



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]

Date Mailed: November 15, 2019
MOAHR Docket No.: 19-010001
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250. After due notice, a telephone hearing was held on October 16, 2019, from Lansing, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by Lianne Scupholm, Hearing Facilitator.

ISSUE

Whether the Department properly determined 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 [REDACTED], 2019, Petitioner applied for SDA.
2. On August 1, 2019, the Medical Review Team (MRT) denied Petitioner's application for SDA per BEM 261 because the nature and severity of Petitioner's impairments would not preclude work activity at the above stated level for 90 days and is capable of performing other work under Medical Vocation Grid Rule 204.00 per 20 CFR 416.920(f) due to a non-exertional impairment.
3. On August 13, 2019, the Department Caseworker sent Petitioner a notice that his application was denied.
4. On September 9, 2019, the Department received a hearing request from Petitioner, contesting the Department's negative action.

5. Petitioner is a [REDACTED]-year-old man whose date of birth is [REDACTED], 1980. Petitioner is 5' 11" tall and weighs 187 pounds. Petitioner completed the 9th grade of High School. Petitioner can read and write and do basic math except multiplication and division. Petitioner has no pertinent work history.
6. Petitioner's alleged impairments are hidradenitis suppurativa, anxiety, antisocial personality disorder, and paranoia.
7. Petitioner was seen by his treating therapist on March 4, 2019, for individual psychotherapy. He has made some progress. Petitioner is hallucinating. He was diagnosed with adjustment disorder with mixed anxiety and depressed mood, alcohol use disorder, moderate and sustained in remission, and cocaine abuse in remission. Department Exhibit 1, pgs. 191-196.
8. On March 25, 2019, a clinician at [REDACTED] petitioned the court that she believed the individual has a mental illness and as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation. She was a physician with a determination that he was mentally ill, has a substantial disorder of thought or mood that significantly impaired judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life. Her diagnosis was bipolar 1 disorder with psychosis. Patient stated he was recently released from prison and states he is off his medication. He hears voices telling him to kill other people that are evil and then kill himself to redeem himself. Patient fixated on voices. It is likely that the Petitioner would kill himself, he has thoughts of killing others, with the voices telling him to do this, and inability to understand need for treatment because of his psychosis. Petitioner is a person requiring treatment, and hospitalization was recommended. The clinician's personal observation of the person doing the following acts and saying the following things was Petitioner presents from KPEP with paranoia and religious preoccupations. He is suicidal and homicidal with a plan to do "Lucifer's" work. She required that the court determined the individual to be a person requiring treatment and order appropriate mental health treatment. Department Exhibit 1, pgs. 282-285.
9. On March 25, 2019, Petitioner was admitted for a complaint of suicidal and homicidal ideation to [REDACTED] in Battle Creek. Department Exhibit 1, pgs. 246-253.
10. On March 26, 2019, Petitioner's treating psychiatrist completed a clinical certificate for the court stated that they were a psychiatrist and personally examined Petitioner at [REDACTED] ([REDACTED]) on March 26, 2019. It was his determination that Petitioner was mentally ill. His diagnosis was other psychotic disorder where his determination was hallucinations to harm himself and others. The psychiatrist concluded that

Petitioner was a person requiring treatment and hospitalization at [REDACTED].
Department Exhibit 1, pgs. 289-290.

