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GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

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Date Mailed: August 10, 2023  
MOAHR Docket No.: 23-003412  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Ellen McLemore**

### **HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250. After due notice, a telephone hearing was initiated on July 27, 2023, from Detroit, Michigan. Petitioner appeared at the hearing, unrepresented, with his mother, Sharon Childers. The Department of Health and Human Services (Department) was represented by Barbara Schram, Family Independence Manager.

### **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 October 14, 2022, Petitioner submitted an application seeking cash assistance benefits on the basis of a disability.
2. On April 24, 2023, the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program.
3. On April 28, 2023, the Department sent Petitioner a Notice of Case Action informing him that his SDA application was denied.
4. On June 12, 2023, Petitioner submitted a timely written Request for Hearing disputing the Department's decision to deny his SDA application.
5. Petitioner alleged disabling impairments due to bipolar disorder.

6. As of the hearing date, Petitioner was ■ years old with a ■■■■■ 1994 date of birth.
7. Petitioner obtained a high school degree and attended roughly ■ year of college. Petitioner did not obtain a college degree. Petitioner has a reported employment history of work as a construction worker, a laborer for pool installation and maintenance and a laborer building cellphone towers. Petitioner has reportedly not been employed since December 2020.
8. Petitioner has a pending disability claim with the Social Security Administration (SSA).

### **CONCLUSIONS OF LAW**

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

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

Petitioner applied for cash assistance alleging a disability. A disabled person is eligible for SDA. BEM 261 (April 2017), 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, for 90 or more days. 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). The duration requirement for purposes of SDA eligibility is 90 or more days. BEM 261 (April 2017), p. 2.

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 was thoroughly reviewed and is briefly summarized below:

During the period of [REDACTED], 2022, through [REDACTED], 2022, Petitioner was hospitalized at McLaren Bay Region Behavioral Health facility (Exhibit A, pp. 156-161). On [REDACTED], 2022, Petitioner presented at the emergency department at the University of Michigan and was later transferred to McLaren Bay for the treatment of psychosis. Upon intake, Petitioner's previous medical and legal documents were reviewed. Petitioner stated that he was extremely paranoid. Petitioner had not been sleeping and believed his neighbors were drugging him and his family. Petitioner believed that his and his family's lives were imminent danger. Petitioner was patrolling his home with a golf club and sleeping with scissors underneath his pillow. Petitioner was making delusional statements and expressed concern for the safety of his neighbors. Petitioner believed there was human trafficking and a "ketamine ring" in his community. Petitioner stated he thought he and others were being drugged. Petitioner had a lot of anxiety, had not been sleeping, and had racing thoughts. Petitioner was very talkative, and his thoughts were disorganized. Petitioner had little to no insight. Petitioner initially stated that he did not believe he had a mental illness and was unwilling to talk about taking medication to help. Petitioner was asked about substance abuse and admitted to using marijuana. Petitioner was drug screened and tested positive for cannabis. Petitioner stated he had never received mental health treatment in the past. Petitioner's physical examination revealed that he was in an agitated state. Petitioner had some psychomotor agitation. Petitioner's eye contact was fair, and his speech was pressured and rapid. Petitioner's mood was anxious, and his affect was labile. Petitioner was not verbalizing any suicidal or homicidal thoughts, but his behavior was unpredictable. Petitioner was not reporting any auditory or visual hallucinations. Petitioner had preoccupational-type thinking and paranoia. Petitioner's thought process could be characterized as tangential. Petitioner was alert and oriented, but his insight and judgment were limited. Petitioner was admitted on an involuntary basis, as he appeared to lack the capacity to consent to treatment due to poor insight and the severity of his mental illness. Petitioner was

ordered to be involved in individual and recreational therapy. Petitioner was considered to be a potential danger to himself and others and was therefore monitored closely with 15-minute checks. Petitioner was started on Invega Sustenna, which is an antipsychotic medication. During his hospital course, Petitioner was involved in individual group and recreational therapy. Petitioner was prescribed a combination of Invega and Depakote. Petitioner tolerated the medications well and responded appropriately. Petitioner remained medically stable throughout his hospitalization. Petitioner described his mood prior to discharge as "a lot better." Petitioner denied suicidal ideations, including intention, method or plan. Petitioner denied any auditory or visual hallucinations, he had no paranoia or delusions, and his thought process was linear, and goal directed. Petitioner was eating and sleeping well. Petitioner was considered both medically and psychiatrically stable at the time of his discharge. Petitioner was diagnosed with bipolar disorder, current episode manic severe with psychotic features.

