



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]

Date Mailed: April 3, 2019
MAHS Docket No.: 19-001469
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250. After due notice, a telephone hearing was held on March 18, 2019, from Detroit, Michigan. Petitioner represented himself. The Department of Health and Human Services (Department) was represented by Jessica Labomascus, Eligibility Specialist and Lee Ann Lentner, Family Independence Manager (FIM).

ISSUE

Whether the Department properly determined that Petitioner was not disabled for purposes of the Medical Assistance (MA) and/or 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. (Exhibit A, pp. 4-15).
2. On January 4, 2019, the Disability Determination Service (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 96-102).
3. On January 11, 2019, the Department sent Petitioner a Notice of Case Action denying the application based on DDS/MRT's finding of no disability (Exhibit A, pp. 325-328).

4. On February 11, 2019, the Department received Petitioner's timely written request for hearing concerning the finding that he has experienced medical improvement and was no longer disabled (Exhibit A, pp. 2-3).
5. Petitioner alleged disabling impairment due to smashed thumbs with nerve pain and complications from burns.
6. At the time of hearing, Petitioner was [REDACTED] years old with an [REDACTED], 1964 birth date; he is 6'0" in height and weighs about 190 pounds.
7. Petitioner graduated from high school.
8. Petitioner has an employment history of work as a press operator.
9. Petitioner has a claim pending disability claim with the Social Security Administration (SSA).

CONCLUSIONS OF LAW

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

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

Petitioner applied for cash assistance alleging a disability. A disabled person is eligible for SDA. BEM 261 (July 2015), p. 1. An individual automatically qualifies as disabled for purposes of the SDA program if the individual receives Supplemental Security Income (SSI) or Medical Assistance (MA-P) benefits based on disability or blindness. BEM 261, p. 2. Otherwise, to be considered disabled for SDA purposes, a person must have a physical or mental impairment for at least ninety days which meets federal SSI disability standards, meaning the person is unable to do any substantial gainful activity by reason of any medically determinable physical or mental impairment. BEM 261, pp. 1-2; 20 CFR 416.901; 20 CFR 416.905(a).

Determining whether an individual is disabled for SSI purposes requires the application of a five step evaluation of whether the individual (1) is engaged in substantial gainful activity (SGA); (2) has an impairment that is severe; (3) has an impairment and duration that meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) has the residual functional capacity to perform past relevant work; and (5) has the residual functional capacity and vocational factors (based on age, education and work experience) to adjust to other work. 20 CFR 416.920(a)(1) and (4); 20 CFR 416.945. If

an individual is found disabled, or not disabled, at any step in this process, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4).

In general, the individual has the responsibility to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 20 CFR 416.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, are insufficient to establish disability. 20 CFR 416.927(d).

Step One

The first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is SGA, then the individual must be considered not disabled, regardless of medical condition, age, education, or work experience. 20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Petitioner was not working during the period for which assistance might be available. Because Petitioner was not engaged in SGA, he is not ineligible under Step 1, and the analysis continues to Step 2.

Step Two

Under Step 2, the severity and duration of an individual's alleged impairment is considered. If the individual does not have a severe medically determinable physical or mental impairment (or a combination of impairments) that meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for SDA means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 90 days. 20 CFR 416.922; BEM 261, p. 2.

An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities mean the abilities and aptitudes necessary to do most jobs, such as (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work

setting. 20 CFR 416.921(b). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28.

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. 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, *and in response to the interim order*, was reviewed and is summarized below.

On January 4, 2017, Petitioner was seen with a chief complaint of finger pain. Petitioner was referred to the pain clinic for further treatment and evaluation. (Exhibit A, pp. 283-285).

On February 2, 2017, Petitioner was seen with a chief complaint of bilateral thumb pain. Petitioner rated his pain 7/10, and indicated he has an aching, sharp, and a throbbing quality that does not radiate. Petitioner indicated that the pain was constant and was aggravated by cold, grasping, and use of hands. Petitioner indicated that the pain was alleviated with medication. (Exhibit A, pp. 73-76).

