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GOVERNOR

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

Date Mailed: March 8, 2024
MOAHR Docket No.: 23-009382
Agency No.: ██████████
Petitioner: ██████████

ADMINISTRATIVE LAW JUDGE: Ellen McLemore

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 February 26, 2024, via conference line. Petitioner was present and was unrepresented. The Department of Health and Human Services (Department) was represented by Stephanie Pearson, Eligibility Specialist.

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 ██████████ 2023, Petitioner submitted an application seeking cash assistance benefits on the basis of a disability.
2. On or around November 8, 2023, the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program.
3. On November 14, 2023, the Department sent Petitioner a Notice of Case Action informing her that her SDA application was denied.
4. On December 19, 2023, Petitioner submitted a timely written Request for Hearing disputing the Department's decision to deny her SDA application.

5. Petitioner alleged disabling impairments due to right knee replacement, left knee issues, arthritis, methylenetetrahydrofolate, underactive thyroid, edema, acid reflux, depression, bipolar and anxiety.
6. As of the hearing date, Petitioner was ■ years old with a ■■■■■, 1968 date of birth.
7. Petitioner obtained a ■■■■■ degree and is in the process of obtaining a certification in project management. Petitioner has a reported employment history of work as a business development coordinator in automotive sales. Petitioner has reportedly not been employed since January 4, 2023.
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, 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 416.921(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:

Petitioner testified that she had exertional impairments due to a right knee replacement and issues with her left knee. Petitioner was under the care of an orthopedist at Brigham Orthopedics and Sports Medicine (Exhibit A, pp. 425-431). On [REDACTED], 2022, Petitioner presented with complaints of foot pain. Petitioner was diagnosed with left hallux rigidus. On [REDACTED] 2023, Petitioner had a presurgical clearance for her right knee replacement (Exhibit A, pp. 233-509). Petitioner reported having knee pain for years and experienced recent difficulties with walking. Petitioner reported that prior treatment had not alleviated her pain. Petitioner was medically cleared for surgery. After her knee replacement surgery, Petitioner engaged in physical therapy (Exhibit A, pp. 371-396). On [REDACTED], 2023, Petitioner reported her pain was between a 5/10 in her left knee and an 8/10 in her right knee. Petitioner reported that she could only stand for 15 minutes at a time. Petitioner was using a wheeled walker and was limited to the home. Petitioner stated she was unable to go shopping, ascend or descend stairs, unable to do housework, had difficulty with bathing and hygiene, was unable to drive, and had difficulty sleeping since surgery. Petitioner had physical therapy appointments on [REDACTED], 2023; [REDACTED], 2023; [REDACTED] 2023; [REDACTED], 2023; [REDACTED], 2023; [REDACTED], 2023; and [REDACTED], 2023. On [REDACTED], 2023, Petitioner reported a positive response to treatment. Petitioner reported that she could walk off and on for 30 minutes using her cane.

On [REDACTED], 2023, Petitioner was presented at the emergency department at Trinity Health Emergency Center (Exhibit A, pp. 177-200). Petitioner's chief complaint was

lethargy. Petitioner reported to taking Norco-10 and Flexeril with marijuana. Petitioner had a head computed tomography (CT) scan which showed no acute intracranial hemorrhage or major vessel territory infarct. Petitioner had an electrocardiogram (ECG) which showed sinus bradycardia, moderate voltage criteria for her left ventricular hypertrophy (LVH). Petitioner had a borderline ECG result and when compared to an ECG completed in J██████ 2016, no significant change was found. A review of Petitioner's systems was normal, with the exception of right knee pain.

Petitioner was receiving psychiatric care with Doctor Leon Rubenfaer (Exhibit A, pp. 470-484). The majority of Petitioner's medical from Dr. Rubenfaer were handwritten and difficult to decipher. Petitioner was prescribed Adderall, Wellbutrin, Effexor, and Ambien.