After his hospitalization, Petitioner began receiving treatment at Great Lakes Bay Health Centers (Exhibit A, pp. 140-151). On [REDACTED], 2022, Petitioner had his initial intake appointment. Petitioner stated he was seeing Dr. Gill for his psychiatric care. Petitioner continued to be prescribed Invega and Depakote. Petitioner reported that since he began his medication, he began having weight gain, shortness of breath and chest pressure. Petitioner stated that he believed his psychiatric break was from quitting his marijuana use abruptly, which occurred one week before his hospitalization. Petitioner reported that he was no longer using marijuana. Petitioner indicated that he felt chest pressure all day, every day. Petitioner indicated he gained [REDACTED] to [REDACTED] pounds in six weeks, despite eating the same and exercising more. Petitioner reported that his shortness of breath was increasing daily. Petitioner's physician suggested that he visit the emergency room. Petitioner was also advised to follow up with his psychiatric care regarding medication side effects. On [REDACTED], 2022, Petitioner had a follow up appointment. Petitioner reported that he had visited the emergency room, as recommended, but all tests were negative. Petitioner stated that he continued to have shortness of breath and fatigue. Petitioner indicated that his psychiatrist lowered his dose of Invega, as it was believed the weight gain was related to the medication. Petitioner reported that he was still experiencing shortness of breath. Petitioner was in an agitated state and stated he believed he did not need any additional appointments or further medical workups. Petitioner reported that he did not believe that he had bipolar I and that he just experienced an "episode." Petitioner indicated he did not need medications or additional appointments. Petitioner continued to have a diagnosis of bipolar I disorder. Petitioner was also assessed for depression, and it was determined that he had moderately severe major depression. Petitioner was referred to his psychiatric team to discuss medication options for the depression.

On [REDACTED] 2023, Petitioner had a mental status evaluation at New Pathways Counseling Services, pursuant to his disability claim (Exhibit A, pp. 120-126). Petitioner reported symptoms of anxiety, depression and irritability. Petitioner also stated that in the previous 6 months he had gained [REDACTED] pounds due to his medications and increased appetite. Petitioner indicated he experienced extreme fluctuations in his sleeping pattern. For example, Petitioner stated he would be awake for 2 days and then sleep for

3 days. Petitioner stated he was experiencing nightmares 2 to 3 times per week, and he had low energy levels in the previous 6 months. Petitioner's behavior was congruent and commensurate with his reported symptoms during the interview. Petitioner denied any current or past suicidal ideation and denied any current homicidal ideation but stated he experienced homicidal ideation in the past. Petitioner denied any hallucinations or delusions. Petitioner stated he questioned his sense of reality when he was ■ or ■ years old. Petitioner reported that more recently, when going through a manic episode, he stated he experienced paranoid delusions, which led him to the inpatient psychiatric hospitalization. Petitioner reported a history of physical abuse, sexual abuse, emotional abuse, domestic violence and neglect. Petitioner was fully oriented to person, place, time and situation. Petitioner accurately recalled his full name, current month and year, and identified his current location. Petitioner could recall 6 digits forward and 3 digits backward. Petitioner did have slow response rates. Petitioner was able to recall his date of birth and the current president. Petitioner was also able to list 5 major U.S. cities and 2 celebrities by name. Petitioner was able to perform simple math equations but had a slow response time. When asked what he would do if he found a stamped, addressed and sealed envelope, Petitioner reported he would "Put it in the post box. Get it to the post office. I'd probably just leave it. There might be a drug on it, and someone could try to kidnap me." Petitioner reported that he is not able to manage his own funds and the assessor agreed that Petitioner would need in-home assistance in regard to managing funds on his behalf. The results of the examination revealed Petitioner displayed intact orientation to person, place, time, and situation. Petitioner evidenced no abnormality of observed posture and his remote and immediate memory seemed relatively intact. Petitioner displayed some idiosyncratic thought process for a person of his age. Petitioner's cognitive functions, generally speaking, appeared to be operating within or slightly above his expected developmental level. Petitioner's reported psychological symptoms and behavioral history appeared consistent with severe levels of bipolar I disorder with psychosis and cannabis use. Petitioner was diagnosed with bipolar I disorder-severe, cannabis dependence, asthma, and acid reflux.

Petitioner and his family relocated, and Petitioner began receiving treatment at AuSable Valley Community Mental Health Authority (Exhibit A, pp. 202-247). On ■■■■■ 2023, Petitioner had an intake appointment. Petitioner's mother accompanied him and reported that Petitioner never wanted to leave the house and he needed to reenter life. Petitioner's mother reported that Petitioner sleeps most of the time. Petitioner also reported that he had gained ■ pounds since the previous July. Petitioner was diagnosed with bipolar disorder that was not completely under control. On ■■■■■, 2023, Petitioner had a psychiatric evaluation. Petitioner's prescriptions for Depakote and Invega were continued. Petitioner met the criteria for bipolar disorder with psychosis, as evidenced by his episodes of depression during which he feels down, depressed, and hopeless. Petitioner experienced marked diminish in pleasure in all or almost all activities on most days. Petitioner had loss of interest in things he normally enjoyed, experienced appetite disturbances, sleep disturbances, psychomotor agitation or retardation, and had feelings of worthlessness and guilt. Petitioner had diminished ability to think or concentrate and had recurring thoughts of death. Petitioner also

