



Date Mailed: October 29, 2025
Docket No.: 25-034154
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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

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这是一份重要的法律文件。请让别人翻译文件。

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Date Mailed: October 29, 2025

Docket No.: 25-034154

Case No.: [REDACTED]

Petitioner: [REDACTED]

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; and 45 CFR 205.10. After due notice, hearing was held on October 23, 2025, via conference line. Petitioner was present with his Authorized Hearing Representative (AHR) [REDACTED]. The Department was represented by Stephanie Pearson, Assistance Payments Worker.

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 [REDACTED] 2025, Petitioner submitted an application seeking cash assistance benefits on the basis of a disability (Exhibit A, pp. 14-19).
2. On July 31, 2025, the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 33-34).
3. On August 13, 2025, the Department sent Petitioner a Notice of Case Action denying his application for SDA benefits based on DDS' finding that he was not disabled. (Exhibit A, pp. 8-11)
4. On September 17, 2025, Petitioner submitted a timely written Request for Hearing disputing the Department's denial of his SDA application (Exhibit A, pp. 3-7).
5. Petitioner alleged disabling impairments due to a stroke (Exhibit A, pp. 21-27).
6. As of the hearing date, Petitioner was [REDACTED] years old with a [REDACTED] 1974 date of birth.
7. Petitioner obtained a high school degree and a trade school certificate in electronics. Petitioner has reported employment history of work as a machine press operator. Petitioner has not been employed since December 2024.

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8. Petitioner has a pending disability claim with the Social Security Administration (SSA).
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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

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and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, are insufficient to establish disability. 20 CFR 416.927(d).

Step One

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

In this case, Petitioner was not working during the period for which assistance might be available. Because Petitioner was not engaged in SGA, he is not ineligible under Step 1, and the analysis continues to Step 2.

Step Two

Under Step 2, the severity and duration of an individual's alleged impairment is considered. If the individual does not have a severe medically determinable physical or mental impairment (or a combination of impairments) that meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for SDA means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 90 days. 20 CFR 416.922; BEM 261, p. 2.

An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities mean the abilities and aptitudes necessary to do most jobs, such as (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28.

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. While the Step 2 severity requirement may be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint, under the de minimis standard applied at Step 2, an impairment is severe unless it is only a slight abnormality that minimally

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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:

On [REDACTED] 2024, Petitioner presented at [REDACTED] Emergency Department for a possible stroke (Exhibit A, pp. 841-922). A computed tomography (CT) scan was completed and there was a concern Petitioner had a stroke in the cerebellar fossa. A computed tomography angiography (CTA) scan was completed which revealed concerns of a left vertebral occlusion as well as possible arteritis within the vertebral basilar system. Petitioner was not a candidate for intervention. Petitioner was discharged and it was recommended to continue monitoring.

On [REDACTED] 2024, Petitioner presented at [REDACTED] Emergency Department (Exhibit A, pp. 685-922). Examination revealed severe dysmetria, aphasia and dysarthria with a National Institute of Health (NIH) stroke scale of 7. CTA scans revealed acute/subacute bilateral cerebellar strokes and presumed recent cerebrovascular accident (CVA), chronic left corona radiata and right basal ganglia lacunar infarcts. On January 6, 2025, Petitioner was discharged, and it was recommended he follow up with rehabilitation for physical therapy, occupational therapy and speech therapy.

On [REDACTED] 2025, Petitioner presented at [REDACTED] Emergency Department (Exhibit A, pp. 153-451). Petitioner reported that he lost consciousness and woke up on the floor. There was concern of Segment Elevation Myocardial Infarction (STEMI) and he underwent a coronary angiography and was found to have a chronic occlusion of his obtuse marginal (OM) 3 with left to left collaterals. No intervention was required. Petitioner completed an electrocardiogram (ECG) and transthoracic echocardiogram (TTE) which were unremarkable. The impression was that Petitioner did not have a new CVA and there was a suspicion that his loss of consciousness was as result of his impaired vertebral circulation. On June 18, 2025, Petitioner was discharged with the recommendation to follow up with cardiac monitoring.