On March 17, 2017, Petitioner was seen with a chief complaint of bilateral thumb pain. Petitioner stated that his pain was the same as it was during his previous visit on February 2, 2017. Petitioner did not have any additional symptoms. (Exhibit A, pp. 77-79).

On June 9, 2017, Petitioner was seen with a chief complaint of bilateral thumb pain. Petitioner stated that his pain was the same as it was on his previous visit on March 17, 2017, Petitioner did not have any additional symptoms. (Exhibit A, pp. 80-82).

On August 4, 2017, Petitioner was seen with a chief complaint of bilateral thumb pain. Petitioner described the pain as throbbing and aching. Petitioner indicated that the pain did not radiate. Petitioner rated his pain at 9/10. Petitioner indicated that he had

previously been treated with medication which was not effective. Petitioner's medication was reviewed. (Exhibit A, pp. 83-85).

On April 2, 2018, Petitioner was seen with the chief complaint of rib pain. Petitioner reported rib pain on the right side after hitting ribs on the golf cart steering wheel. Petitioner reported significant depression due to pain and difficulty using his thumbs from past injury. Petitioner reported that he does not sleep well. The assessment included obsessive-compulsive disorder; situational depression; rib pain on the right side; screening for depression; and elevated blood pressure. (Exhibit A, pp. 285-287).

On April 28, 2018, Petitioner was seen in the emergency room with burns. Petitioner had 15% partial thickness burns mostly centered on his torso. Petitioner was welding when a spark hit his jacket and caught fire. Petitioner managed to take his jacket off. Petitioner did not have any significant inhalation. Petitioner cooled the area with some water. It was noted that there was also partial thickness burns of the right hand as well as burns on the third and fourth fingers of the left hand. It was noted that sensation was intact to almost all the affected areas. There was one area of the torso burn that had decreased sensation, but the skin was intact in this area. (Exhibit A, pp. 237-240).

On May 10, 2018, Petitioner was admitted to the hospital for treatment of his burns. It was noted that Petitioner was admitted and underwent a split-thickness skin graft of 1000 sq. cm. the procedure was performed without complication. Petitioner's pain was well controlled with medication. Petitioner was noted to have first- and second-degree burns. (Exhibit A, pp. 244-264).

On May 15, 2018, Petitioner was seen for depression screening. It was noted that Petitioner had been on Zoloft for a long time. He noted that it worked well for his OCD. Petitioner indicated that he was depressed. Petitioner cited that his depression was due to his burns and recent surgery. Petitioner indicated that he stopped working five years prior after a work injury and had been unable to find work since that time. (Exhibit A, p. 292).

On May 24, 2018, Petitioner was seen for issues surrounding his mental health condition. The plan was to provide Petitioner with therapy/counseling for his situational depression. His depression screening score was 20. (Exhibit A, pp. 293-294).

On May 31, 2018, Petitioner was called by a social worker to check on the status of his mental health. Petitioner explained that he was doing okay. Petitioner felt his pain was not the best but was better than it was. Petitioner believed his skin graft was infected. Petitioner noted that he was learning a lot through the whole process. Petitioner denied any thoughts of suicide. Petitioner stated that he did not believe in therapy and wished to discontinue sessions. (Exhibit A, p. 295).

On June 21, 2018, Petitioner was seen with a chief complaint of bilateral thumb pain. It was noted that Petitioner continued to have chronic thumb pain since a work-related injury in 2014. Petitioner indicated that this has caused him to be unable to work due to

pain and has caused exacerbation of his underlying anxiety and is causing depression. Petitioner requested to “talk to somebody” as he was concerned about not being able to support himself. Petitioner indicated that his thumb pain kept him up at night. (Exhibit A, pp. 295-297).

On July 2, 2018, Petitioner was called by a social worker to check on the status of his mental health. Petitioner confirmed that he had thoughts of suicide in the recent past but no intent or plan. Petitioner confirmed a desire to live. Petitioner was willing to get connected with the therapist. (Exhibit A, p. 298).

On July 17, 2018, Petitioner was seen with a chief complaint of cough. It was noted that Petitioner coughed up bright red blood approximately 12 times in the past three days. Specks of blood in clear sputum were noted. Petitioner thought the issue may be related to his sinuses. An x-ray in CT were ordered. (Exhibit A, pp. 298-300).

