



GRETCHEN WHITMER
GOVERNOR

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

MARLON BROWN
DIRECTOR

[REDACTED]
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[REDACTED] MI [REDACTED]

Date Mailed: February 24, 2025
MOAHR Docket No.: 24-008349
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Linda Jordan

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 hearing was held on September 5, 2024, via teleconference. Petitioner appeared and represented himself. Caleb Nygren, Hearings Facilitator, appeared on behalf of the Michigan Department of Health and Human Services (MDHHS or Department). MDHHS' Hearing Packet was admitted into evidence at the hearing as MDHHS Exhibit A, pp. 1-400, Exhibit B, pp. 1-373, and Exhibit C, pp. 1-445.

During the hearing, it was discussed that the record may be incomplete due to missing medical records. Petitioner requested to extend the record to allow the parties to submit additional documentation. MDHHS had no objection to extending the record. The parties waived any violation of statutory or policy time standards. On September 6, 2024, the undersigned ALJ issued Interim Order Extending the Record, which granted the parties an additional 30 days to submit documentation related to the case.

On September 12, 2024, the Michigan Office of Administrative Hearings and Rules (MOAHR) received correspondence from MDHHS indicating that the record was complete and that the medical documents used to make its determination were included in the Hearing Packet. On October 7, 2024, Petitioner submitted a document titled Medical Assessment of Ability to Do Work Related Activities (Physical), which was admitted into evidence as Petitioner's Exhibit 1, pp. 1-3. The matter is now before the undersigned ALJ for a final determination based on the complete record.

ISSUE

Whether MDHHS properly determined that Petitioner was not disabled for purposes of State Disability Assistance (SDA)?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner was an ongoing recipient of SDA benefits (Exhibit A, p. 18). Petitioner's allegations of impairments included ulcerative colitis, anemia, septic arthritis, tachycardia, hypertension, unknown blood disorder, and unknown joint disorder. The Disability Determination Service (DDS) determined that Petitioner had several severe Medically Determinable Impairments (MDIs), including mental disorders/personality disorders, osteoarthritis and allied disorders, neurological disorders/cerebral degenerations, chronic ischemic heart disease, and substance addition disorders (alcohol) (Exhibit A, p. 22). Additionally, Petitioner disclosed an anxiety disorder (Exhibit A, pp. 105, 128).
2. On or about March 14, 2023, Petitioner submitted Function Report – Adult to MDHHS (Exhibit A, p. 54). Petitioner indicated his physical and mental illnesses limited his ability to work (Exhibit A, p. 54). The disabilities included physical ailments as well as anxiety (Exhibit A, p. 54). Petitioner reported that his high heart rate made activities difficult; that ulcerative colitis kept him from traveling far from restrooms and that this condition was exacerbated by his anxiety. Petitioner alleged a hiatal hernia, which induced heartburn and vomiting, and septic arthritis/inflammatory joint disease, which caused constant pain, made it hard to walk and prohibited him from sitting for long periods (Exhibit A, p. 54).
3. On July 10, 2023, DDS determined that Petitioner was disabled for the purpose of SDA because his physical or mental impairments prevented employment for more than 90 days and he was not capable of performing other work (Exhibit A, p. 16). A continuing medical review was scheduled for October 1, 2023 (Exhibit A, p. 7). The impairments considered were ulcerative colitis, anemia, septic arthritis, tachycardia, hypertension, unknown blood disorder, and unknown joint disorder (Exhibit A, p. 18).
4. On January 12, 2024, Petitioner submitted a Medical Social Questionnaire Update to MDHHS (Exhibit A, p. 42). Petitioner indicated that his conditions had not changed and that he was unable to work due to the swelling in his hands, among other ailments (Exhibit A, p. 42).
5. On July 8, 2024, DDS determined that Petitioner was not disabled for the purpose of SDA because he was capable of performing other work (Exhibit A, p. 8). The allegations considered were ulcerative colitis, rheumatoid arthritis, tachycardia, and hiatal hernia (Exhibit A, p. 18). DDS determined that there had been a medical improvement since the comparison point decision and that it related to the ability to work (Exhibit C, p. 434).

