



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: November 13, 2020  
MOAHR Docket No.: 20-004845  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

### **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 September 8, 2020. The Petitioner, [REDACTED], appeared on her own behalf. Michelle Mann, Case Manager, Segway Inc., appeared as a witness for Petitioner. The Department of Health and Human Services (Department), was represented by Todd Barrus, Assistance Payments Supervisor. Maureen Curran, Lead Worker, and Tamara Esteo, Eligibility Specialist, appeared as witnesses for the Department.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-577. The record was left open for additional documentation, which was received and has been admitted as Exhibit 1, pp. 1-165.

### **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] 2020, Petitioner applied for SDA. (Exhibit A, pp. 12-16)
2. During COVID-19, policy that instructed all pending SDA cases be approved for a limited timeframe. (Hearing Summary)
3. On April 13, 2020, the Medical Review Team/Disability Determination Services (MRT/DDS) found Petitioner not disabled. (Exhibit A, pp. 24-30)

4. On July 15, 2020, the Department notified Petitioner that SDA was denied effective August 1, 2020. (Exhibit A, pp. 17-22)
5. On July 22, 2020, the Department received Petitioner's timely written request for hearing. (Exhibit A, pp. 1-11)
6. Petitioner alleged disabling impairments including: anxiety, depression, post-traumatic stress disorder, memory deficit, carpal tunnel, psoriatic arthritis, auto immune, hypertension, neuropathy, congestive heart failure, epilepsy, cardiomyopathy, traumatic brain injury, and two bulging discs in neck. (Exhibit A, pp. 168; Petitioner Testimony)
7. At the time of hearing, Petitioner was [REDACTED] years old with a [REDACTED] 1966, birth date; was [REDACTED] in height; and weighed [REDACTED] pounds. (Petitioner Testimony)
8. Petitioner completed two years of college and has a work history of program manager. (Exhibit A, pp. 100-103 and 169; Petitioner Testimony)
9. Petitioner's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

### **CONCLUSIONS OF LAW**

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

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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.

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). The person claiming a physical or mental disability has the burden to establish it 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 ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 416.913. An individual's statements about pain or other symptoms are not, in and of themselves, sufficient to establish disability. 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, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) daily activities; (2) the location/duration/frequency/intensity of an applicant's pain or other symptoms; (3) precipitating and aggravating factors; (4) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain or other symptoms; (5) any treatment other than medication that the applicant has received to relieve pain or other symptoms; (6) any measures the applicant uses to relieve pain or other symptoms; and (7) other factors concerning the applicant's functional limitations and restrictions due to pain or other symptoms. 20 CFR 416.929(c)(3). The applicant's pain or other symptoms must be considered in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (i.e. age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need 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). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does

not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.922(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(a)(1)(iv)(vi)(vii).

As outlined above, the first step looks at the individual's current work activity. In the record presented, Petitioner is not involved in substantial gainful activity. Therefore, Petitioner is not ineligible for disability benefits under Step 1.

The severity of Petitioner's alleged impairment(s) is considered under Step 2. Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education, and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.922(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.

*Id.*

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a Petitioner's age, education, or work experience, the impairment would not affect the Petitioner's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, Petitioner alleged disabling impairments including: anxiety, depression, PTSD, memory deficit, carpal tunnel, psoriatic arthritis, auto immune, hypertension, neuropathy, congestive heart failure, epilepsy, cardiomyopathy, traumatic brain injury, and two bulging discs in neck. (Exhibit A, pp. 168; Petitioner Testimony) While some older medical records were submitted and have been reviewed, the focus of this analysis will be on the more recent medical evidence.