experienced episodes of mania, as evidenced by having an elevated, expansive, or irritable mood. During certain episodes, Petitioner experienced grandiosity, a decreased need for sleep, and racing thoughts. In addition, Petitioner's mood was sufficiently severe to cause impairment of functioning and the need for hospitalization to prevent harm to self or others. Petitioner's situation was determined to be complex. Petitioner reported having a lot of side effects to the Invega, including significant weight gain and lethargy. Petitioner also reported that he experienced improved energy prior to his injection time and decreased energy after injection. Petitioner was advised to continue the Depakote and stop the Invega injection. Petitioner was prescribed Vraylar. On [REDACTED], 2023, Petitioner had a treatment plan appointment. A treatment plan was completed for Petitioner, which included psychiatry services, outpatient therapy and targeted case management. On [REDACTED], 2023, Petitioner had a follow-up appointment case management appointment. Petitioner reported on a scale of 1 to 10 for happiness, he rated himself to be a 5. Petitioner's goals included identifying and working toward changing maladaptive thoughts, beliefs and behaviors, which contributed to his depression. Petitioner was encouraged to use mindfulness skills and healthy coping skills to help him manage his depression. On [REDACTED] 2023, Petitioner had a psychiatry follow-up. Petitioner reported that since stopping the Invega injection, he feels a little bit better mentally and has not had any recurrence of this psychotic symptoms. Petitioner reported that he felt less paranoid but still had a very unpredictable sleep patterns, where he would sleep for 24 hours and then be awake for 24 hours. Petitioner reported he went to the emergency room for severe vomiting and hematemesis. Petitioner was calm and cooperative, and speech had normal rate and tone. Petitioner's thought process was linear and he had no suicidal or homicidal ideations. Petitioner's mood was depressed and blunted. Petitioner's insight and judgment were good. Petitioner had normal psychomotor tone and his eye contact was better than the previous visit. Petitioner felt that the Depakote was contributing to his vomiting, and it was recommended that Petitioner decrease the daily dose. Petitioner indicated that he would be seeing a gastroenterologist (GI). On [REDACTED], 2023, Petitioner had another targeted case management appointment. Petitioner reported that he had damage to his throat due to the medication he was taking that was causing him to vomit. Petitioner reported that he sees his psychiatrist regularly and they modified his medication that was making him ill. On [REDACTED], 2023, Petitioner had a psychiatric follow-up appointment. Petitioner reported an increase in paranoia and anxiety/agitation since decreasing the Depakote. Petitioner's physician advised that he should increase his Vraylar dose. Petitioner reported he was still experiencing a lot of nausea and persistent vomiting, despite interventions from a GI doctor. Petitioner did report improvement since stopping the Invega injection. Petitioner indicated that his sleep is intermittently good and then it is really terrible. Petitioner denied any hallucinations but had vague thoughts about getting even with people who hurt him in the past. Petitioner denied any intent to act on the thoughts. Petitioner was advised to improve his mental health through exercise, limiting social media and reducing or abstaining from cannabis. Petitioner was advised to continue Vraylar and continue without the Depakote. Petitioner stated that he was less fatigued overall but still slept a lot and at odd times. On [REDACTED], 2023, Petitioner had another targeted case management appointment. Petitioner was encouraged to seek his own housing. Petitioner was advised to keep taking his medications as prescribed.

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 and the listing criteria applicable at the time of Petitioner's assessment date, listing 12.04 (depressive, bipolar and related disorders) was considered.

Depressive, bipolar and related disorders are characterized by an irritable, depressed, elevated, or expansive mood, or by a loss of interest or pleasure in all or almost all activities, causing a clinically significant decline in functioning. Symptoms and signs may include, but are not limited to, feelings of hopelessness or guilt, suicidal ideation, a clinically significant change in body weight or appetite, sleep disturbances, an increase or decrease in energy, psychomotor abnormalities, disturbed concentration, pressured speech, grandiosity, reduced impulse control, sadness, euphoria, and social withdrawal. Meeting a listing under 12.04 requires medical documentation to support the individual has five of the following under section A: (i) depressed mood; (ii) diminished interest in almost all activities; (iii) appetite disturbance with change in weight; (iv) sleep disturbance; (v) observable psychomotor agitation or retardation; (vi) decreased energy; (vii) feelings of guilt or worthlessness; (viii) difficulty concentrating or thinking; and (ix) thoughts of death or suicide OR the individual must also have three of the following in section B: (i) pressured speech; (ii) flight of ideas; (iii) inflated self-esteem; (iv) decreased need for sleep; (v) distractibility; (vi) involvement in activities that have a high probability of painful consequences that are not recognized; or (vii) increase in goal-directed activity or psychomotor agitation. In addition to satisfying section A or B, the individual must also have extreme limitation of one or marked limitation of two of the following area of mental functioning: (i) understand, remember or apply information; (ii) interact with others; (iii) concentrate, persist or maintain pace; or (iv) adapt or manage oneself.