6. On July 9, 2024, MDHHS sent Petitioner a Notice of Case Action stating that Petitioner's SDA case was closed, effective August 1, 2024 ongoing, because MDHHS determined that he was not disabled (Exhibit C, p. 439).
7. On ■■■ 2024, Petitioner filed a Request for Hearing to dispute MDHHS' disability determination (Exhibit A, pp. 4-5).
8. On July 25, 2024, Petitioner's SDA benefits were restored pending the hearing decision due to a timely hearing request.
9. The medical records reflect the following:
 - a. On June 5, 2024, Petitioner was examined by Michigan Medical Consultants, PC (Exhibit C, p. 377). The examiners noted that Petitioner had no difficulty getting on and off the examination table, heel to toe walking, squatting or standing three seconds on either foot. The examiners noted tenderness in right hip and bilateral hands, and found normal ranges of motion and that patient walks with normal gait without an assistance device. The examiner concluded that the patient appears to be stable, had mild motion loss in right hip, but was able to perform orthopedic maneuvers and gait was well preserved.
 - b. On November 1, 2023, Petitioner was examined by the Comprehensive Medical Health Clinic in Flint, MI (Exhibit 1, p. 3). Petitioner's diagnoses were listed as Crohn's disease, autoimmune polyarthritis, and anxiety (Exhibit 1, p. 1). The report indicated that the impairments can be expected to last at least 12 months (Exhibit 1, p. 1). The symptoms included joint pain, abdominal pain and anxiety (Exhibit 1, p. 1). The clinician noted swelling of multiple joints, tenderness to palpitation and abdominal tenderness (Exhibit 1, p. 1). The clinician noted physical limitations due to joint pain and swelling and indicated that Petitioner was limited to regularly lifting/carrying 25 pounds.; and that he could occasionally carry 35 pounds. (Exhibit 1, p. 1). The clinician indicated that Petitioner could stand or walk a total of four hours in an eight-hour workday and only 30 minutes without interruption (Exhibit 1, p. 2). The clinician noted that Petitioner was required to take at least six ten-minute breaks during the day (Exhibit 1, p. 2). The clinician indicated that Petitioner could rarely stoop (bend), crouch/squat, climb ladders or climb stairs (Exhibit 1, p. 3).
 - c. On February 19, 2023, Petitioner was admitted to the Ascension Genesys-Grand Blanc Emergency Department presenting with hip pain (Exhibit B, p. 54). The reviewing physician noted that Petitioner was limping and struggled to bear weight on his hip. Petitioner was hospitalized through February 28, 2023 for hip impairment (Exhibit B, p. 112).

- d. On January 9, 2023, February 6, 2023 and March 13, 2023, Petitioner visited Dr. [REDACTED] [REDACTED] his primary care physician (Exhibit A, pp. 390-396). Dr. [REDACTED] confirmed the diagnoses of ulcerative colitis, tachycardia, polyarthritis, differentiated inflammatory polyarthritis, anxiety disorder, iron deficiency/anemia and joint pain (Exhibit A, p. 391-399).
- e. On December 27, 2022, Seasons Counseling Center completed a psychological examination of Petitioner (Exhibit B, p. 138). The reviewing psychologist determined that Petitioner's mental ability to deal with normal pressures in a work environment were mild to moderately impaired (Exhibit B, p. 141). The confirmed diagnoses included: other specified neurodevelopmental disorder with delays in emotional maturity, social communication and relationship skills, alcohol use disorder (in remission) and other specified personality disorder (Exhibit B, p. 141).
- f. On November 17, 2022, Petitioner visited Dr. [REDACTED] [REDACTED] his primary care physician (Exhibit B, p. 1). Petitioner was experiencing swelling in his hands and joint pain. Dr. [REDACTED] confirmed the swelling in Petitioner's hands and ulcerative colitis (Exhibit B, p. 3).
- g. On November 9, 2022, Petitioner was examined by Michigan Medical Consultants, PC (Exhibit A, p. 181). The report indicated that Petitioner was hospitalized in 2020 with ulcerative colitis and sepsis (Exhibit A, p. 181). Petitioner was diagnosed with septic arthritis to the joints, which caused intense hip and ankle pain. It was noted that Petitioner could sit for about an hour, stand for 20 minutes, walk 1-2 miles and lift 40 lbs on occasion. The reviewing physician determined that Petitioner had a mildly diminished range of motion in the left hip.
- h. On July 11, 2022, Petitioner was examined by Dr. [REDACTED] [REDACTED] for a follow-up related to his hospital admission for ulcerative colitis. Petitioner's past medical history included anxiety disorder, anemia, depression, hypertension, ulcerative colitis and tachycardia. The doctor confirmed ulcerative colitis and prescribed medications.
- i. On June 28, 2022, Petitioner was admitted to the Hurley Emergency Department for rectal bleeding and abdominal pain, diarrhea, nausea, vomiting and weakness (Exhibit A, p. 199). Reviewing physician noted symptoms were caused by a flare in his ulcerative colitis.
- j. On April 27, 2022, Dr. [REDACTED] [REDACTED] conducted a colonoscopy, confirmed ulcerative colitis, rectal bleeding and chronic diarrhea (Exhibit B, p. 15).
- k. On April 21, 2022, Petitioner was examined by [REDACTED] [REDACTED] MD, who confirmed the following diagnoses: iron deficiency anemia, Ehlers-

