



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
SUZANNE SONNEBORN  
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA  
ACTING DIRECTOR

Date Mailed: [REDACTED] 2023  
MOAHR Docket No.: 23-004461  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

[REDACTED]  
MI [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun**

**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 August 24, 2023, from Detroit, Michigan. Petitioner appeared for the hearing and represented herself. The Department of Health and Human Services (Department) was represented by Tameka Sullivan, Family Independence Manager.

Exhibit A, pp. 1-366 was admitted into the record as evidence on behalf of the Department.

**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 or around [REDACTED] 2023, Petitioner submitted an application seeking cash assistance benefits on the basis of a disability.
2. On or around June 21, 2023, the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program. (Exhibit A, pp. 345-361)
3. On or around June 22, 2023, the Department sent Petitioner a Notice of Case Action denying her SDA application based on DDS' finding that she was not disabled. (Exhibit A, pp. 338-341)
4. On or around July 27, 2023, Petitioner submitted a timely written Request for Hearing disputing the Department's denial of her SDA application. (Exhibit A, p.3)

5. Petitioner alleged disabling impairments resulting from an accident with a vehicle in [REDACTED] and causing broken bones in her collar, ribs, and hand. Petitioner also alleged back pain, chronic pain, limited mobility, depression, and anxiety.
6. As of the hearing date, Petitioner was [REDACTED] years old with a [REDACTED] 1966, date of birth. She was [REDACTED] and weighed [REDACTED] pounds.
7. Petitioner's highest level of education is a GED. Petitioner has reported employment history of work as a housekeeper and a press operator at a fiberglass company. Petitioner has reportedly not been employed since April 2022.
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. BEM 261, pp. 1-2; 20 CFR 416.901; 20 CFR 416.905(a).

Determining whether an individual is disabled for SSI purposes requires the application of a five step evaluation of whether the individual (1) is engaged in substantial gainful activity (SGA); (2) has an impairment that is severe; (3) has an impairment and duration that meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) has the residual functional capacity to perform past relevant work; and (5) has the residual functional capacity and vocational factors (based on age, education and work experience) to adjust to other work. 20 CFR 416.920(a)(1) and (4); 20 CFR 416.945. If an individual is found disabled, or not disabled, at any step in this process, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR

416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled at a particular step, the next step is required. 20 CFR 416.920(a)(4).

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

### **Step One**

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

In this case, Petitioner was not working during the period for which assistance might be available. Because Petitioner was not engaged in SGA, she 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 416.922(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.

The medical evidence presented at the hearing as Exhibit A, pp. 1-366, was thoroughly reviewed and is briefly summarized below.

Medical records from Mercy Health in Muskegon show that Petitioner was admitted to the acute care/trauma surgery service at the hospital for treatment following a motor vehicle accident. Petitioner was riding a bicycle on or around ██████████ 2021, and was struck from the right side by a car. A trauma workup was performed and showed evidence of a left clavicle fracture, left 2-5 rib fractures, mid diaphyseal fracture of the left 5<sup>th</sup> metacarpal, possible splenic laceration and possible punctate hemorrhage in the inferior right temporal lobe. A CT scan of the head showed mild soft tissue swelling and small hematomas along the right frontal and right parietal scalp. CT scan of the chest and abdomen showed the clavicle fracture and several bilateral rib fractures, a possible superior splenic laceration. Chronic T6-T8 vertebral body wedge compression deformities were observed upon CT of the thoracolumbar spine. While admitted in the hospital, Petitioner underwent consultations by the neurosurgery, plastic surgery, and orthopedic surgery departments. Petitioner was discharged from the hospital after several days of treatment and instructed to follow up with her primary care physician.

During a ██████████ 2022, follow-up visit with the orthopedic surgeon, petitioner reported worsening pain in her left clavicle, ribs, and hand. Petitioner described her pain as stabbing, occurring constantly, with associated symptoms of stiffness that are exacerbated by gripping. Functionally, Petitioner reported that she experiences pain when taking a deep breath or coughing. Swelling and tenderness were noted upon physical exam of Petitioner's ribs and sternum. Tenderness in the left hand was noted x-ray images taken during the appointment showed a left medial clavicle fracture with a mild displacement and a fifth metacarpal fracture. Multiple left-sided rib fractures were also found. The doctor recommended nonoperative care despite noting that the medial clavicle fracture was problematic. On ██████████ 2022, Petitioner followed up with the orthopedic surgeon and reported feeling slightly better with respect to her rib and clavicle fractures.