11. On March 26, 2019, Petitioner was admitted to [REDACTED] with a discharge date of March 28, 2019. He was admitted on an involuntary basis where he currently lives in [REDACTED] in Battle Creek and is presently unemployed. His reason for admission was threats to harm self and others. The patient stated the reason for admission was hearing voices. He was admitted for unspecified psychotic disorder, antisocial personality disorder, rule out malingering for psychiatric stabilization. He had a normal physical examination. He was in stable medical condition. There was some improvement in the patient over the course of his hospitalization. Functionally, he is at baseline and can independently manage his activities of daily living. Anticipated problems after discharge are primarily related to characterological deficits and legal issues. He reported resolutions of his hallucinations and had goal-directed behaviors throughout the entirety of his time on the unit. He was given medication for his mental impairment that was adjusted as medically necessary. At discharge, his prognosis was fair, and he should remain engaged in outpatient therapy where he would expect to have improved coping skills. His final diagnosis was unspecified psychotic disorder, antisocial personality disorder, rule out malingering. He was discharged to home where he was given information about his aftercare appointments as well as medications, all of which he appeared to agree to understand. Department Exhibit 1, pgs. 168-178.
12. On April 8, 2019, Petitioner saw his nurse practitioner at [REDACTED]. He was seen for depression and chronic conditions. His assessment was severe bipolar 1 disorder with psychotic behavior where it was important for him to start Abilify and get appropriate counseling. He was seen as a medium risk for suicidal/homicidal. Department Exhibit 1, pgs. 292-294.
13. On May 30, 2019, Petitioner was seen by his treating therapist at [REDACTED]. He was seen for individualized therapy. His mood/affect was unremarkable. His thought process/orientation was remarkable in that he had delusional thinking. His behavior/functioning, medical condition, and substance use was unremarkable. He presented for therapy where he was engaged and expressive. He was 15 minutes late for the appointment, which was discussed. The therapist clarified with Petitioner that he does feel "safe" and comfortable with him. Petitioner agreed that they have built good trust and rapport. He reported that he is at [REDACTED] now where he's fine with that because he was "creeped" out by the halfway house he was in and expressed delusions related to demons possessing people in the house. Therapist processed with Petitioner these beliefs for a greater depth of understanding. The therapist and Petitioner planned to meet again in two weeks. There was no evidence of risk disorders of homicidal or suicidal ideation. Department Exhibit 1, pgs. 111-112.

14. On June 26, 2019, Petitioner was seen for an adult mental status examination with [REDACTED]. He is alleging disability due to bipolar disorder, depression, personality disorder, and anxiety. He was incarcerated for 12 years and has been released for four months now. He admitted to taking medications that help him but stated that he doesn't sleep much. He is evolving so he won't sleep at all. He is currently being seen at [REDACTED] who has diagnosed him with antisocial personality disorder, bipolar 1 disorder with current hypomanic episode, and recurrent major depression. They noted paranoia, racing thoughts, and mood instability. There was no mention of active delusions or hallucinations in the documents reviewed. He was treated while in prison where the independent medical examiner reviewed a discharge summary from the Michigan Department of Corrections that was dated January 2019 where he was diagnosed with unspecified depressive disorder, antisocial personality disorder, and poly substance dependence. At the time of his discharge, he was oriented, and behavior was described as unremarkable. Petitioner appeared to be out of contact with reality but was cooperative. There is at least a moderate possibility of symptom enhancement. Thoughts were scattered and bordered on disorganized. Speech was clear and 100% understandable. Petitioner does not want to harm himself and did not make any specific threats to any person. His diagnosis was bipolar 1 disorder, current episode manic with psychotic features, tobacco use disorder, and antisocial personality disorder. Petitioner's mania may have escalated to the point of psychotic features. Some degree of symptom enhancement must also be taken into account. He is unlikely to be able to follow procedures, remember them, or apply his attention/concentration to any form of work tasks. Individual has a long history of mental illness that dates back from the age of 15. Socially, he comes across as inappropriate and delusional. He does not recognize his need for help. Self-management is also markedly limited. Petitioner is not able to manage his benefit funds. He showed marked limitations in all areas. Department Exhibit 1, pgs. 181-185.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of 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. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

The Department conforms to State statute in administering the SDA program.

2000 PA 294, Sec. 604, of the statute states:

Sec. 604. (1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempted from the supplemental security income citizenship requirement who are at least 18 years of age or emancipated minors meeting 1 or more of the following requirements:

- (a) A recipient of supplemental security income, social security, or medical assistance due to disability or 65 years of age or older.
- (b) A person with a physical or mental impairment which meets federal supplemental security income disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

Pursuant to Federal Rule 42 CFR 435.540, the Department uses the Federal Supplemental Security Income (SSI) policy in determining eligibility for disability. Under SSI, disability is defined as:

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

A set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience are reviewed. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

Medical evidence may contain medical opinions. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge

reviews all medical findings and other evidence that support a medical source's statement of disability. 20 CFR 416.927(e).