Danlos syndromes, colitis, gastro-esophageal reflux disease and tachycardia (Exhibit A, p. 370).

- I. On November 12, 2021, Petitioner was discharged from AdventHealth North Pinellas with a diagnosis of colitis and sepsis (Exhibit A, p. 262).
10. On the date of the hearing, Petitioner was ■ years old with an ■ 1988 birth date; ■ in height and weighed approximately ■ lbs.
11. Petitioner has a General Educational Development (GED) degree and served in the military from 2010-2013.
12. At the time of application, Petitioner was not employed.
13. Petitioner's last reported employment was in 2019. Petitioner worked at an eyeglass factory as an inspector but was let go due to a conflict with another employee and for alleged safety reasons.
14. Petitioner alleged disabling impairments due to various medical conditions, including ulcerative colitis, anemia, septic arthritis, tachycardia, hypertension, unknown blood disorder, unknown joint disorder, anxiety disorder and depression.
15. 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), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM). The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. MDHHS administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

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 lasting, or expected to last, 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).

Once an individual has been found disabled, continued entitlement to benefits based on a disability is periodically reviewed in accordance with the medical improvement review standard in order to make a current determination or decision as to whether disability remains. 20 CFR 416.993(a); 20 CFR 416.994(a). If the individual is not engaged in substantial gainful activity (SGA), the trier of fact must apply an eight-step sequential evaluation in evaluating whether an individual's disability continues. 20 CFR 416.994. The review may cease and benefits may be continued at any point if there is sufficient evidence to find that the individual is still unable to engage in SGA. 20 CFR 416.994(b)(5).

In this case, Petitioner was previously found disabled by DDS. Upon review, DDS determined that there had been a medical improvement since the comparison point decision and that it related to the ability to do work (Exhibit C, p. 434), and on July 8, 2024, DDS determined that Petitioner was not disabled for the purposes of SDA because he was capable of performing other work (Exhibit A, p. 8). The allegations considered were ulcerative colitis, rheumatoid arthritis, tachycardia, and hiatal hernia (Exhibit A, p. 18). Petitioner disputed that there had been a medical improvement and alleged that he was still disabled and that the severity of his conditions prevented him from working.

An eight-step evaluation is applied to determine whether an individual has a continuing disability:

Step 1. If the individual has an impairment or combination of impairments which meets or equals the severity of an impairment listed in 20 CFR Appendix 1 of subpart P of part 404, the disability will be found to continue. 20 CFR 416.994(b)(5)(i).

Step 2. If a listing is not met or equaled, it must be determined whether there has been medical improvement as defined in paragraph (b)(1)(i) of 20 CFR 416.994 and shown by a decrease in medical severity. If there has been a decrease in medical severity, Step 3 is considered. If there has been no decrease in medical severity, there has been no medical improvement unless an exception in Step 4 applies. 20 CFR 416.994(b)(5)(ii).