Records from Petitioner's treatment with Muskegon Family Care Center were presented and reviewed. Petitioner followed up with her primary care physician on [REDACTED], 2022, and records indicate that she had pain in her cervical spine, decreased range of motion, joint pain in her left shoulder, arm, and lower back, joint stiffness, muscle pain and muscle spasms. Petitioner reported net pain and neck stiffness with the bruising of the left shoulder and chest. There was decreased range of motion to the neck which was noted to be tender range of motion to the musculoskeletal cervical spine was decreased and movements were painful. Notes from a [REDACTED] 2022, visit indicate that Petitioner had been receiving treatment for panic disorder, anxiety and depression, lumbar facet joint syndrome, AC joint arthropathy, pain in the cervical and thoracic spine, and restless leg syndrome. Petitioner reported symptoms associated with anxiety and depression, including irritability, nervousness, and stress. Petitioner's anxiety was noted to be chronic and uncontrolled. In [REDACTED] 2022, Petitioner continued to report pain in her back and neck along with elevated blood pressure. Tenderness and low back pain, as well as deformity of the left clavicle after her fracture was present. During her [REDACTED] 2023 annual examination, Petitioner reported that her "whole back" still hurts from when she was struck by a motor vehicle last year. Petitioner reported that she has been taking ibuprofen for pain. Petitioner also reported that sitting, standing, or laying down for extended periods of time makes her pain worse. Petitioner reported that she cannot hold a job because no one will hire her. Tenderness was noted upon physical examination of the left shoulder, and thoracic back.

On or around [REDACTED] 2023, Petitioner participated in a consultative physical examination, during which she reported that her chief complaint was back pain resulting from a motor vehicle accident that occurred on [REDACTED], 2022. Petitioner reported constant back pain. Physical examination showed no joint swelling, erythema, effusion, tenderness, or deformity of the joints. Petitioner was able to lift and carry light objects and was able to rise from a sitting position without assistance. Petitioner's walking was normal and she was able to dress and undress adequately well. Petitioner's hand could be fully extended and she was able to pinch, grasp, and manipulate small and large objects without difficulty. Significant increase in low back pain, made worse by walking or standing was noted. Degenerative changes were noted on a lumbar x-ray completed during the examination. The examination showed the following limitations: moderate limitations with respect to sitting, walking, and bending as well as severe limitations with respect to standing and lifting all resulting from low back pain.

Petitioner participated in a psychiatric/psychological examination on or around [REDACTED] 2023. During the evaluation, Petitioner described the circumstances surrounding her motor vehicle accident, and the resulting physical symptoms. Petitioner reported that she has been unable to work due to back pain and previous examinations showed that she has arthritis. Petitioner reported that for the last six months, she has been taking Prozac for her mental impairments. Petitioner reported that she is receiving mental health treatment at Health West (Community Mental Health) and has been going there for about one year, at least once a week. Petitioner reported that she does not have any friends other than her boyfriend and doesn't really like company. She reported that she does not have any interest, hobbies, or things she likes to do for fun, that she does not

belong to any clubs, organizations, or churches. Petitioner reported that when she got out of prison she was depressed and when she was working, she wasn't as depressed. Petitioner reported that since she has not been able to work, she is more depressed. Petitioner reported that she has anxiety because she does not know what she's going to do as she has not had income for so long. Petitioner reported that she is in pain all the time and that the pain runs up and down her spine with her pain level being around a seven most of the time. The examiner noted that Petitioner speech was clear and understandable, and that her rate and pressure of speech seemed appropriate. Petitioner denied hallucinations or delusions and denied suicidal ideations or attempts. Petitioner was oriented to person, place, and time. Petitioner's prognosis was noted to be fair-good depending medical resolution.

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 application date, listings 1.15 (disorders of the skeletal spine resulting in compromise of a nerve root), 1.16 (lumbar spinal stenosis resulting in compromise of the cauda equina), 1.18 (abnormality of a major joint(s) in any extremity), 12.04 (depressive, bipolar and related disorders), and 12.06 (anxiety and obsessive-compulsive disorders) were considered. A thorough review of the medical evidence presented does **not** show that Petitioner's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Therefore, Petitioner is not disabled under Step 3 and the analysis continues to Step 4.

