can pay her bills, count change and handle a savings account and checkbook. Petitioner reported no problems getting along with family and friends or others. The following abilities were reported affected by Petitioner's illness: memory, completing tasks, concentration, understanding, following instructions, and getting along with others. She reported that she does not do well with following verbal or written instructions.

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, listings 12.04 Depressive, bipolar and related disorders, 12.06 anxiety and obsessive-compulsive disorders and 12.08 Personality and impulse-control disorder 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).

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). *In addition*, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining an individual's degree of mental functional limitation. 20 CFR 416.920a(c)(3). The degree of limitation for the first three functional areas is rated by a five-point scale: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). A four-point scale (none, one or two, three, four or more) is used to rate the degree of limitation in the fourth functional area. *Id.* The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. *Id.*

In this case, Petitioner alleges only nonexertional limitations due to her medical condition regarding her mental health impairment. Petitioner testified that she could cook her own food, grocery shop and clean her room, regularly attend her mental health appointments, and goes to AA every day and is able to be on Facebook for much of the day. She also attends [REDACTED] daily from 9:00 a.m. until noon as required for support and structure.

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.



Based on the medical record presented, as well as Petitioner's testimony, Petitioner has mild to moderate limitations on her mental ability to perform basic work activities and can perform activities of daily living, social functioning and attends church. With respect to activities of daily living the Petitioner's has mild limitations. With respect to social functioning the limitations are mild to moderate. With respect to concentration, persistence or pace, the Petitioner has moderate limitations. As regards episodes of decompensation, none were reported. No marked limitations with respect to Petitioner's mental health functioning were noted in any of the medical psychiatric document presented. Petitioner denied any hostility and denied any aggressive behavior or any increase in high risk activities or substance abuse in her last evaluation.

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 putting out clothes and seasonal work packing pickles in jars. The Petitioner also listed cleaning motels, waitressing and factory temp jobs. It was unclear when some of these jobs were performed. Petitioner's work packing pickles and factory work required standing all day and packing boxes and pickles into jars. It was unclear whether the Petitioner was capable of performing past relevant work due to some slight intellectual limitation and moderate limitations with persistence and pace.

The Petitioner testified that she attends [REDACTED] on a daily basis, attends AA, can take public transportation and goes shopping. The Petitioner can cook a meal, and has no problem grooming and dressing. The medical reports do indicate that there is some reduced intellectual function. Petitioner was able to communicate adequately. The Petitioner noted trouble concentrating and reported the following abilities were reported affected by Petitioner's illness: memory, completing tasks, concentration, understanding, following instructions, and getting along with others. She also reported that she does not do well with following verbal or written instructions.

Based upon her psychiatric evaluations which note alcohol and drug disorder, Petitioner appears to be doing much better on medication; there were notes that her intellectual ability was slightly diminished.

Based upon Petitioner's RFC analysis above Petitioner has moderate limitations in her mental capacity to perform basic work activities. In light of the entire record, it is found that Petitioner's nonexertional RFC prohibits her 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). 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).

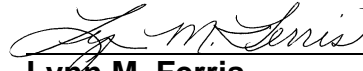
In this case, Petitioner was 40 years old at the time of application and 41 years old at the time of hearing, and thus, considered to be a younger individual (age 18-44). Petitioner has a 9<sup>th</sup> grade education and is able to read and write. However, Petitioner also has impairments due to her mental condition. As a result, she has a nonexertional RFC imposing mild limitations in her activities of daily living; mild to moderate limitations in her social functioning; and moderate limitations in her concentration, persistence or pace limitations. It is found that those limitations would not preclude her from engaging in simple, unskilled work activities involving simple routine tasks on a sustained basis in a lower stress environment. Therefore, Petitioner is able to adjust to other work and is **not** 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 not disabled for purposes of the SDA benefit program.

**DECISION AND ORDER**

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

LMF/jaf



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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**

Mark Epps  
MDHHS-Genesee-6-Hearings

**Petitioner**

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