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

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Pursuant to 20 CFR 416.920, a five-step sequential evaluation process is used to determine disability. An individual's current work activity, the severity of the impairment, the residual functional capacity, past work, age, education and work experience are evaluated. If an individual is found disabled or not disabled at any point, no further review is made.

The first step is to determine if an individual is working and if that work is "substantial gainful activity" (SGA). If the work is SGA, an individual is not considered disabled regardless of medical condition, age or other vocational factors. 20 CFR 416.920(b).

Secondly, the individual must have a medically determinable impairment that is "severe" or a combination of impairments that is "severe." 20 CFR 404.1520(c). An impairment or combination of impairments is "severe" within the meaning of regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work. 20 CFR 404.1521; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p. If the Petitioner does not have a severe medically determinable impairment or combination of impairments, the Petitioner is not disabled. If the Petitioner has a severe impairment or combination of impairments, the analysis proceeds to the third step.

The third step in the process is to assess whether the impairment or combination of impairments meets a Social Security listing. If the impairment or combination of impairments meets or is the medically equivalent of a listed impairment as set forth in

Appendix 1 and meets the durational requirements of 20 CFR 404.1509, the individual is considered disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the trier must determine the Petitioner's residual functional capacity. 20 CFR 404.1520(e). An individual's residual functional capacity is his ability to do physical and mental work activities on a sustained basis despite limitations from his impairments. In making this finding, the trier must consider all of the Petitioner's impairments, including impairments that are not severe. 20 CFR 404.1520(e) and 404.1545; SSR 96-8p.

The fourth step of the process is whether the Petitioner has the residual functional capacity to perform the requirements of his past relevant work. 20 CFR 404.1520(f). The term past relevant work means work performed (either as the Petitioner actually performed it or as is it generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. If the Petitioner has the residual functional capacity to do past relevant work, then the Petitioner is not disabled. If the Petitioner is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth step.

In the fifth step, an individual's residual functional capacity is considered in determining whether disability exists. An individual's age, education, work experience and skills are used to evaluate whether an individual has the residual functional capacity to perform work despite limitations. 20 CFR 416.920(e).

Here, Petitioner has satisfied requirements as set forth in steps one and two of the sequential evaluation. However, Petitioner's impairments do not meet a listing as set forth in Appendix 1, 20 CFR 416.926 for step 3. Therefore, vocational factors will be considered to determine Petitioner's residual functional capacity to do relevant work and past relevant work.

In the present case, Petitioner was seen by his treating therapist on March 4, 2019, for individual psychotherapy. He has made some progress. Petitioner is hallucinating. He was diagnosed with adjustment disorder with mixed anxiety and depressed mood, alcohol use disorder, moderate and sustained in remission, and cocaine abuse in remission. Department Exhibit 1, pgs. 191-196.

On March 25, 2019, a clinician at [REDACTED] petitioned the court that she believed the individual has a mental illness and as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation. She was a physician with a determination that he was mentally ill, has a substantial disorder of thought or mood that significantly impaired judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life. Her diagnosis was bipolar 1 disorder with psychosis. Patient stated he was recently released from prison and states he is off his meds. He hears voices telling him to kill other people that are evil and then

kill himself to redeem himself. Patient fixated on voices. It is likely that Petitioner would kill himself, he has thoughts of killing others, with the voices telling him to do this, and inability to understand need for treatment because of his psychosis. Petitioner is a person requiring treatment and hospitalization was recommended. The clinician's personal observation of the person doing the following acts and saying the following things was Petitioner presents from [REDACTED] with paranoia and religious preoccupations. He is suicidal and homicidal with a plan to do "Lucifer's" work. She required that the court determined the individual to be a person requiring treatment and order appropriate mental health treatment. Department Exhibit 1, pgs. 282-285.

On March 25, 2019, Petitioner was admitted for a complaint of suicidal and homicidal ideation to [REDACTED] in Battle Creek. Department Exhibit 1, pgs. 246-253.

On March 26, 2019, the Petitioner's treating psychiatrist completed a clinical certificate for the court stated that they were a psychiatrist and personally examined Petitioner at [REDACTED] on March 26, 2019. It was his determination that Petitioner was mentally ill. His diagnosis was other psychotic disorder where his determination was hallucinations to harm himself and others. The psychiatrist concluded that Petitioner was a person requiring treatment and hospitalization at [REDACTED]. Department Exhibit 1, pgs. 289-290.