Step 3. If there has been medical improvement, it must be determined whether this improvement is related to the individual's ability to do work in accordance with 20 CFR 416.994(b)(1)(i) through (b)(1)(iv); *i.e.*, there was an increase in the individual's residual functional capacity (RFC) based on the impairment(s) that was present at the time of the most recent favorable medical determination. If medical improvement is *not* related to the individual's ability to do work, the analysis proceeds to Step 4. If medical improvement *is* related to the individual's ability to do work, the analysis proceeds to Step 5. 20 CFR 416.994(b)(5)(iii).

Step 4. If it was found at Step 2 that there was no medical improvement or at Step 3 that the medical improvement is not related to the individual's ability to work, the exceptions in 20 CFR 416.994(b)(3) and (b)(4) are considered. If none of them apply, the disability will be found to continue. If an exception from the first group of exceptions to medical improvement applies, the analysis proceeds to Step 5. If an exception from the second group of exceptions to medical improvement applies, the disability is found to have ended. The second group of exceptions to medical improvement may be considered at any point in this process. 20 CFR 416.994(b)(5)(iv).

Step 5. If medical improvement is shown to be related to an individual's ability to do work or if one of the first group of exceptions to medical improvement applies, **all** the individual's current impairments in combination are considered to determine whether they are severe in light of 20 CFR 416.921. This determination considers all the individual's current impairments and the impact of the combination of these impairments on the individual's ability to function. If the RFC assessment in Step 3 shows significant limitation of the individual's ability to do basic work activities, the analysis proceeds to Step 6. When the evidence shows that all the individual's current impairments in combination do not significantly limit the individual's physical or mental abilities to do basic work activities, these impairments will not be considered severe in nature and the individual will no longer be considered to be disabled. 20 CFR 416.994(b)(5)(v).

Step 6. If the individual's impairment(s) is severe, the individual's current ability to do substantial gainful activity is assessed in accordance with 20 CFR 416.960; i.e., the individual's RFC based on all current impairments is assessed to determine whether the individual can still do work done in the past. If so, disability will be found to have ended. 20 CFR 416.994(b)(5)(vi).

Step 7. If the individual is not able to do work done in the past, the individual's ability to do other work given the RFC assessment made under Step 6 and the individual's age, education, and past work experience is assessed (unless an exception in 20 CFR 416.994(b)(5)(viii) applies). If the individual can, the disability has ended. If the individual cannot, the disability continues. 20 CFR 416.994(b)(5)(vii).

Step 8. Step 8 may apply if the evidence in the individual's file is insufficient to make a finding under Step 6 about whether the individual can perform past relevant work. If the individual can adjust to other work based solely on age, education, and RFC, the individual is no longer disabled, and no finding about the individual's capacity to do past relevant work under Step 6 is required. If the individual may be unable to adjust to other work or if 20 CFR 416.962 may apply, the individual's claim is

assessed under Step 6 to determine whether the individual can perform past relevant work. 20 CFR 416.994(b)(5)(viii).

Step 1

The first step in determining whether an individual's disability has ended requires the trier of fact to consider the severity of the impairment(s) and whether it meets or equals a listed impairment in Appendix 1 of subpart P of part 404 of Chapter 20. 20 CFR 416.994(b)(5)(i). If a listing is met, an individual's disability is found to continue with no further analysis required.

Based on the medical evidence presented in this case, listings 4.05 Recurrent Arrhythmias, 5.06 Inflammatory Bowel Disease, 14.06 Undifferentiated and Mixed Connected Tissue Disease, and 14.09 Inflammatory Arthritis were considered (Exhibit C, p. 434).

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, the analysis continues to Step 2.

Step 2

If the impairment(s) does not meet or equal a Listing under Step 1, then Step 2 requires a determination of whether there has been medical improvement as defined in 20 CFR 416.994(b)(1). 20 CFR 416.994(b)(5)(ii). Medical improvement is defined as any decrease in the medical severity of the impairment(s) which was present at the time of the most favorable medical decision that the individual was disabled or continues to be disabled. 20 CFR 416.994(b)(1)(i). For purposes of determining whether medical improvement has occurred, the current medical severity of the impairment(s) present at the time of the most recent favorable medical decision that found the individual disabled, or continued to be disabled, is compared to the medical severity of that impairment(s) at the time of the favorable decision. 20 CFR 416.994(b)(1)(vii). If there is medical improvement, the analysis proceeds to Step 3, and if there is no medical improvement, the analysis proceeds to Step 4. 20 CFR 416.994(b)(5)(ii).

