



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: September 4, 2019
MOAHR Docket No.: 19-006744
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; and 45 CFR 205.10. After due notice, a telephone hearing was held on August 5, 2019, from Detroit, Michigan. Petitioner appeared on his own behalf. Participants on behalf of the Department of Human Services (Department) included [REDACTED] Hearing Facilitator.

ISSUE

Did the Department properly determine that Petitioner was not disabled for purposes of the State Disability Assistance (SDA) benefit program?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On July 19, 2018, Petitioner submitted an application seeking cash assistance on the basis of a disability.
2. On April 30, 2019, the Disability Determination Service (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 48-54).
3. On June 5, 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. 42-45).
4. On [REDACTED] 2019, the Department received Petitioner's timely written request for hearing (Exhibit A, p. 46).

5. Petitioner alleged disabling impairment due to fatigue, leg pain, chest pains, depression, anxiety and post-traumatic stress disorder (PTSD).
6. On the date of the hearing, Petitioner was [REDACTED] old with an [REDACTED] birth date; he is [REDACTED] in height and weighs about [REDACTED]
7. Petitioner completed the ninth grade and obtained his GED.
8. At the time of application, Petitioner was not employed.
9. Petitioner has an employment history of work as auction clerk, caregiver, and a laborer.
10. Petitioner has a pending disability claim with the Social Security Administration.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), and Department of 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 May 11, 2018, Petitioner was seen at [REDACTED] with a chief complaint of depression. The record indicated that the depression had been occurring in a persistent pattern for years. The symptoms were associated with episodes of spontaneous crying, feeling tired and lack of energy. Petitioner stated that he seemed to be having more anxiety. The assessment included severe episodes of recurrent major depressive disorder, without psychotic features. (Exhibit A, pp. 544-546).

On June 5, 2018, Petitioner was seen at [REDACTED] with a chief complaint of depression. The record indicated that the depression had been occurring in a persistent pattern for years. The symptoms were associated with episodes of spontaneous crying, feeling tired and lack of energy. Petitioner stated that he seemed to be having more anxiety. The assessment included severe episode of recurrent major depressive disorder, without psychotic features. (Exhibit A, pp. 541-543).

On June 29, 2018, Petitioner underwent a psychological evaluation at [REDACTED]. Petitioner's cognitive abilities were within the low average range when compared to his peers. Petitioner's results strongly indicated inattentiveness and was associated with a moderate likelihood of having a disorder characterized by deficits in attention. Petitioner was found to meet the criteria for major depressive disorder and posttraumatic stress disorder. (Exhibit A, pp. 565-572).

On July 11, 2018, Petitioner was seen at [REDACTED] with a chief complaint of depression. The record indicated that the depression had been occurring in a persistent pattern for years. The symptoms were associated with episodes of spontaneous crying, feeling tired and lack of energy. Petitioner stated that he seemed to be having more anxiety. The assessment included severe episodes of recurrent major depressive disorder, without psychotic features. (Exhibit A, pp. 538-540).

On October 8, 2018, Petitioner was seen at [REDACTED] with a chief complaint of chest pain. Petitioner indicated that his chest felt tight and radiated up into his neck and left side jaw. An EKG was performed and showed no acute ischemic changes and appeared unchanged from the previous EKG. (Exhibit A, pp. 324-326).

On November 29, 2018, Petitioner was seen at [REDACTED] with a chief complaint of depression. The record indicated that the depression had been occurring in a persistent pattern for years. The symptoms were associated with episodes of spontaneous crying, feeling tired and lack of energy. The assessment included severe episodes of recurrent major depressive disorder, without psychotic features. (Exhibit A, pp. 527-529).

On January 18, 2019, [REDACTED] a Michigan Limited Licensed Psychologist, authored a psychiatric/psychological medical report. In the [REDACTED] Statement, [REDACTED] indicated the following:

The claimant's abilities to understand, remember, and carry out simple instructions, like those on the MSE, are opinioned to be mildly impacted, by psychological/emotional sources. The abilities to respond appropriately to others, including supervisors and co-workers, and to adapt to changes in a work setting are opinioned to be severely impacted, by psychopathology; chronically. Finally, the ability to perform work related activities, despite alleged impairments, in a reliable consistent, and persistent manner is opinioned to be severely impaired, by psychopathology; chronically. Workability secondary to physical issues alone would need to be assessed by physical medicine. (Exhibit A, pp. 113-122).

On February 28, 2019, Petitioner was seen at [REDACTED] for a follow up for depression. The record indicated that the depression had been occurring in a persistent pattern for years. The symptoms were noted to be associated with episodes of spontaneous crying, feeling tired and lack of energy. The medical conditions addressed at the visit included: severe episode of recurrent major depressive disorder, without psychotic features; generalized anxiety disorder; hyperlipidemia, acquired; essential hypertension; nicotine dependence; and BMI 34.0-34.9. (Exhibit A, pp. 310-313).

On April 23, 2019, Petitioner was seen by [REDACTED] for a consultative examination. Petitioner presented with complaints of major depressive disorder; recurrent PTSD; gender dysphoria; COPD; asthma; numb feet; high blood pressure; sleep apnea; and past severe alcohol abuse. On physical examination, Petitioner did not have any significant findings other than his lungs had diffuse wheezes bilaterally. Regarding his psychiatric issues, the recommendation was to undergo further evaluation from psychiatry. (Exhibit A, pp. 815-819).

On May 23, 2019, Petitioner was seen at [REDACTED] for a follow up for depression. The record indicated that the depression had been occurring in a persistent pattern for years. The symptoms were associated with episodes of spontaneous crying, feeling tired and lack of energy. The medical conditions addressed included: generalized anxiety disorder; severe episodes of recurrent major depressive disorder, without psychotic features; hyperlipidemia, acquired; other fatigue; decreased libido; obesity, morbid; and nicotine dependence. (Exhibit 2, pp. 4-7).

