



Date Mailed: November 18, 2025

Docket No.: 25-030845

Case No.: [REDACTED]

Petitioner: [REDACTED] [REDACTED]

**This is an important legal document. Please have
someone translate the document.**

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ
দ্বারা অনুবাদ করুন।

Este es un documento legal importante. Por favor,
que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

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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; 42 CFR 438.400 to 438.424; and 45 CFR 205.10. After due notice, a hearing was held via telephone conference on October 23, 2025. Petitioner appeared and represented himself. The Michigan Department of Health and Human Services (MDHHS) was represented by Zelia Cobb, Medical Contact Worker. During the hearing, MDHHS's 698-page hearing packet was admitted into evidence as Exhibit A.

ISSUE

Did MDHHS 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 March [REDACTED] 2025, Petitioner submitted her completed Redetermination forms seeking continuing cash assistance on the basis of a disability.
2. On July [REDACTED] 2025, the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program. (Exhibit A, pp. 13-14)
3. On July [REDACTED] 2025, MDHHS sent Petitioner a Notice of Case Action denying the application based on DDS's finding of no disability. (Exhibit A, pp. 8-11)
4. On August [REDACTED] 2025, MDHHS received Petitioner's timely written request for a hearing. (Exhibit A, pp. 3-7)
5. Petitioner alleged disabling impairments due to long-COVID-19, brain fog and confusion, short-term memory loss, chronic pain in her right ankle which seems to have subsided as of the hearing date, reoccurring staph infection in her face, borderline anemic which has been addressed with supplements, irregular EKG, hyperlipidemia, hypercalcemia, loss of four teeth and a toenail, easily irritated and frustrated, light sensitivity and floaters in her vision, nerve pain in her hands and feet, stage 3 kidney failure, chronic pain in her wrists and knees, anxiety and panic attacks, depression, Post Traumatic Stress Disorder (PSTD), sleep apnea, a

seizure-like event, thrombophilia, alopecia, rheumatoid arthritis, and chronic fatigue and low energy.

6. Petitioner has had past suicidal ideations, but has not admitted it to anyone prior to the hearing.
7. Petitioner estimates she can walk for 30 minutes on a good day, stand for about 15 to 20 minutes, use stairs with some difficulty, bend but not squat, and maintain her attention for five to ten minutes. Petitioner believes she can lift, push, and pull about 15 pounds but notes that she does not have any restrictions identified from her doctor. She has difficulty gripping or grasping items. Petitioner's vision is better now that her floaters are gone; however, she still has sensitivity to light.
8. Petitioner is able to read, watch television, do puzzles, and participate in sports such as bounce volleyball and pickleball three to four times per week. Petitioner is able to prepare food, but on days when her pain is high or energy is low, she relies on microwaveable food. She microwaves her dinner most days but occasionally will cook simpler items like salmon. She also can do her own cleaning but moves slowly or she has her boyfriend do it.
9. Petitioner stays with her boyfriend most nights of the week.
10. She is able to conduct all of her own grooming and bathing routines.
11. Each day she tries to go outside and be in the sunshine.
12. Petitioner estimates that she feels good for about 2 to 3 hours per day but then feels wiped out with no energy for the rest of the day.
13. Petitioner does her grocery shopping, laundry, and dishes with her boyfriend, but he does all of the lifting, loading, and unloading.
14. The weekend prior to the hearing, Petitioner did yard work with her boyfriend after a tree was taken down. Petitioner was responsible for piling and bundling branches.
15. Petitioner is able to follow written and verbal instructions but may need to have the instructions repeated.
16. Petitioner occasionally uses an abdominal binder, ankle brace, and knee brace.
17. The medical record reflects the following:
 - a. In May 2023, Petitioner suffered a closed fractural of the distal end of her right fibula. She was treated with a boot to immobilize her foot and ankle but was able to bear weight with the boot. (Exhibit A, pp. 544-547)

- b. In August 2023, Petitioner was able to switch from a boot to a lace up brace for her right ankle but there was evidence after an MRI of a subacute fracture of the anterior lateral malleolar tip at the ligament attachment, low-grade partial tearing of the calcaneofibular ligament at the fibular attachment, a sprain of the posterior tibiotalar ligament, and tendinosis of the retromalleolar portion of the peroneus longus tendon and partial tearing of the tendon in the hindfoot proximal to the cuboid tunnel. (Exhibit A, pp. 302, 539-543)
- c. In September 2023, Petitioner began physical therapy for her ankle. (Exhibit A, pp. 624-626)
- d. In October 2023, Petitioner presented to the hospital with abdominal pain. After an x-ray, she was determined to have a distended small bowel with concerns for a small bowel obstruction. Petitioner underwent laparoscopic surgery and was found to have 130 cm of ischemic bowel, but no necrosis. Omental adhesions were also found and an internal herniation of the small bowel with mechanical obstruction of the bowel and strangulation. Petitioner underwent a small bowel resection of 130 cm, and nine feet of small remained intact. (Exhibit A, pp. 507-508)
- e. In November of 2023, Petitioner was determined to be disabled for purposes of the SDA program. (Exhibit A, pp. 310-311)
- f. In January 2024, Petitioner was seen for a postoperative evaluation of her bowel resection and hernia surgery. She was approved to return to normal activity. (Exhibit A, pp. 570-571)
- g. In January 2024, Petitioner returned to physical therapy and was seen for her ankle pain which was a 2 out of 10. Her functional limitations were noted as going up and downstairs, and prolonged standing which caused moderate ankle pain. She also had improved range of motion in her ankle to a plantar flexion of 52 degrees and inversion of 15 degrees following stretching. (Exhibit A, pp. 432-435, 616-617)
- h. In January 2024, Petitioner was seen by the Trinity Health Emergency Center for abdominal pain, nausea, and palpitations. Her blood pressure was noted as 141/78 and a CT scan of her abdomen and pelvis was completed with unremarkable results. She was discharged home after treatment with electrolytes and anti-nausea medication. (Exhibit A, pp. 387, 391, 412)
- i. In August 2024, Petitioner was diagnosed with an unspecified disorder of white blood cells. (Exhibit A, pp. 219-220, 224-227)

- j. In October 2024, Petitioner was seen by the Michigan Institute for Neurological Disorders for brain fog, poor short-term memory, and confusion. Petitioner was oriented to person, place, and time with fluent speech, appropriate fund of knowledge, no left-right confusion, intact judgement and insight, a normal rate of thoughts, normal mood and appropriate affect. All other physical examinations appeared normal. An EEG, neuro-psych evaluation, and an MRI of her brain with contrast were ordered. (Exhibit A, pp. 57-60)
- k. In November 2024, Petitioner was diagnosed by Corewell Health with Hypercalcemia and "other specified abnormal immunological findings in serum." (Exhibit A, pp. 208-209)
- l. In December 2024, Petitioner underwent imaging for her short-term memory loss which showed no diffusion restriction, a normal craniocervical junction, empty sella but otherwise showing normal midline structures, and the clivus marrow signal was maintained, her globes and orbits were unremarkable, paranasal sinuses and mastoid air cells were clear, posterior nasopharynx was clear, brain volume was age-appropriate, preserved gray-white matter, intracranial flow voids were present, no abnormal FLAIR signal lesions or hemorrhages, no mass or mass effect, midline shift or extra-axial fluid collections, and no acute ischemia. (Exhibit A, p. 55).
- m. In December 2024, Petitioner underwent an EEG for brain fog and a spell of abnormal behavior which was determined to be normal. (Exhibit A, p. 56)
- n. In January 2025, Petitioner underwent a laryngoscopy and all findings were normal. (Exhibit A, pp. 267-269)
- o. In February 2025, Petitioner was noted to have a history of staph infections in her nares with a long recovery time with a recent sore on the tip of her nose which was oozing and crusting. She was also noted to be "very active" playing volleyball and pickleball. Petitioner also complained of floaters and photosensitivity of her eyes, no current rashes, joint pain and swelling, morning stiffness, easy bruising, and with improvements in her fatigue and brain fog. She had a positive antinuclear antibody test. (Exhibit A, pp. 264-267)
- p. In February 2025, Petitioner was diagnosed with "other primary thrombophilia." (Exhibit A, pp. 195-204)
- q. On June 30, 2025, Petitioner completed a Mental Status Evaluation. Petitioner was oriented to the month, year, and day of the week as well as able to identify the current president of the United States. Her immediate memory was considered fair, recent memory was good, and her remote memory was also good. She completed basic math calculations, paid good attention, exhibited a good fund of knowledge and abstract thinking, was able to identify similarities

and differences, and had good judgment. The examiner determined that she may have mild impairments in understanding, remembering, and applying information; carrying out simple one or two step instructions; and in adapting or managing herself. The examiner also determined she may have moderate impairments in engaging in social interactions. She was said to have marked impairments in concentrating, persisting, pace, or tolerance for stress. She was diagnosed with mild neurocognitive disorder based on self-reported history and adjustment disorder with mixed depression and anxiety. (Exhibit A, pp. 170-175)

18. On the date of the hearing, Petitioner was █ years old with a June █ 1966 birth date; she is █ in height and weighs about █ pounds.
19. Petitioner has a driver's license and is capable of driving.
20. Petitioner has a Bachelor's Degree from California State University in accounting based on the Social Security Administration Disability Report or communications based on her testimony and mental status exam. (Exhibit A, pp. 144, 170)
21. Petitioner was previously a Screen Actor's Guild Card holder but has been unable to pay the fee and it is no longer active.
22. Petitioner has a computer account certificate.
23. At the time of application and hearing, Petitioner was not employed.
24. Petitioner has an employment history of work for the previous five years as a box office clerk in 2019 and doing odd jobs until 2023 such as sanding floors, cleaning storage units, braiding hair, and painting rooms.
25. Petitioner has a pending appeal of her disability denial with the Social Security Administration.