On July 20, 2018, Petitioner was called by a social worker to check on the status of his mental health. Petitioner was cheerful reported that he was doing very well. Petitioner continued to treat at [REDACTED] and believed it to be helpful. Petitioner indicated that he was very happy that he had been able to work again. Petitioner reported improved sleep. (Exhibit A, p. 301).

On August 21, 2018, Petitioner was seen with a chief complaint of bilateral thumb pain. Petitioner reported that he was welding on August 28, 2018 and caught himself on fire and wasn't experiencing pain from nerve damage to his back, right hip, and right leg. Petitioner noted his bilateral thumb pain and 8/10. The character of the thumb pain was numbness and aching. Petitioner described the nerve pain in his back is a burning, itching feeling. Petitioner did not identify any alleviating factors for the thumb pain but vocalized temporary relief of the nerve pain with limited activity. Petitioner stated that his pain was worse than it was on the previous visit of August 4, 2017. Petitioner did not report any additional symptoms. (Exhibit A, pp. 86-87).

Petitioner was seen at the [REDACTED] for individual counseling from July 9, 2018 through September 11, 2018. Petitioner reported ups and downs indicating that he had financial concerns. (Exhibit A, pp. 58-65).

On September 24, 2018, Petitioner was seen with a chief complaint of thumb pain and burn pain. Petitioner rated his pain as 8/10. Petitioner described the pain as throbbing and aching. Petitioner was prescribed tramadol for his chronic pain, but it had not provided any benefit. The assessment included neuropathic pain of the trunk due to burn; and a history of bilateral neuropathic pain. (Exhibit A, pp. 88-91).

On November 17, 2018, Petitioner was seen for a consultative evaluation with [REDACTED]. Petitioner underwent surgery with a hand specialist in March 2014. The report noted that his thumbs had healed quite well from the surgery. Petitioner stated that he had chronic pain in his styles with increased sensation and feeling in his thumbs. Petitioner stated that his pain level in his thumbs was 8/10 at all times. The report noted

that despite this Petitioner did not appear to be in any discomfort at the time of the evaluation. Petitioner was noted to have COPD but denied a history of shortness of breath. It was further noted that an x-ray was completed on July 17, 2018 showing that Petitioner's lungs were hyperinflated with features of COPD and scarring in the upper lobes, mild and chronic atelectatic changes were seen in the left lung with no acute findings. Petitioner revealed that he was burned on April 31, 2018 while welding in his home. He was hospitalized for one week with severe burns on his right side, back, and arm. Petitioner requires skin grafts on the right leg. The conclusion included that Petitioner has skin graft from a recent burn on the right flank and back with the skin graft from the right leg which could cause some dry skin and some contractures that limit his range of motion of the shoulder which made it occasionally difficult for him to put on his clothes. The report noted that there other than this, there were no significant findings of the fiscal evaluation. (Exhibit A, pp. 224-228).

In consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Petitioner suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days. Therefore, Petitioner has satisfied the requirements under Step 2, and the analysis will proceed to Step 3.

Step Three

Step 3 of the sequential analysis of a disability claim requires a determination if the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920(a)(4)(iii). If an individual's impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

Based on the medical evidence presented in this case, listings 1.02 major dysfunction of a joint(s); 12.04 depressive, bipolar and related disorders; 12.06 anxiety and obsessive-compulsive disorders were considered. The medical evidence presented does not show that Petitioner's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Therefore, Petitioner is not disabled under Step 3 and the analysis continues to Step 4.

Residual Functional Capacity

If an individual's impairment does not meet or equal a listed impairment under Step 3, before proceeding to Steps 4 and 5, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s), including those that are not severe, and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4); 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical

examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

Limitations can be exertional, nonexertional, or a combination of both. 20 CFR 416.969a. If individual's impairments and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b). If an individual has limitations or restrictions that affect the ability to meet demands of jobs other than strength, or exertional, demands, the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e., unable to tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi).