On July 11, 2019, Petitioner was seen at [REDACTED] for a follow up for depression. The record indicated that the depression had been occurring in a persistent pattern for years. The symptoms were associated with episodes of spontaneous crying, feeling tired and lack of energy. The medical conditions addressed included: essential hypertension; severe episodes of recurrent major depressive disorder, without psychotic features; insomnia, uncontrolled; forgetfulness; chronic fatigue; daytime somnolence; nicotine dependence; and BMI 34.0-34.9. (Exhibit 2, pp. 1-3).

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 12.04 (depressive, bipolar and related disorders), 12.06 (anxiety and obsessive-compulsive disorders) and 12.15 trauma-and stressor-related disorders were considered. The medical evidence presented does **not** show that Petitioner's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Therefore, Petitioner is not disabled under Step 3 and the analysis continues to Step 4.

Residual Functional Capacity

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

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

Limitations can be exertional, nonexertional, or a combination of both. 20 CFR 416.969a. If individual's impairments and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b).

The exertional requirements, or physical demands, of work in the national economy are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a). Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools and occasionally walking and standing. 20 CFR 416.967(a). Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds; even though the weight lifted may be very little, a job is in the light category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. 20 CFR 416.967(b). Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. 20 CFR 416.967(e).

If an individual has limitations or restrictions that affect the ability to meet demands of jobs **other than** strength, or exertional, demands, the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of

non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e., unable to tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi). For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. Id.; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). Where the evidence establishes a medically determinable mental impairment, the degree of functional limitation must be rated, taking into consideration chronic mental disorders, structured settings, medication, and other treatment. The effect on the overall degree of functionality is evaluated under four broad functional areas: (i) understand, remember, or apply information; (ii) interact with others; (iii) concentrate, persist, or maintain pace; and (iv) adapt or manage oneself. 20 CFR 416.920a(c)(3), to which 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 dress/undress himself; bathe/shower unassisted; use the bathroom unassisted; prepare meals; drive a car; squat; bend at the waist; reach; sit; kneel; climb stairs and use his hands. Petitioner stated that he could not stand for more than 20 minutes without experiencing pain in his legs or walk for more than 20 feet without experiencing shortness of breath.

Petitioner testified that he cannot function well enough to complete chores. Petitioner further testified that he forgets things and cannot concentrate due to stress. Petitioner stated that he could not complete tasks or follow instruction due to a lack of focus and fatigue. Petitioner indicated that he does not enjoy being around other people.

The January 18, 2019 psychiatric/psychological examination supported Petitioner's testimony relating to his ability to function, concentrate and complete tasks as it indicated that his abilities to respond appropriately to others, including supervisors and co-workers, and to adapt to changes in a work setting were severely impacted. Further, the report indicated that Petitioner's ability to perform work related activities, despite alleged impairments, in a reliable, consistent, and persistent manner was also severely impaired. Petitioner testified that he lost his most recent employment in 2017 due to making too many mistakes. Petitioner indicated that his chronic fatigue causes him to take frequent naps.

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

With respect to Petitioner's exertional limitations, it is found based on a review of the entire record that Petitioner maintains the physical capacity to perform light work as defined by 20 CFR 416.967(b). Based on the medical record presented, as well as Petitioner's testimony, Petitioner has marked to extreme limitations on his mental ability to perform basic work activities. Petitioner's RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

Step Four

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

Petitioner's work history in the 15 years prior to the application consists of work as an auction clerk, caregiver and laborer. Petitioner's work as a caregiver, which required minimal standing, extensive walking and lifting up to 10 pounds regularly, required light physical exertion.

Based on the RFC analysis above, Petitioner's exertional RFC limits him to no more than light work activities. Petitioner also has marked to extreme limitations in his mental capacity to perform basic work activities. In light of the entire record, it is found that Petitioner's nonexertional RFC prohibits him from performing past relevant work. Although Petitioner is unable to perform past relevant work, Petitioner cannot be found disabled, or not disabled, at Step 4, and as the assessment is required to 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).

In this case, Petitioner was [REDACTED] old at the time of application and [REDACTED] old at the time of hearing, and, thus, considered to be of advanced age (age 50-54) for purposes of Appendix 2. He did not graduate from high school but has obtained his GED. Petitioner has a work history as a cashier and a caregiver. As discussed above, Petitioner maintains the exertional RFC for work activities on a regular and continuing basis to meet the physical demands to perform light work activities.

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

Petitioner testified that he was convicted of driving under the influence of alcohol approximately one and a half years ago. Further, Petitioner's medical records note a history of cannabis use which has been in full sustained remission for the past four years. The psychiatric/psychological report also references Petitioner's cocaine abuse which has been in full sustained remission since Petitioner was in his 20's. There was no evidence in the record that Petitioner's mental impairments were impacted by his alcohol use especially given that his conditions have continued since his full sustained remission. Therefore, although there is evidence of prior recent alcohol use in Petitioner's record, there is no evidence to suggest that Petitioner's mental impairments would be resolved absent any alcohol use. Therefore, Petitioner's alcohol use is not a contributing factor material to the determination that he is disabled and does not impact the disability finding. See 20 CFR 416.935(b).

DECISION AND ORDER

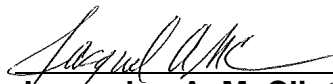
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner **disabled** for purposes of the SDA benefit program.

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

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

1. Reregister and process Petitioner's July 19, 2019 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 July 2020.

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 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 Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

Via Email:

MDHHS-Clinton-Hearings
BSC2 Hearing Decisions
Policy-FIP-SDA-RAP
MOAHR

Petitioner – Via First-Class Mail:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]