On March 26, 2019, Petitioner was admitted to [REDACTED] with a discharge date of March 28, 2019. He was admitted on an involuntary basis where he currently lives in [REDACTED] in Battle Creek and is presently unemployed. His reason for admission was threats to harm self and others. The patient stated the reason for admission was hearing voices. He was admitted for unspecified psychotic disorder, antisocial personality disorder, rule out malingering for psychiatric stabilization. He had a normal physical examination. He was in stable medical condition. There was some improvement in the patient over the course of his hospitalization. Functionally, he is at baseline and can independently manage his activities of daily living. Anticipated problems after discharge are primarily related to characterological deficits and legal issues. He reported resolutions of his hallucinations and had goal-directed behaviors throughout the entirety of his time on the unit. He was given medication for his mental impairment that was adjusted as medically necessary. At discharge, his prognosis was fair, and he should remain engaged in outpatient therapy where he would expect to have improved coping skills. His final diagnosis was unspecified psychotic disorder, antisocial personality disorder, rule out malingering. He was discharged to home where he was given information about his aftercare appointments as well as medications, all of which he appeared to agree to understand. Department Exhibit 1, pgs. 168-178.

On April 8, 2019, Petitioner saw his nurse practitioner at [REDACTED]. He was seen for depression and chronic conditions. His assessment was severe bipolar 1 disorder with psychotic behavior where it was important for him to start Abilify and get appropriate counseling. He was seen as a medium risk for suicidal/homicidal. Department Exhibit 1, pgs. 292-294.

On May 30, 2019, Petitioner was seen by his treating therapist at [REDACTED]. He was seen for individualized therapy. His mood/affect was unremarkable. His thought process/orientation was remarkable in that he had delusional thinking. His behavior/functioning, medical condition, and substance use was unremarkable. He presented for therapy where he was engaged and expressive. He was 15 minutes late for the appointment, which was discussed. The therapist clarified with Petitioner that he does feel "safe" and comfortable with him. Petitioner agreed that they have built good trust and rapport. He reported that he is at [REDACTED] now where he's fine with that because he was "creeped" out by the halfway house he was in and expressed delusions related to demons possessing people in the house. Therapist processed with Petitioner these beliefs for a greater depth of understanding. The therapist and Petitioner planned to meet again in two weeks. There was no evidence of risk disorders of homicidal or suicidal ideation. Department Exhibit 1, pgs. 111-112.

On June 26, 2019, Petitioner was seen for an adult mental status examination with [REDACTED]. He is alleging disability due to bipolar disorder, depression, personality disorder, and anxiety. He was incarcerated for 12 years and has been released for four months now. He admitted to taking medications that help him but stated that he doesn't sleep much. He is actually evolving so he won't sleep at all. He is currently being seen at [REDACTED] who has diagnosed him with antisocial personality disorder, bipolar 1 disorder with current hypomanic episode, and recurrent major depression. They noted paranoia, racing thoughts, and mood instability. There was no mention of active delusions or hallucinations in the documents reviewed. He was treated while in prison where the independent medical examiner reviewed a discharge summary from the Michigan Department of Corrections that was dated January 2019 where he was diagnosed with unspecified depressive disorder, antisocial personality disorder, and poly substance dependence. At the time of his discharge, he was oriented, and behavior was described as unremarkable. Petitioner appeared to be out of contact with reality but was cooperative. There is at least a moderate possibility of symptom enhancement. Thoughts were scattered and bordered on disorganized. Speech was clear and 100% understandable. Petitioner does not want to harm himself and did not make any specific threats to any person. His diagnosis was bipolar 1 disorder, current episode manic with psychotic features, tobacco use disorder, and antisocial personality disorder. Petitioner's mania may have escalated to the point of psychotic features. Some degree of symptom enhancement must also be taken into account. He is unlikely to be able to follow procedures, remember them, or apply his attention/concentration to any form of work tasks. Individual has a long history of mental illness that dates back from the age of 15. Socially, he comes across as inappropriate and delusional. He does not recognize his need for help. Self-management is also markedly limited. Petitioner is not able to manage his benefit funds. He showed marked limitations in all areas. Department Exhibit 1, pgs. 181-185.