### **Residual Functional Capacity**

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

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

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

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

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

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

In this case, Petitioner alleged exertional and nonexertional limitations due to her impairments. Petitioner testified that in [REDACTED] 2022, she was hit by a car and since then has been suffering from chronic back pain and limited mobility. She indicated that she continues to suffer from pain in her cervical spine as well as her collarbone. She receives treatment from Heidi Jackson at Muskegon Family Care. Petitioner testified that she is able to walk for a few minutes or one block then she has to stretch due to pain. She does not have major difficulty with sitting and is able to stand only 15 minutes before needing to sit down or lay down. Petitioner testified that she can sometimes lift up to 20 pounds. Petitioner testified that she lives with her boyfriend and although she is able to care for her own personal hygiene, dress herself, and perform limited chores at home, she has to take frequent breaks and tasks take her twice as long to complete as they did prior to her accident. Petitioner testified that she is unable to grip or grasp items with her left hand. With respect to her mental impairments of depression and anxiety, Petitioner testified that she receives mental health treatment at Health West a few times per month. She stated that she suffers from symptoms associated with her depression including hopelessness, lack of focus, forgetfulness, and crying spells. She also testified that she has anxiety attacks but was unable to explain further the symptoms associated with such anxiety attacks. It is noted that throughout the duration of the hearing, Petitioner was crying and tearful.

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

The evidence presented is considered to determine the consistency of Petitioner's statements regarding the intensity, persistence, and limiting effects of her symptoms. Based on a thorough review of Petitioner's medical record and in consideration of the reports and records presented from Petitioner's treating physicians, with respect to Petitioner's exertional limitations, it is found, based on a review of the entire record, that



Petitioner maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a).

Based on the medical records presented, as well as Petitioner's testimony, Petitioner has mild limitations on her non-exertional ability to perform basic work activities, with respect to performing manipulative or postural functions of some work such as reaching and handling. Additionally, records indicate that Petitioner suffers from major depressive disorder and anxiety. However, Petitioner's limitations are mild with respect to her ability to understand, remember, or apply information; in her ability to interact with others; and in her ability to adapt or manage oneself.

Petitioner's RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

#### **Step Four**

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

Petitioner's work history in the 15 years prior to the application consists of work as a housekeeper and a press operator at a fiberglass company. Petitioner was incarcerated from 2009 through 2016, and thus, did not have employment during this period. Petitioner's reported past employment can be classified as requiring light to medium exertion. (Exhibit A, pp. 15-21, 79). Based on the RFC analysis above, Petitioner's exertional RFC limits her to sedentary work activities, with additional mild nonexertional limitations. As such, Petitioner is incapable of performing past relevant work. Because Petitioner is unable to perform past relevant work, she cannot be found disabled, or not disabled, at Step 4, and the assessment continues to Step 5.

#### **Step Five**

If an individual is incapable of performing past relevant work, Step 5 requires an assessment of the individual's RFC and age, education, and work experience to determine whether an adjustment to other work can be made. 20 CFR 416.920(a)(4)(v); 20 CFR 416.920(c). If the individual can adjust to other work, then there is no disability; if the individual cannot adjust to other work, then there is a disability. 20 CFR 416.920(a)(4)(v).

At this point in the analysis, the burden shifts from Petitioner to the Department to present proof that Petitioner has the RFC to obtain and maintain substantial gainful

employment. 20 CFR 416.960(c)(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978).

When the impairment(s) and related symptoms, such as pain, only affect the ability to perform the exertional aspects of work-related activities, Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

However, when a person has a combination of exertional and nonexertional limitations or restrictions, the rules pertaining to the strength limitations provide a framework to guide the disability determination **unless** there is a rule that directs a conclusion that the individual is disabled based upon strength limitations. 20 CFR 416.969a(d).

In this case, Petitioner was [REDACTED] years old at the time of application and at the time of hearing, and thus, considered to be advanced age (age 55+) for purposes of Appendix 2. Petitioner obtained a GED and has unskilled work history. As discussed above, Petitioner maintains the exertional RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities. Thus, based solely on her exertional RFC, the Medical-Vocational Guidelines result in a disability finding based on Petitioner's exertional limitations, and an analysis of the additional nonexertional/mental limitations will not be addressed. Accordingly, Petitioner is found disabled at Step 5 for purposes of the SDA benefit program.

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


**DECISION AND ORDER**

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. Re-register and process Petitioner's [REDACTED] 2023, 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 from the application date, ongoing; and
3. Review Petitioner's continued SDA eligibility in January 2024.

ZB/ml

  
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**Zainab A. Baydoun**  
Administrative Law Judge

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

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

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

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

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

**Via Electronic Mail:**

**DHHS**  
Marlena Huddleston  
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2700 Baker Street  
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**Interested Parties**  
BSC3  
L Karadsheh  
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**Via First Class Mail:**

**Petitioner**  
[REDACTED]  
[REDACTED] MI [REDACTED]