On ██████████ 2023, Petitioner had a mental status evaluation (Exhibit A, pp. 171-174). Petitioner described feelings of being marginalized, loneliness, helplessness, hopelessness, and worthlessness. Petitioner indicated that she had a very constricted social support network and range of activities. During the examination, Petitioner was alert, verbal and oriented to all three spheres. Petitioner's memory was in the low average range and her fund of general information was intact. Petitioner was readily able to perform mental arithmetic. Petitioner's interpretation of proverbs was superficial, and her reasoning was literal and concrete. Petitioner's formal judgment was impaired. Petitioner displayed the capacity to meet and interact with the public and was determined to be able to get along with supervisors and coworkers. Petitioner was determined to be able to register, recall, and carry out one step and simple two step directions. Petitioner was determined to benefit from communications that were simple, direct and concrete, in an effort to compensate for her weaknesses in abstract verbal reasoning. Petitioner could work in a structured work environment with a finite and well-defined set of job duties. Petitioner was determined to be able to maintain attention and concentration for extended periods. Petitioner was determined to be able to work in coordination with or in close proximity to others without being distracted by them. It was determined that Petitioner should be able to maintain socially appropriate behaviors and adhere to basic standards of neatness and cleanliness.

Petitioner was also under the care of an Obstetrician Gynecologist (OBGYN) who reported Petitioner had been under their care for many years (Exhibit A, pp. 215-229). Petitioner's OBGYN indicated they did not have any objective medical data to suggest Petitioner was disabled.

Petitioner received general care at Farmington Hills Internist (Exhibit A, pp. 241-262). On ██████████, 2022, Petitioner had an annual examination. Petitioner was prescribed bupropion (antidepressant), dextroamphetamine-amphetamine (for attention deficit hyperactivity disorder (ADHD)), ergocalciferol (for hypothyroidism), lansoprazole (proton pump inhibitor for stomach acidity), levothyroxine (for hypothyroidism), spironolactone (water pill), venlafaxine (antidepressant), and zolpidem (for insomnia). Petitioner had been diagnosed with depressive disorder, bipolar disorder, gastroesophageal reflux disease (GERD), hypothyroidism, hypertension and mixed anxiety and depressive disorder. Petitioner reported that her behavioral health issues were stable. On ██████████,

2022, Petitioner had a follow up appointment. Petitioner reported that she was seeing a psychiatrist for her mood disorder. Petitioner indicated she was prescribed Xanax in addition to her medications. On [REDACTED] 2022, Petitioner had an annual examination. Petitioner reported that she continued to struggle with her mental health and was taking numerous medications. Petitioner stated she had chest heaviness on her left side when she went to sleep and was unsure if it was due to vaping tobacco, marijuana, hormone replacement or cardiac related. Petitioner indicated she becomes somewhat short of breath and has chest discomfort. Petitioner reported she had a great deal of stress. Petitioner stated she was performing anxiety exercises to control her anxiety and continued to see a psychiatrist. Petitioner also received general care at the Hope Clinic (Exhibit A, pp. 406-417). On [REDACTED], 2023, Petitioner had a new patient examination. Petitioner reported knee problems and pain. Petitioner reported bilateral pain in her knees for many years. Petitioner stated she had received steroid injections in her knees which had been helpful. Petitioner reported that she used Voltaren gel and ice for her knees.

Petitioner submitted additional documents which were received, marked, and admitted into evidence as Exhibit 1. Petitioner also indicated that a fax was sent by one of her physicians on March 1, 2024, to a fax number not associated with MOAHR. Petitioner requested that the undersigned ALJ attempt to locate the medical records. Petitioner was advised on the record that it was her responsibility to provide the undersigned ALJ with medical records she desired to be considered, as the individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. Therefore, the undersigned ALJ only reviewed the additional documents submitted by Petitioner in Exhibit 1. The documents in Exhibit 1 largely consisted of additional statements made by Petitioner and work search information, which was not considered. Petitioner also submitted some medical records. However, the records were either duplicative or consisted of payment information. Petitioner's Exhibit 1 did not contain any relevant information to Petitioner's claim of disability. Therefore, the records are not summarized.