This Administrative Law Judge finds that Petitioner is mentally limited. He hears voices that tells him to do things. There was evidence of a severe thought disorder and risk factors. Petitioner was involuntary committed to [REDACTED] for three days. He has

continued therapy and medications with [REDACTED]. However, with his current mental impairments he would be unable to do work.

It is the finding of this Administrative Law Judge, based upon the medical evidence and objective, physical and psychological findings that Petitioner testified that he does not perform most of his daily living activities. Petitioner does feel that his condition has worsened because of his increase in anxiety and paranoia. Petitioner stated that he does have mental impairments where he is taking medication and in therapy at the [REDACTED]. Petitioner smokes 5-7 cigarettes a day. He stopped drinking before prison. He stopped using illegal and illicit drugs of cocaine in February 2019. Petitioner did feel there was work he could do as a janitor where he could just clean and there would be no people around.

At Step 4, this Administrative Law Judge finds that Petitioner has established that he cannot perform any of his prior work. He has no previous work history. He was incarcerated for the past 12 years and released about nine months ago. Petitioner is in therapy and taking medication for his mental impairments. There was an evidence of a severe thought disorder and risk factors. Therefore, Petitioner is not disqualified from receiving disability at Step 4. Petitioner is not capable of performing work. However, the Administrative Law Judge will still proceed through the sequential evaluation process to determine whether or not Petitioner has the residual functional capacity to perform some other less strenuous tasks than in his prior jobs.

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

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

In the instant case, Petitioner testified that he has anxiety, antisocial personality disorder, and paranoia. Petitioner is taking medication and in therapy for his mental impairments. See MA analysis step 2. There was evidence of a serious thought disorder or risk factors. At this time, Petitioner is not capable of performing work. His condition might improve with therapy and medication.

In the final step of the analysis, the trier of fact must determine if the Petitioner's impairment(s) prevent the Petitioner from doing other work. 20 CFR 416.920(f).

This determination is based upon the Petitioner's:

1. residual functional capacity defined simply as "what can you still do despite your limitations?" 20 CFR 416.945;
2. age, education, and work experience, 20 CFR 416.963-965; and
3. the kinds of work which exist in significant numbers in the national economy which the Petitioner could perform despite her limitations. 20 CFR 416.966.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Sedentary work. 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. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. 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 this 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. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work,

we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

At Step 5, Petitioner cannot meet the physical requirements of work, based upon Petitioner's physical abilities. Under the Medical-Vocational guidelines, a younger individual with a limited education, and no work history, who is limited to work, is considered disabled. 20 CFR 404, Subpart P, Appendix 2, Rule 204.00. The Medical-Vocational guidelines are not strictly applied with non-exertional impairments such as anxiety, social anti personality disorder, and paranoia. 20 CFR 404, Subpart P, Appendix 2, Section 200.00. Using the Medical-Vocational guidelines as a framework for making this decision and after giving full consideration to Petitioner's mental and physical impairments, the Administrative Law Judge finds that Petitioner could not perform work and that Petitioner does meet the definition of disabled under the SDA program.

DECISION AND ORDER

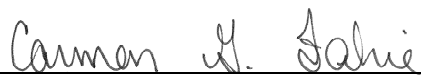
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner disabled for purposes of the SDA benefit program. Petitioner could not perform work Petitioner does meet the definition of disabled under the SDA program.

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Initiate a redetermination of Petitioner's eligibility for SDA retroactive to his application dated January 29, 2019 where Petitioner is required to have an authorized representative to manage his benefits funds and participate with Medical Rehabilitation Services with a medical review in December 2020.
2. Based on policy, the Department should provide Petitioner with written notification of the Department's revised eligibility determination and issue Petitioner any retroactive benefits he may be eligible to receive, if any.

CF/hb



Carmen G. Fahie
Administrative Law Judge
for Robert Gordon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

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

If submitted by mail, the written request must be addressed as follows:

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

DHHS

Carisa Drake
190 East Michigan
Battle Creek, MI 49016

Calhoun County, DHHS

BSC3 via electronic mail

L. Karadsheh via electronic mail

Petitioner