For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). Where the evidence establishes a medically determinable mental impairment, the degree of functional limitation must be rated, taking into consideration chronic mental disorders, structured settings, medication, and other treatment. The effect on the overall degree of functionality is evaluated under four broad functional areas: (i) understand, remember, or apply information; (ii) interact with others; (iii) concentrate, persist, or maintain pace; and (iv) adapt or manage oneself. 20 CFR 416.920a(c)(3). For the first three functional areas, a five-point scale is applied (none, mild, moderate, marked, and extreme). 20 CFR 416.920a(c)(4). The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. 20 CFR 416.920a(c)(4).

In this case, Petitioner alleges both exertional and nonexertional limitations due to his medical condition. Petitioner testified that he could not use his hands due to numbness in his thumbs; he was unable to concentrate due to his depression; and could only complete simple tasks.

A review of Petitioner's medical records revealed that he has had consistent treatment for bilateral thumb pain in 2017 and 2018. In each medical contact, Petitioner listed his pain as approximately 8/10. Petitioner testified that he has little to no feeling in his thumbs, which causes an inability to use his hands. Additionally, in May 2018, Petitioner was assessed with a depression score of 20. According to the PHQ-9 Scoring Card for severity Determination, Petitioner fell within the severe category which is the category for a score of 20-27. That scoring is consistent with Petitioner's testimony at the hearing. Petitioner testified that he does little to nothing during the day and typically talks to his mother, listens to the radio and takes short walks. He indicated that he rarely leaves the property.

Based on the medical record presented, as well as Petitioner's testimony, Petitioner has mild limitations in his activities of daily living; moderate to marked limitations in his social functioning; and moderate to marked limitations on his ability to, remember, or apply information, interact with others, concentrate, persist, or maintain pace. Petitioner's nonexertional RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

Step Four

Step 4 in analyzing a disability claim requires an assessment of Petitioner's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). Past relevant work is work that has been performed by Petitioner (as actually performed by Petitioner or as generally performed in the national economy) within the past 15 years that was SGA and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1) and (2). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920. Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy are **not** considered. 20 CFR 416.960(b)(3).

Petitioner's work history in the 15 years prior to the application consists of work as a brake press operator. Petitioner's work as a brake press operator, which required standing of approximately eight hours or more and lifting up to 30-50 pounds regularly, required medium physical exertion. Because Petitioner has no exertional limitations, he is not precluded from performing past relevant work due to the exertional requirement of his prior employment. However, his nonexertional RFC results in mild limitations in his activities of daily living; moderate to marked limitations in his social functioning; and moderate to marked limitations on his ability to, remember, or apply information, interact with others, concentrate, persist, or maintain pace. Petitioner's nonexertional RFC would prevent him from being able to perform past relevant work. Although Petitioner is

unable to perform past relevant work, the assessment must continue to Step 5 to determine whether Petitioner can adjust to other work.

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).

In this case, Petitioner has only nonexertional limitations due to his mental condition and his inability to perform manipulative functions such as handling objects due to the loss of feeling in his thumbs. Therefore, the Medical-Vocational Guidelines are not relevant in determining whether he can adjust to other work. As discussed above, Petitioner's nonexertional RFC results in mild limitations in his activities of daily living; moderate to marked limitations in his social functioning; and moderate to marked limitations on his ability to, remember, or apply information, interact with others, concentrate, persist, or maintain pace. The Department has failed to present evidence of a significant number of jobs in the national and local economy that Petitioner has the vocational qualifications to perform in light of his nonexertional RFC, age, education, and work experience. Therefore, the evidence is insufficient to establish that Petitioner is able to adjust to other work. Accordingly, Petitioner is found disabled at Step 5 for purposes of the SDA benefit program.

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

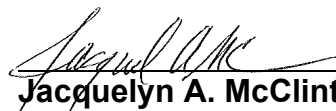
DISABLED: The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner **disabled** for purposes of the SDA benefit program.

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

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

1. Reregister and process Petitioner's October 5, 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 October 2019.

JAM/tlf



Jacquelyn A. McClinton
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 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

Via Email:

MDHHS-Kent-Hearings
BSC3 Hearing Decisions
Policy-FIP-RAP-SDA
MAHS

Petitioner – Via First-Class Mail:

