

Date Mailed: February 11, 2026

Docket No.: 25-039981

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, a telephone hearing was held on January 8, 2026. [REDACTED] Petitioner, appeared on his own behalf. [REDACTED] Case Manager, appeared as a witness for Petitioner. The Department was represented by Amy Miller, Eligibility Specialist (ES).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-1072.

ISSUE

Whether the Department properly determined 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 applied for SDA. (Exhibit A, pp. 1067-1072)
2. On November 3, 2025, the Medical Review Team/Disability Determination Services (MRT/DDS) found Petitioner not disabled. (Exhibit A, pp. 9-10 and 19-31)
3. On November 4, 2025, a Notice of Case Action was issued stating SDA was denied because Petitioner was found not disabled. (Exhibit A, pp. 4-7)
4. On November 12, 2025, the Department received Petitioner's timely written request for hearing. (Exhibit A, p. 3)
5. Petitioner alleged disabling impairments including: Asperger Syndrome/autism spectrum disorder (ASD); attention deficit hyperactivity disorder (ADHD); bipolar personality disorder (BPD); obsessive compulsive disorder (OCD); imposter syndrome (IS); human immunodeficiency virus (HIV); peripheral neuropathy; atypical Meniere's disease, atrial fibrillation; generalized compartment pain in both hips; peripheral artery disease with four stents in leg arteries on both sides; chronic

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obstructive pulmonary disease (COPD); type 2 diabetes; and history of squamous cell carcinoma with lymphatic invasion. (Exhibit A, p. 52; Petitioner Testimony).

6. At the time of hearing, Petitioner was ■ years old with a ■■■■■■■■■■, 1971 birth date; was ■ in height; and weighed ■ pounds. (Petitioner Testimony)
7. Petitioner completed the ■ grade, attended some technical schooling, had an LPN license, and has a recent work history including fast food at McDonalds and Waffle House. (Exhibit A, pp. 49, 348-359, and 448-459; Petitioner Testimony)
8. Petitioner's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

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 Human Services Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

Disability is defined as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). The person claiming a physical or mental disability has the burden to establish it 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 ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 416.913. An individual's statements about pain or other symptoms are not, in and of themselves,

sufficient to establish disability. 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, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) daily activities; (2) the location/duration/frequency/intensity of an applicant's pain or other symptoms; (3) precipitating and aggravating factors; (4) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain or other symptoms; (5) any treatment other than medication that the applicant has received to relieve pain or other symptoms; (6) any measures the applicant uses to relieve pain or other symptoms; and (7) other factors concerning the applicant's functional limitations and restrictions due to pain or other symptoms. 20 CFR 416.929(c)(3). The applicant's pain or other symptoms must be considered in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (i.e., age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, 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). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.922(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(a)(1)(iv)(vi)(vii).

As outlined above, the first step looks at the individual's current work activity. In the record presented, Petitioner is not involved in substantial gainful activity. Therefore, Petitioner is not ineligible for disability benefits under Step 1.

The severity of Petitioner's alleged impairment(s) is considered under Step 2. Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education, and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.922(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.

Id.

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* At 863 citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a Petitioner's age, education, or work experience, the impairment would not affect the Petitioner's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, Petitioner alleged disabling impairments including: Asperger Syndrome/ASD; ADHD; BPD; OCD; IS; HIV; peripheral neuropathy; atypical Meniere's disease, atrial fibrillation; generalized compartment pain in both hips; peripheral artery disease with four stents in leg arteries on both sides; COPD; type 2 diabetes; and history of squamous cell carcinoma with lymphatic invasion. (Exhibit A, p. 52; Petitioner

Testimony). While some older medical records were submitted and have been reviewed, the focus of this analysis will be on the more recent medical evidence.

A [REDACTED] 16, 2025 record documents an office visit for asymptomatic tachycardia. Testing was to be scheduled. Physical exam findings were normal. Petitioner was started on medication for insomnia due to his mind racing. (Exhibit A, pp. 756-759 and 950-952).

A [REDACTED], 2025 record documents pre-registration for imaging services with an admit reason of other forms of angina pectoris. The Holter Monitoring Report shows a test date of [REDACTED], 2025 for 48 hours. The impression indicates Petitioner did not return the diary for events for correlation of symptomology. There were no nonsustained or sustained arrhythmia noted and no atrial fibrillation recorded. There were nonspecific ST-T changes noted throughout Holter monitoring and one pause of 2.3 seconds recorded. (Exhibit A, pp. 640-659 and 1023-1042). On [REDACTED] 2025, a transthoracic echocardiogram was performed. The conclusions state normal left ventricular size, wall thickness, and systolic function with no obvious regional wall motion abnormalities. The ejection fraction was visually estimated at 58.8%. Abnormal left ventricular diastolic filling pattern for age. There was mild tricuspid regurgitation. Pulmonary artery systolic pressure was normal. Sinus tachycardia was noted during the study. (Exhibit A, pp. 660-662 and 1043-1045). A [REDACTED], 2025 pulmonary function study documented a moderate obstructive lung defect. This was interpreted as an insignificant response to bronchodilator. (Exhibit A, pp. 663-670, 844-848, and 1046-1052).