Petitioner was seen in the emergency department on [REDACTED], 2019, for acute suppurative left otitis media. (Exhibit A, pp. 212-217)

A [REDACTED], 2019, record from Dr. Janusz indicated this was a new patient neurology consult. This doctor reviewed the records from a hospitalization at Mayo Clinic [REDACTED] 2019, through [REDACTED] 2019<sup>1</sup>. The assessment indicates a diagnosis of documented nonintractable epilepsy. It was noted that while Petitioner was uncertain if she wanted daily epilepsy medications, she was certain that she wants disability for seizures. Based on Petitioner's behavior while hospitalized in the Mayo Clinic, serious cognitive deficits along with psychiatric problems were revealed making Petitioner unreliable for routine management epilepsy. (Exhibit A, pp. 535-544; Exhibit 1, pp. 156-165)

A [REDACTED], 2019, CT angiogram of the chest showed: normal coronaries, with a rather small dominant right coronary artery, without stenosis, all vessels are of a rather small caliber but without stenosis; normal ascending and descending thoracic aorta; normal aortic valve and mitral valve; and normal pericardium. (Exhibit A, pp. 218-220)

Petitioner was seen in the emergency department on [REDACTED], 2020, for chest pain. A chest x-ray showed a new right sided rib fracture of the 6<sup>th</sup> rib. (Exhibit A, pp. 265-275)

[REDACTED], 2020 through [REDACTED] 2020, records from Dr. Baker documented diagnosis and treatment of numerous medical conditions, including: anemia, arthropathy, depression, hypertension, hyperlipidemia, hemochromatosis, obstructive sleep apnea, temporomandibular joint disorder, osteopenia, psoriatic arthropathy, borderline personality disorder, closed fracture left first toe, major depressive disorder with recurrent severe psychotic features, and post-traumatic stress disorder. (Exhibit A, pp. 285-307; Exhibit 1, pp. 22-94) A [REDACTED] 2020, record from Dr. Baker indicates this was a new patient visit. Petitioner had multiple complaints and was hard to follow as a historian. Multiple labs, imaging and testing were planned. (Exhibit A, pp. 285-307; Exhibit 1, pp. 42-47) A [REDACTED] 2020, polysomnography report showed obstructive sleep apnea. (Exhibit A, pp. 224-230) On [REDACTED] 2020, Petitioner had a colonoscopy and four polyps were removed. Three were benign and negative for dysplasia, one was a tubular adenoma that was negative for high grade dysplasia. (Exhibit A, pp. 231-235) A [REDACTED], 2020, x-ray of the cervical spine showed severe multilevel facet osteoarthritis with mild degenerative disc disease. The visualized neural foramina were grossly patent.

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<sup>1</sup> The records from the [REDACTED], 2019, through [REDACTED], 2019, hospitalization at the Mayo Clinic were included. (Exhibit A, pp. 346-518)

(Exhibit A, p. 236) A [REDACTED], 2020, mammogram showed superficial 2 mm group calcifications that were not apparent on the prior images. Additional imaging evaluation as [REDACTED] recommended. (Exhibit A, p. 237) A [REDACTED], 2020, bone mineral density report showed findings consistent with osteopenia. (Exhibit A, pp. 238-239) A [REDACTED] 2020, complete abdominal ultrasound showed a 4 mm polyp in the gallbladder. (Exhibit A, p. 241) A [REDACTED] 2020, office visit record indicates the osteopenia could be from hemochromatosis but may be due to relative inactivity. It was noted that the anti SS DNA was positive, and a rheumatologist told Petitioner that she has psoriatic arthropathy. (Exhibit 1, pp. 37-41) A [REDACTED] 2020, mammogram with right breast ultrasound indicated the 2 mm group calcifications were still seen and are probably benign, possibly early vascular calcifications. (Exhibit A, p. 276-277) A [REDACTED], 2020, office visit report indicated Petitioner was seen for swelling in her right leg for two days. Some noncompliance with medical treatment was noted. Petitioner would not use her CPAP because she was afraid the cats would damage it. Petitioner refused B12 though she had signs of neuropathy as well as elevated methylmalonic acid. A tremor was noted that day. (Exhibit 1, pp. 32-36) A [REDACTED], 2020, office visit record documented a recent emergency department visit for a broken left great toe. (Exhibit 1, pp. 27-31) An [REDACTED] 2020, office visit record documented a recent emergency room visit for question of seizure. Petitioner had been having coffee Saturday then several hours later she was at the railroad tracks and did not know what had happened. (Exhibit 1, pp. 22-26)