On June 28, 2025, Petitioner had a physical examination related to his SSA application (Exhibit A, pp. 270-276). Petitioner reported that because of the stroke in December

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2024, his whole right side was affected, and he had a slow stutter. Petitioner reported a history of diabetes and hypertension. Related to the stroke, Petitioner reported his deficits were problems with balance, walking, speech, and writing. Petitioner's neurologic examinations revealed he had good eye contact but did not have fluent speech, which was pressured with some aphasia. Petitioner's memory was normal, and his concentration was good. Petitioner was oriented to time, place, person and situation. Petitioner's gait was limping. Petitioner's hand eye coordination was decreased and his finger to nose was abnormal due to right hand dysmetria. Petitioner's heel to shin was abnormal due to right heel dysmetria. Petitioner's Romberg sign was not tested due to right sided weakness and safety concerns of falling. Petitioner's musculoskeletal examination revealed tenderness of the right arm shoulder with spasticity. There was no joint swelling or effusion arrhythmia or deformity. Petitioner was unable to lift, carry or handle light objects with his right arm. Petitioner's fine and gross manipulative abilities were not grossly normal. Petitioner could turn a doorknob, shuffle papers and manipulate a coin, but could not use a pen. Petitioner was unable to squat and rise from that position. Petitioner was unable to rise from a sitting position without assistance and had moderate difficulty getting up and down from the exam table. Petitioner was unable to walk on heels or toes, tandem walking was not achieved, and he could not stand or hop on one foot bilaterally. Petitioner was cooperative and found to have good faith effort during the examination. Petitioner was diagnosed with stroke, right sided weakness, and aphasia. Although Petitioner did not appear with an assistive walking device, his aunt who was helping him during the examination, indicated he does use assistive devices. Petitioner did have right eye visual difficulty, although he was able to finger count, but he did have some difficulty with the visual acuity exam. Petitioner had no limitations with sitting and mild limitations with standing and walking due to the history of stroke and right sided weakness. Petitioner had mild limitations with lifting and carrying weight due to the history of stroke and right sided weakness. Petitioner was noted to have communicative limitations due to aphasia, and it was determined that he would have workplace environmental limitations due to difficulty walking and right sided weakness.

Petitioner was seeking follow up care with [REDACTED] (Exhibit A, pp. 279-550). Petitioner's principal diagnosis was hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting his right dominant side. Petitioner also had diagnoses of cognitive functioning following cerebral infarction, type 2 diabetes, and essential hypertension. Petitioner was prescribed Amlodipine for high blood pressure; aspirin; Atorvastatin for high cholesterol; Baclofen for muscle spasms; Clopidogrel for blood clotting; Dapagliflozin for type 2 diabetes; Ergocalciferol for vitamin D deficiency; and Lisinopril for high blood pressure. Petitioner was receiving therapeutic services in the form of occupational therapy, physical therapy and speech therapy. On April 16, 2025, Petitioner's provider indicated that he had a medical contraindication to leave the home due to muscle weakness and abnormality of gait, and he required assistance to leave the home from caregivers. Additionally, when Petitioner left the home, it was with taxing effort. Petitioner had additional appointments on April 17, 2025; April 18, 2025; April 21, 2025; April 22, 2025; April 23, 2025; April 25, 2025;

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April 28, 2025; April 29, 2025; April 30, 2025; May 5, 2025; May 12, 2025; May 19, 2025; and May 29, 2025. On June 26, 2025, Petitioner's physical condition was much the same, but he gained independence in transfers and ambulation. Petitioner had appointments on June 29, 2025; June 20, 2025; July 1, 2025; and on July 2, 2025. On July 7, 2025, Petitioner had an appointment where he was still designated as homebound status and required assistance to leave the household. Petitioner had decreased endurance, was a fall risk, had unsafe ambulation, weakness and fatigue.

In consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Petitioner suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days. Therefore, Petitioner has satisfied the requirements under Step 2, and the analysis will proceed to Step 3.

Step Three

Step 3 of the sequential analysis of a disability claim requires a determination if the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920(a)(4)(iii). If an individual's impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

Based on the medical evidence presented in this case and the listing criteria applicable at the time of Petitioner's assessment date, listing 11.04 (vascular insult to the brain); 9.00 (diabetes mellitus); 4.00 (essential hypertension). 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 only exertional limitations due to his impairments. Petitioner testified that he still experiences extreme weakness on his right side as a result of his stroke. Petitioner cannot write, as his right hand is his dominant hand which is affected by the stroke. Petitioner walks with the assistance of a cane and can only walk short distances. Petitioner indicated he cannot sit for long periods due to back pain and can only stand for periods of ten to fifteen minutes due to weakness in his right side. Petitioner cannot ascend or descend stairs without assistance. Petitioner cannot squat or bend due to risk of falling. Petitioner reported he could not lift more than five pounds. Petitioner also has difficulty with his speech, often requiring assistance when communicating.