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, listings 1.18 (abnormality of any joint 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 alleges exertional and nonexertional limitations due to her impairments. Petitioner testified that due to her knee pain, she was unable to walk in April 2023. Petitioner stated that she had knee replacement surgery on her right knee in ■■■■ 2023. Petitioner reported that she is now able to walk around 4 city blocks without assistance. Petitioner stated that she does still have some knee pain and stiffness. Petitioner reported that she is able to sit for 2 hours at a time and is able to stand for three hours at a time. Petitioner can grip and grasp. Petitioner reported that she is able to lift 10 to 15 pounds. Petitioner also indicated that she is able to bend/squat and ascend/descend stairs while moving slowly.

Petitioner testified that she sees a therapist on a weekly basis and is in the care of psychiatrist who prescribes her medication. Petitioner testified that at the time of her application for benefits, she was unable to work due to her mental health issues but is now able to work. Petitioner reported that she has generalized anxiety and depression that affects her concentration and memory. Petitioner stated she did have crying spells three to four times per week, but her symptoms have improved. Petitioner stated that

she had paranoia and suicidal ideations, but her symptoms have improved. Petitioner reported that she feels isolated but is beginning to engage with the community through volunteer work. Petitioner indicated that since the filing of her application for benefits, her medications have improved her mental health issues. Petitioner stated that she is now applying for employment and does not feel disabled.

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. A thorough review of Petitioner's medical records, including records presented from Petitioner's treating physicians, was completed. At Petitioner's most recent physical evaluation completed on [REDACTED] 2023, Petitioner reported knee problems and pain. Petitioner stated she had received steroid injections in her knees which had been helpful. Petitioner reported that she used Voltaren gel and ice for her knees. Also at the hearing, Petitioner reported that her knee pain had improved, allowing her to be able to walk longer distances and sit/stand for longer periods.

Petitioner continued to report struggles with symptoms of depression and anxiety, but indicated her treatment was helping to manage her symptoms. During Petitioner's [REDACTED], 2023 mental status evaluation, it was determined that Petitioner could work in a structured work environment with a finite and well-defined set of job duties. Petitioner was determined to be able to maintain attention and concentration for extended periods. Petitioner was determined to be able to work in coordination with or in close proximity to others without being distracted by them. It was determined that Petitioner should be able to maintain socially appropriate behaviors and adhere to basic standards of neatness and cleanliness. Petitioner also conceded at the hearing that she is able to work and is applying for jobs. Petitioner reported that her primary barrier to full time employment was her desire to work in a new field. Petitioner also indicated that she was not "disabled," she was merely limited in her ability to work.

Due to Petitioner's physical limitations, she was able to sit for periods of two hours, stand for periods of three hours, and was able to bend/squat and ascend and descend stairs. Petitioner was also able to lift 10 to 15 pounds. Petitioner had some chronic pain, but the impact Petitioner's knee issues had on her ability to work was limited. With respect to Petitioner's exertional limitations, it is found based on a review of the entire record, that Petitioner maintains the physical capacity to perform light work as defined by 20 CFR 416.967(a).

Based on the medical records presented, as well as Petitioner's testimony, Petitioner has: mild limitations with respect to her ability to understand, remember, or apply

information; mild limitations with respect to her ability to interact with others; mild limitations in her ability to concentrate, persist, or maintain pace; and mild limitations in her ability to adapt or manage oneself. Thus, Petitioner has mild limitations on her nonexertional ability to perform basic work activities.

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

Step Four

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

Petitioner's work history in the 15 years prior to the application consists of work in sales at automotive dealerships. Petitioner's employment in sales is defined by the Dictionary of Occupational Titles as requiring light work. Therefore, Petitioner's past employment requires light work.

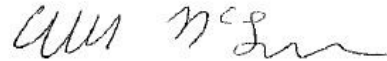
Based on the RFC analysis above, Petitioner's exertional RFC limits her to light work activities. Therefore, Petitioner is not precluded from performing past relevant work due to the exertional requirements of her prior employment. Additionally, as stated above, Petitioner has a nonexertional RFC imposing only mild limitations in her nonexertional ability to perform basic work. Because Petitioner's nonexertional limitations were mild, she would not be precluded from performing light activities on a sustained basis.

Because Petitioner is capable of performing past relevant work, it is found that Petitioner is not disabled at Step 4 and the assessment ends.

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 **not disabled** for purposes of the SDA benefit program.

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



EM/tm

Ellen McLemore
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