Understanding, remembering, or applying information is an area of mental functioning refers to the abilities to learn, recall, and use information to perform work activities. Examples include understanding and learning terms, instructions, procedures; following one- or two-step oral instructions to carry out a task; describing work activity to someone else; asking and answering questions and providing explanations; recognizing a mistake and correcting it; identifying and solving problems; sequencing multi-step



activities; and using reason and judgment to make work-related decisions. Interacting with other includes the area of mental functioning refers to the abilities to relate to and work with supervisors, co-workers, and the public. Examples include cooperating with others; asking for help when needed; handling conflicts with others; stating own point of view; initiating or sustaining conversation; understanding and responding to social cues (physical, verbal, emotional); responding to requests, suggestions, criticism, correction, and challenges; and keeping social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness. Concertation, persistence and maintaining pace is an area of mental functioning refers to the abilities to focus attention on work activities and stay on task at a sustained rate. Examples include: initiating and performing a task that you understand and know how to do; working at an appropriate and consistent pace; completing tasks in a timely manner; ignoring or avoiding distractions while working; changing activities or work settings without being disruptive; working close to or with others without interrupting or distracting them; sustaining an ordinary routine and regular attendance at work; and working a full day without needing more than the allotted number or length of rest periods during the day. Adapt or manage oneself is an area of mental functioning refers to the abilities to regulate emotions, control behavior, and maintain well-being in a work setting. Examples include responding to demands; adapting to changes; managing your psychologically based symptoms; distinguishing between acceptable and unacceptable work performance; setting realistic goals; making plans for yourself independently of others; maintaining personal hygiene and attire appropriate to a work setting; and being aware of normal hazards and taking appropriate precautions.

The five-point scale includes: (i) No limitation (or none)-you are able to function in this area independently, appropriately, effectively, and on a sustained basis; (ii) mild limitation-your functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited; (iii) moderate limitation-your functioning in this area independently, appropriately, effectively, and on a sustained basis is fair; (iv) marked limitation-your functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited; (iv) extreme limitation-you are not able to function in this area independently, appropriately, effectively, and on a sustained basis.

During Petitioner's [REDACTED], 2023 psychiatric evaluation, Petitioner met the criteria for bipolar disorder with psychosis, as evidenced by his episodes of depression during which he feels down, depressed, and hopeless. Petitioner experienced a marked diminish in pleasure in all or almost all activities on most days. Petitioner had loss of interest in things he normally enjoyed, experienced appetite disturbances, sleep disturbances, psychomotor agitation or retardation, and had feelings of worthlessness and guilt. Petitioner had diminished ability to think or concentrate and had recurring thoughts of death. Petitioner also experienced episodes of mania, as evidenced by having an elevated, expansive, or irritable mood. During certain episodes, Petitioner experienced grandiosity, a decreased need for sleep, and racing thoughts. In addition, Petitioner's mood was sufficiently severe to cause impairment of functioning and the need for hospitalization to prevent harm to self or others. Petitioner had some improvement in the course of his treatment, but his medication is not effectively

managed at this time. Petitioner has to continually change his medications due to the side effects. Petitioner also had break through psychosis as recently as ██████, 2023, during the alterations of his medications. At this time, Petitioner's bipolar disorder is not effectively managed.

Petitioner experienced seven of the eight characteristics in section A, satisfying the requirements under the subsection. Petitioner also had marked limitations in his ability to interact with others and adapt or manage his own self. Per the medical records provided, Petitioner's mother is heavily involved in Petitioner's day-to-day management, including participating in his mental health care and personal care. Additionally, despite being encouraged to do so by his psychology team, Petitioner is incapable of maintaining his own residence. The medical records also show that Petitioner is still experiencing some breakthrough psychosis, which significantly interferes with his ability to interact with others. Petitioner's current medical treatment team determined that Petitioner's bipolar symptoms are not under control, and he is still in the process of effectively managing his condition. Therefore, Petitioner's condition satisfies the second element to establish that his impairments meet listing 12.04. Accordingly, Petitioner is determined to be disabled.

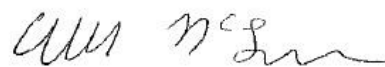
### **DECISION AND ORDER**

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 SDA determination is **REVERSED**.

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

1. Reregister and process Petitioner's October 14, 2022 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 April 2024.



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**Ellen McLemore**  
Administrative Law Judge

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