Petitioner lives alone but requires assistance from his aunt and girlfriend on a daily basis or every other day. Petitioner cannot perform his own hygiene, as he requires assistance bathing and sometimes going to the bathroom. Petitioner cannot drive or grocery shop on his own. Petitioner does not leave his home often due to the difficulty and slowness of his movement. Petitioner can perform some chores such as washing dishes and light cooking but for more difficult tasks, he requires assistance.

The evidence presented is considered to determine the consistency of Petitioner's statements regarding the intensity, persistence and limiting effects of his symptoms. A thorough review of Petitioner's medical records including records presented from Petitioner's treating physicians was completed. Per the June 28, 2025 examination related to his SSA appeal, Petitioner had a limping gait, significant right sided weakness, could not use a pen, and had difficulty rising from a seated position. Petitioner was noted to have communication limitations due to aphasia, and it was determined that he would have workplace environmental limitations due to difficulty walking and right sided weakness. With respect to Petitioner's exertional limitations, it is found, based on a review of the entire record, that Petitioner maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a).

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

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(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 5 years prior to the application consists of employment as a press operator. Upon review, Petitioner's past employment is characterized as requiring medium/semiskilled exertion. Based on the RFC analysis above, Petitioner's exertional RFC limits him to sedentary work activities. As such, Petitioner is incapable of performing past relevant work. Because Petitioner is unable to perform past relevant work, he cannot be found disabled, or not disabled, at Step 4, and the assessment continues to Step 5.

Step Five

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

At this point in the analysis, the burden shifts from Petitioner to the Department to present proof that Petitioner has the RFC to obtain and maintain substantial gainful employment. 20 CFR 416.960(c)(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978).

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

In this case, Petitioner was [REDACTED] years old at the time of the time of hearing, and thus, considered to be a person closely approaching advanced age ([REDACTED] years) for purposes of Appendix 2. He completed high school and had a semiskilled work history. Petitioner had not recently completed education to provide him direct entry into sedentary work. Therefore, the determination as to whether Petitioner is disabled or not disabled is dependent on the transferability of Petitioner's skills.

Under SSA POMS DI 25015.017, a transferability of skills assessment evaluates whether skills acquired from a Petitioner's prior skilled or semi-skilled work can be applied to other occupations within the Petitioner's current residual functional capacity. Transferability exists when the new occupation involves similar tools, work processes, materials, or services. This assessment is conducted only when the claimant is unable to perform past relevant work and possesses skilled or semi-skilled experience. Age is a significant factor. For individuals aged 55 and older, skills must be readily transferable to a significant range of other work; otherwise, a finding of disability is generally directed under the Medical-Vocational Guidelines.

Given the medical limitations described above, including Petitioner's impaired speech and significant weakness on the dominant side, Petitioner's ability to use prior skills would likely be substantially reduced, especially if those skills required manual dexterity, use of the dominant hand, or verbal communication. Even if Petitioner's past work was skilled, his physical and speech deficits would prevent those skills from transferring to other occupations that exist at a lighter physical or sedentary level. Additionally, although Petitioner possesses a trade school certificate in electronics, this educational background does not establish transferable skills because Petitioner testified it was never applied in past relevant work, and therefore, does not constitute acquired vocational skills that are transferable. Furthermore, as stated above, the burden is on the Department to establish Petitioner has transferable skills and that he has the RFC to obtain and maintain substantial gainful employment.

Because the Department did not offer evidence or vocational testimony establishing such work, and given the claimant's age, impairments, and lack of transferable skills, there is insufficient evidence to support a finding that he cannot adjust to other work. Accordingly, the record supports a determination that transferability of skills does not exist and that the claimant is disabled under the Medical-Vocational Guidelines.

DECISION AND ORDER

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

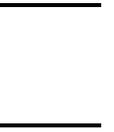
Accordingly, the Department's SDA determination is **REVERSED**.

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

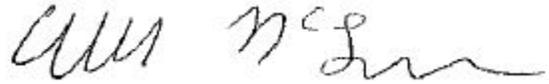
1. Redetermine Petitioner's SDA eligibility as of May 23, 2025, to determine if all the other non-medical criteria are satisfied and notify Petitioner of its determination;

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2. Supplement Petitioner for lost benefits, if any, that Petitioner was entitled to receive if otherwise eligible and qualified; and



3. Review Petitioner's continued SDA eligibility in July 2026.



**ELLEN MCLEMORE
ADMINISTRATIVE LAW JUDGE**

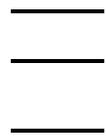
APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative 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.

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Via Electronic Mail:

Respondent

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