[REDACTED] 2020 through [REDACTED] 2020, records from Lifeways Community Mental Health (CMH) document active diagnoses of major depressive disorder, posttraumatic stress disorder and generalized anxiety disorder. Rule out diagnoses were borderline personality disorder and dissociative amnesia with dissociative fugue. (Exhibit 1, pp. 1-21) A [REDACTED] 2020, Psychiatric Evaluation documented that Petitioner was recently hospitalized with suicidal thoughts. Petitioner reported a 30-pound weight gain since [REDACTED] difficulties sleeping, occasionally hearing voices that speak her name, at least daily anxiety, and daily thoughts of suicide without plan or intent. (Exhibit 1, pp. 1-5) An [REDACTED] 2020, Medication Review Note indicated further recent dissociative episodes with no memory of long periods of time, suicidal ideation, and constantly thinking about dying lately. Petitioner agreed to hospitalization. (Exhibit 1, pp. 6-9) An [REDACTED], 2020 Medication Review Note indicates Petitioner went to the emergency department but there were no beds at the hospital, so she spent the weekend in the emergency room. (Exhibit 1, pp. 10-13)

Petitioner was hospitalized [REDACTED], 2020, through [REDACTED], 2020. Petitioner was admitted with a diagnosis of major depressive disorder, recurrent, severe, with suicidal ideation. Additional diagnoses included post-traumatic stress disorder by history and borderline personality disorder. (Exhibit 1, pp. 119-145)

On [REDACTED], 2020, Petitioner was seen in the emergency department for evaluation of worsening depression. Petitioner was to be admitted. On [REDACTED] 2020, a facility that had accepted Petitioner withdrew that acceptance due to the unavailability of a bed. It

appears that transportation could not be arranged to a second facility that had accepted Petitioner. On [REDACTED] 2020, Petitioner was re-evaluated and discharged to home. (Exhibit 1, pp. 95-118 and 146-147)

On [REDACTED], 2020, Petitioner had a follow-up office visit with Dr. Janusz. A repeat EEG had been performed on [REDACTED] 2020. Petitioner had convulsions while recording non-epileptiform activity. Petitioner's presentation was confounded by concurrent borderline personality disorder, nonepileptic spells, and stress with desire to be on disability. The concern was that some patients will have actual epilepsy with psychogenic non-epileptiform seizures. Definitive testing indicates a prolonged stay in an epilepsy monitoring unit. Petitioner has tremor and it was noted the dosage of the medication treating this is low and cannot be effective for epilepsy. However, raising the dose would come at the cost of cognitive impairment. The doctor still wanted neuropsychological testing but acknowledged it may be several months before this could be done. (Exhibit 1, pp. 148-155)

As previously noted, Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Petitioner has presented medical evidence establishing that she does have some limitations on the ability to perform basic work activities. The medical evidence has established that Petitioner has an impairment, or combination thereof, that has more than a *de minimis* effect on Petitioner's basic work activities. Further, the impairments have lasted, or can be expected to last, continuously for 90 days; therefore, Petitioner is not disqualified from receipt of SDA benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if Petitioner's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The evidence confirms recent diagnosis and treatment of multiple impairments including: epilepsy, hypertension, hyperlipidemia, hemochromatosis, obstructive sleep apnea, anemia, temporomandibular joint disorder, osteopenia, psoriatic arthropathy, major depressive disorder, posttraumatic stress disorder and generalized anxiety disorder.

Based on the objective medical evidence, considered listings included: 11.00 Neurological Disorders and 12.00 Mental Disorders. However, the medical evidence was not sufficient to meet the intent and severity requirements of any listing, or its equivalent. For example, the medical records did not establish that Petitioner met or equaled the requirements of listing 11.02 epilepsy. Further, the medical records did not establish that Petitioner met or equaled the requirements for listings 12.04 depressive, bipolar, and related disorders; 12.06 anxiety and obsessive-compulsive disorders; or 12.08 personality and impulse-control disorders. Accordingly, Petitioner cannot be found disabled, or not disabled at Step 3; therefore, Petitioner's eligibility is considered under Step 4. 20 CFR 416.905(a).