In the present case, DDS determined that Petitioner was disabled for the purpose of SDA on July 10, 2023, because his physical or mental impairments prevented employment for more than 90 days and he was not capable of performing other work (Exhibit A, p. 16). The impairments considered were ulcerative colitis, anemia, septic arthritis, tachycardia, hypertension, unknown blood disorder, and unknown joint disorder (Exhibit A, p. 31). The disabling condition of anxiety was listed as "hidden," however, Petitioner's mental status was reviewed (Exhibit A, p. 32). DDS determined that Petitioner had the following severe Medically Determinable Impairments (MDIs):

01 – Musculoskeletal system: 7160 – Osteoarthritis, Allied Disorders (Primary)
12 – Mental disorders: 3010 – Personality Disorders (Secondary)

04 – Cardiovascular System: 4140 – Chronic Ischemic Heart Disease (Other)
12 – Mental Disorders: 3030 – Substance Addiction Disorders (alcohol) (Other)

Regarding mental limitations, DDS stated that no Mental Residual Functional Capacity (MRFC) evaluations were associated with the claim (Exhibit A, p. 37). However, in a Disability Determination Explanation signed July 6, 2023, DDS assessed Petitioner's MRFC and determined that Petitioner had mild limitations understanding remembering and applying information, interacting with others and adapt or manage oneself (Exhibit A, p. 23). DDS determined that Petitioner had moderate limitations concentrating, persisting and maintaining pace (Exhibit A, p. 23). Regarding Petitioner's mental RFC, DDS determined that he had moderate understanding and memory limitations, moderate sustained concentration and persistence limitations, moderate limitations interacting with the public, and moderate limitations appropriately responding to changes in the work setting (Exhibit A, pp. 27-28). It is unclear from the record why DDS did not include MRFC evaluations in the July 10, 2023 determination.

Regarding Petitioner's physical RFC, DDS determined that he had exertional limitations, could occasionally lift and/or carry less than 10 pounds, could frequently lift and/or carry less than 10 pounds (Exhibit A, p. 35). DDS determined that Petitioner could stand and/or walk (with normal breaks) for less than two hours and could sit (with normal breaks) about six hours in an eight-hour workday (Exhibit A, p. 35).

On July 8, 2024, DDS determined that Petitioner was not disabled and that there had been a medical improvement since the comparison point decision, and the medical improvement was related to his ability to do work (Exhibit C, p. 434). DDS found that Petitioner had a combination of impairments that was severe (Exhibit C, p. 434). The following MDIs were found to be severe: Inflammatory Arthritis, Undifferentiated and Mixed Connective Tissue Disease, Arrhythmias, Hernias, Inflammatory Bowel Disease (Exhibit C, p. 434). Regarding physical RFC, DDS determined that Petitioner's exertional limitations had improved since the last favorable decision. DDS determined that Petitioner could occasionally lift and/or carry 20 pounds and frequently lift and/or carry 10 pounds (Exhibit C, p. 435). Additionally, DDS determined that Petitioner could stand and/or walk approximately six hours in an eight-hour work day, which is an improvement from the previous assessment when found that Petitioner could stand or walk for less than two hours in an eight-hour workday. In its explanation, DDS noted that claimant is able to walk about a mile, sit for thirty minutes and lift 25 pounds on occasion (Exhibit A, p. 436). DDS noted that Petitioner's conditions are medically monitored and treated and appear to be non-severe.

There are internal contradictions in the July 8, 2024 DDS report, including that the conditions were non-severe, and that Petitioner could stand or walk and sit for six hours in an eight-hour workday. DDS appears to have chiefly relied on a report conducted by the Michigan Medical Consultants on June 5, 2024 in making its determination (Exhibit A, p. 337). However, the report does not make specific findings regarding several aspects of Petitioner's exertional limitations. The report does not make a finding regarding how long Petitioner could stand or walk. It states that he is able to maintain balance in a standing position, able to walk on heels and toes and that he has a normal

gait. It says nothing about how long Petitioner can walk or stand in an eight-hour workday. Accordingly, this report is not specific enough to conclude that Petitioner can now walk or stand six hours in an eight-hour workday, which would be an improvement from the prior decision in which DDS found that Petitioner could stand or walk for less than two-hours in an eight-hour period. Additionally, the report indicates that Petitioner could carry less than 20 pounds, but does not denote the frequency, i.e. occasionally or frequently. It is also unclear why DDS determined that Petitioner could sit for six hours in an eight-hour workday, when it noted in its report that Petitioner could only sit for approximately 30 minutes.