A [REDACTED], 2025 record documents an office visit for tachycardia, type 2 diabetes with hyperlipidemia, adult ADHD, and screening for hepatitis C and colon cancer. Physical exam findings were normal. Neuropathy was noted to be controlled on the current medication. Changes with the ADHD medication were discussed due to the cardiac testing results. (Exhibit A, pp. 760-765 and 954-959).

A [REDACTED], 2025 record documents an office visit for tachycardia, adult ADHD, anginal equivalent, and COPD. Physical exam findings were normal. It was noted that the change with the ADHD medication was completed. (Exhibit A, pp. 766-770 and 960-964)

A [REDACTED] 2025 record documents an appointment for HIV case management. Petitioner was compliant with and doing fine with Biktarvy. Physical exam findings were normal, such as gait steady and even, as well as full range of motion to all extremities. (Exhibit A, pp. 719-721). A lab report with a date collected of [REDACTED] 2025 was included. (Exhibit A, pp. 725-729, 991-993, and 997-1001).

An [REDACTED], 2025, psychiatric evaluation report documented diagnoses of mood disorder, adult ADHD, and Asperger's syndrome. Screening tools indicated severe depression and anxiety. (Exhibit A, pp. 772-779 and 966-972).

A ██████ 2025 record documents an office visit for: type 2 diabetes with hyperlipidemia; neuropathy was partially controlled with medication; tachycardia; and left foot pain. Transport was called to take Petitioner to the hospital in regard to the toes and feet being purple. It was noted that Petitioner had a history of gangrene in the foot before that appeared similarly, pulses could not be palpated, and the second toe was exquisitely painful and purple. (Exhibit A, pp. 780-785).

On ██████ 2025, Petitioner was seen in the emergency department for toe pain. An occluded stent within the left common iliac artery was found on an angio CT scan. Petitioner was to be transferred to another hospital for treatment. (Exhibit A, pp. 674-687).

On ██████ 2025, Petitioner attended a consultative psychiatric/psychological evaluation. Diagnoses were ASD, BPD, adjustment disorder with anxiety, and alcohol use disorder was in sustained full remission. Petitioner's prognosis was guarded to poor at that point. Petitioner was noted to struggle with significant psychiatric difficulties and have limited supports in the area. There was no impairment with the ability to understand, remember, and apply simple instructions or to carry out simple instructions. There was moderate impairment with the ability to understand, remember, and apply complex instructions and carry out detailed instructions. There was marked impairment in overall concentration, persistence, and pace. There was marked impairment in social interaction as well as the ability to adapt to changes in the work setting and travel to unfamiliar places. (Exhibit A, pp. 621-625).

On ██████ 2025, Petitioner attended a consultative medical evaluation. Petitioner presented with complaints of having cardiac issues but there was no evidence of end organ dysfunction. Petitioner has a history of colon cancer, which is now in remission. Petitioner had complaints of vertigo, but demonstrated he was able to perform all physical tasks. Petitioner demonstrated an antalgic gait with short strides. Petitioner was noted to be a poorly controlled diabetic with evidence of end organ dysfunction on physical examination. Petitioner presented with complaints of having HIV. The functional assessment stated there were no recommended limitations with sitting. Petitioner would be limited to standing for 45 minutes then needing to sit or walk due to his neuropathy pain. Petitioner would be limited to walking for 15 minutes then needing to sit and rest due to vertigo, peripheral artery disease, and neuropathy. There were no recommended limitations with lifting or carrying. Petitioner would have limitations with bending, squatting, crouching, and crawling because it would worsen his vertigo, peripheral artery disease, and neuropathy. Petitioner would have limitations with pushing and pulling because it would worsen his vertigo, peripheral artery disease, and neuropathy. No stairs or uneven ground were recommended. The clinical evidence supported the need for a 4 wheeled walker with a seat and brakes. (Exhibit A, pp. 611-619).

As previously noted, Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Petitioner has presented medical evidence establishing that he does have some limitations on the ability to perform basic work activities. The medical evidence has

established that Petitioner has an impairment, or combination thereof, that has more than a *de minimis* effect on Petitioner's basic work activities. Further, the impairments have lasted, or can be expected to last, continuously for 90 days; therefore, Petitioner is not disqualified from receipt of SDA benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if Petitioner's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404.