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. An

individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). 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. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b). Even though 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. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.* 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). An individual capable of performing medium work is also capable of light and sedentary work. *Id.* 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). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.* Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands (exertional requirements, i.e. sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered non-exertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, individual's residual functional capacity is compared with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work, the same residual functional capacity assessment, along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty to function 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. can't 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). If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related



activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

The evidence confirms recent diagnosis and treatment of multiple impairments including: epilepsy, hypertension, hyperlipidemia, hemochromatosis, obstructive sleep apnea, anemia, temporomandibular joint disorder, osteopenia, psoriatic arthropathy, major depressive disorder, posttraumatic stress disorder and generalized anxiety disorder. Petitioner's testimony indicated she can walk 15 minutes, stand less than 5 minutes, sit 15 minutes, and is not supposed to lift more than 10 pounds. Petitioner described not thinking clearly, memory problems, crying all the time, and wanting to die every day. The testimony of Petitioner regarding the limitations from the mental health impairments was supported by the medical records and is found credible.

After review of the entire record it is found, at this point, that Petitioner has a combination of exertional and non-exertional limitations and does not maintain the residual functional capacity to perform sedentary work as defined by 20 CFR 416.967(a) on a sustained basis.

The fourth step in analyzing a disability claim requires an assessment of the Petitioner's residual functional capacity ("RFC") and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is considered. 20 CFR 416.960(b)(3).

Petitioner has a work history of program manager. (Exhibit A, p. 28; Petitioner Testimony) In light of the entire record and Petitioner's RFC (see above), it is found that Petitioner is not able to perform her past relevant work. Accordingly, the Petitioner cannot be found disabled, or not disabled, at Step 4; therefore, the Petitioner's eligibility is considered under Step 5. 20 CFR 416.905(a).

In Step 5, an assessment of Petitioner's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of hearing, Petitioner was [REDACTED] years old and, thus, considered to be closely approaching advanced age for disability purposes. Petitioner completed some college and has a work history as a program manager. (Exhibit A, p. 28; Petitioner Testimony) Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Petitioner to the Department to present proof that the Petitioner has the residual capacity to substantial gainful employment. 20 CFR 416.960(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). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, 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).

The evidence confirms recent diagnosis and treatment of multiple impairments including: epilepsy, hypertension, hyperlipidemia, hemochromatosis, obstructive sleep apnea, anemia, temporomandibular joint disorder, osteopenia, psoriatic arthropathy, major depressive disorder, posttraumatic stress disorder and generalized anxiety disorder. As noted above, Petitioner does not maintain the residual functional capacity to perform sedentary work as defined by 20 CFR 416.967(a) on a sustained basis.

After review of the entire record, and in consideration of the Petitioner's age, education, work experience, RFC, and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, Petitioner is found disabled at Step 5.

In this case, the Petitioner is found disabled for purposes SDA benefits as the objective medical evidence establishes a physical and/or mental impairment that met the federal SSI disability standard with the shortened duration of 90 days. In light of the foregoing, it is found that Petitioner's impairments did preclude work at the above stated level for at least 90 days.

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**

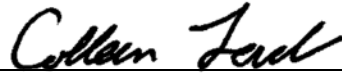
Accordingly, the Department's determination is REVERSED.

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. Initiate a review of the application dated [REDACTED] 2020, for SDA, if not done previously, to determine Petitioner's non-medical eligibility. The Department shall

inform Petitioner of the determination in writing. A review of this case shall be set for [REDACTED] 2021.

CL/ml



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Colleen Lack  
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**

Traci Croff  
Hillsdale County DHHS – via electronic  
mail

BSC4 – via electronic mail

L. Karadesh – via electronic mail

D. Smith – via electronic mail

EQAD – via electronic mail

**Petitioner**

[REDACTED] – via first class mail  
[REDACTED]  
[REDACTED], MI [REDACTED]