CONCLUSIONS OF LAW

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

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. MDHHS administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.*, and Mich Admin Code, R 400.3151 to R 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 has not engaged in any work since 2023. Therefore, Petitioner cannot be assessed as not disabled at Step 1 and the evaluation 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).

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 Servs*, 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 was reviewed and, in consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, is found to be 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, listings 1.0 Musculoskeletal Disorders-Adult; 1.18 Abnormality of a Major Joint in Any Extremity; 1.19 Pathologic Fractures Due to Any Cause; 1.22 Non-Healing or Complex Fracture of the Femur, Tibia, Pelvis, or one or more of the Talocrural Bones; 2.00 Special Senses and Speech Disorders; 4.00 Cardiovascular System-Adult; 6.00 Genitourinary Disorders-Adult, 6.03 Chronic Kidney Disease with Impairment of Kidney Function; 6.09 Complications of Chronic Kidney Disease; 8.00 Skin Disorders-Adult; 8.09 Chronic Conditions of the Skin or Mucous Membranes; 9.00 Endocrine Disorders-Adult; 12.00 Mental Disorders; 12.04 Depressive, Bipolar, and Related Disorders; 12.06 Anxiety and Obsessive-Compulsive Disorders; 12.08 Personality and Impulse-Control Disorders; 12.15 Trauma-and Stressor-related Disorders; and 14.00 Immune System Disorders were considered. 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 an 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). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). 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, assessing the ability to (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). A five-point scale is used to rate the degree of limitation in each area: 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 both exertional and nonexertional limitations due to medical conditions. Petitioner testified that she could walk for 30 minutes, stand for 15 to 20 minutes, bend, push/pull/lift about 15 pounds, sit for an hour, use the stairs, see with some sensitivity to light, and hear. She also testified that she likes people, but that people had commented that she was easily irritated. Within her physical and mental

limitations, Petitioner can fold laundry, walk in a grocery store, pile tree limbs and bundle them, in addition to playing bounce volleyball and pickleball. In Petitioner's mental status exam, the examiner determined that she may have mild impairments in understanding, remembering, and applying information; carrying out simple one or two step instructions; and in adapting or managing herself. The examiner also determined she may have moderate impairments in engaging in social interactions which seems inconsistent with the evidence presented as she is capable of engaging in the social aspects of sports as well as manage herself in grocery stores. She was said to have marked impairments in concentrating, persisting, pace, or tolerance for stress which again appears inconsistent with her ability to engage in sports. It is also notable that the hearing in this case lasted for 1 hour and 40 minutes. During that time, there was no indication that Petitioner had difficulty with persisting or pace. There was some mild indications of difficulties in concentrating or remembering information, but no indication of difficulties with authority.

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.

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 at least sedentary work as defined by 20 CFR 416.967(a). Based on the medical record presented, as well as Petitioner's testimony, Petitioner has limitations on her mental ability to perform basic work activities as follows: mild limitations in ability to understand, remember or apply information; mild limitations in ability to interact with others; mild limitations in ability to concentrate, persist, or maintain pace; and mild limitations in 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 5 years that was SGA and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1)(i). Work that was started and stopped in fewer than 30 calendar days is not PRW. *Id.* and 20 CFR 416.960(b)(1)(ii). 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 5 years prior to the application consists of doing odd jobs such as painting, sanding, braiding, and organizing. Because Petitioner's work was not consistent, her employment cannot be considered SGA or PRW. Because Petitioner's work cannot be considered SGA or PRW, Petitioner's work history cannot be reviewed to determine whether she is disabled at Step 4, and the evaluation continues at Step 5.

Step 5

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 MDHHS 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 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 █ years old at the time of the application and █ years old at the time of hearing, and, thus, considered to be of advanced age (age 55 and over) for purposes of Appendix 2. She is a college graduate with no work history to be considered. 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. Based solely on her exertional RFC, the Medical-Vocational Guidelines result in a finding that Petitioner is not disabled. However, Petitioner also has impairments due to her mental condition. As a result, she has a nonexertional RFC imposing mild limitations in her activities of daily living; mild limitations in her social functioning; and mild limitations in her concentration, persistence or pace limitations. Those limitations would not preclude her from engaging in simple, unskilled work activities on a sustained basis. See SSR 83-14. Therefore, Petitioner is able to adjust to other work and is **not** disabled at Step 5.

DECISION AND ORDER

NOT DISABLED: 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, MDHHS's determination is **AFFIRMED**.



AMANDA MARLER
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, OR
- by fax at (517) 763-0155, OR
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

Via Electronic Mail:

Respondent

WAYNE-GREYDALE-DHHS
27260 PLYMOUTH RD
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**MDHHS-WAYNE-15-GREYDALE-
HEARINGS@MICHIGAN.GOV**

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]