At the hearing, Petitioner credibly testified that he has ongoing pain related to his physical condition and movements caused his joints to hurt. He testified that standing, walking and sitting causes pain and that he has constant twitching and muscle spasms. He also testified that he has difficulty holding objects with his hands due to his arthritis. Petitioner testified that he can only stand for five minutes without needing a break, cannot sit comfortably at all due to the problems with his hips and that he walks with a cane about 50% of the time.

An evaluation conducted on November 1, 2023 found that Petitioner could stand or walk a total of four hours in an eight-hour workday and only 30 minutes without interruption, that Petitioner was required to take at least six ten-minute breaks during the day, and that Petitioner could rarely stoop (bend), crouch/squat, climb ladders or climb stairs (Exhibit 1, p. 3). Although the evaluation is only partially consistent with Petitioner's testimony regarding his limitations, it supports Petitioner's contention that his exertional limitations remain severe. Given the extensive medical evidence documenting Petitioner's conditions and the relatively weak evidence presented by MDHHS regarding Petitioner's improvement, MDHHS has not met its burden of demonstrating that there has been a decrease in medical severity in this case. Thus, the analysis continues to Step 4. 20 CFR 416.994(b)(5)(ii).

Step 4

At step 4, the exceptions in 20 CFR 416.994(b)(3) and (b)(4) are considered. If none of the exceptions apply, the disability will be found to continue. If an exception from the first group of exceptions to medical improvement applies, the analysis proceeds to Step 5. If an exception from the second group of exceptions to medical improvement applies, the disability is found to have ended. The second group of exceptions to medical improvement may be considered at any point in this process. 20 CFR 416.994(b)(5)(iv).

The first group of exceptions, found in 20 CFR 416.994(b)(3) pertain to instances in which the claimant can engage in SGA despite the absence of a medical improvement. Here, there was no evidence of advances in medical or vocational therapy or technology, vocational therapy, new or improved diagnostic or evaluative techniques, or evidence that the prior disability determination was made in error, and thus, 20 CFR 416.994(b)(3)(i)-(iv) do not apply.

The second group of exceptions found in 20 CFR 416.994(b)(4) pertain to situations in which there is evidence of fraud, noncooperation, the claimant is unreachable, or the claimant fails to follow prescribed treatment that would enable the claimant to engage in SGA. No evidence was presented that any of the second group of exceptions applied in this case.

Upon thorough review, Respondent failed to present sufficient evidence to support the determination that there had been a medical improvement related to Petitioner's ability to work. Additionally, there was insufficient evidence that an exception applied. Petitioner's credible testimony and the medical evidence presented supports the determination that Petitioner has a combination of severe disabling impairments that prevents him from working. Therefore, Petitioner's disability continues, and no further analysis is required.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds Petitioner has a continuing disability for purposes of the SDA benefit program. Therefore, Petitioner's SDA eligibility continues, and MDHHS did not act in accordance with Department policy when it closed his SDA case. Accordingly, MDHHS' determination is **REVERSED**.

MDHHS 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. Reinstate Petitioner's SDA case effective August 1, 2024;
2. Issue supplements to Petitioner for any lost SDA benefits that he was entitled to receive from August 1, 2024, ongoing if otherwise eligible and qualified in accordance with Department policy; and
3. Notify Petitioner of its decision in writing.



LJ/nr

Linda Jordan
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

Janice Collins
Genesee County DHHS Union St District Office
125 E. Union St 7th Floor
Flint, MI 48502
MDHHS-Genesee-UnionSt-Hearings@michigan.gov

Interested Parties

BS2
L. Karadsheh
MOAHR

Via-First Class Mail :

Petitioner

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