The evidence confirms recent diagnosis and treatment of multiple impairments including: tachycardia, hyperlipidemia, PAD, type 2 diabetes, neuropathy, COPD, HIV, ADHD, mood disorder, Asperger's syndrome/ASD, BPD, and adjustment disorder with anxiety. Based on the objective medical evidence, considered listings included: 3.02 chronic respiratory disorders; 4.05 recurrent arrhythmias; 12.04 depressive, bipolar, and related disorders; 12.06 anxiety and obsessive compulsive disorders; 12.08 personality and impulse-control disorders; 12.10 ASD; 12.11 neurodevelopmental disorders; 14.11 HIV infection. However, the medical evidence was not sufficient to meet the intent and severity requirements of these listings, or any other listing, or its equivalent. Accordingly, Petitioner cannot be found disabled, or not disabled at Step 3; therefore, Petitioner's eligibility is considered under Step 4. 20 CFR 416.905(a).

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(c).

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally, and other sedentary criteria are met. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b). Even though weight lifted may be very little, a job is in this 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. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.* 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). An individual capable of performing medium work is also capable of light and sedentary work. *Id.* 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). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.* Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(c). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands (exertional requirements, i.e., sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered non-exertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, individual's residual functional capacity is compared with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work, the same residual functional capacity assessment, along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty to function 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. can't 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). If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

The evidence confirms recent diagnosis and treatment of multiple impairments including: tachycardia, hyperlipidemia, PAD, type 2 diabetes, neuropathy, COPD, HIV, ADHD, mood disorder, Asperger's syndrome/ASD, BPD, and adjustment disorder with anxiety. Petitioner's testimony indicated he can walk 2 minutes, stand 6 minutes, and sit for an hour. Petitioner tries to stand at least every hour to prevent clots in his legs, his doctors have advised him to sit for no more than 20 minutes. Petitioner can lift a full gallon of milk, could pick up 25 pounds, but is not allowed to due to a peritoneal hernia. Petitioner would have to sit to pick up a dropped item and has fallen over trying to bend to pick up a pen. Petitioner has to stop to rest after going up six steps. Petitioner described difficulties with using his hands. Petitioner has a home health aide and adaptive silverware. (Petitioner Testimony). Petitioner's Case Manager attested to seeing Petitioner struggle with his movements at appointments and transporting him to appointments. Petitioner's struggles in daily life would be struggles in the workplace as well. (Case Manager Testimony).

Petitioner's testimony is somewhat supported by the medical records as described above and is found partially credible. The medical records from [REDACTED] 2025 to

██████████ 2025 are from treating providers and indicate normal physical exam findings. The limitations described by Petitioner are not supported by these records. The ██████████, 2025 records document the diagnosis and treatment of the occluded stent within the left common iliac artery. The subsequent records are from the consultative examinations and indicate substantial limitations not supported by the prior records. For example, there is no documentation of a treating provider prescribing the four wheel walker with seat and brakes or any assistive equipment for ambulation. While the ██████████ 2025 consultative medical evaluation states that the clinical evidence supported the need for a 4 wheeled walker with a seat and brakes, the examination findings were inconsistent. The physical examination neurologic and orthopedic findings were mostly normal with decreased reflex response. The examiner observations indicate all physical tasks (tandem walk, get on/off exam table, stand from a seated position, maintain balance in a standing position, stand on heels and toes, squat and rise, make a closed fist, grasp and manipulate small and large objects, open a door, pick up a coin, tie shoes, and button clothes) were performed without difficulty. Yet the gait was noted to be antalgic and short strides. (Exhibit A, pp. 615-616). The limitations indicated by the consultative doctor are not well supported due to these inconsistencies.

After review of the entire record it is found, at this point, that Petitioner has a combination of exertional and non-exertional limitations and maintains the residual functional capacity to perform limited light work as defined by 20 CFR 416.967(b) on a sustained basis. Limitations would include: simple routine tasks; occasional climbing of ramps/stairs/ladders/ropes/scaffolds; occasional crawling; avoiding hazardous machinery, heights, etc.; and avoiding concentrated exposure to extreme temperatures, fumes, odors, dusts, etc.

The fourth step in analyzing a disability claim requires an assessment of the Petitioner's residual functional capacity ("RFC") and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is considered. 20 CFR 416.960(b)(3).

Petitioner has a recent work history including fast food at McDonalds and Waffle House. (Exhibit A, pp. 49, 348-359, and 448-459; Petitioner Testimony). In light of the entire record and Petitioner's RFC (see above), it is found that Petitioner is not able to perform any past relevant full-time work. Accordingly, the Petitioner cannot be found disabled, or not disabled, at Step 4; therefore, the Petitioner's eligibility is considered under Step 5. 20 CFR 416.905(a).

In Step 5, an assessment of Petitioner's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of the SDA application and through the time of the hearing, Petitioner was 54 years old and, thus, considered to be closely approaching advanced age for disability purposes. Petitioner completed the 12th grade,

attended some technical schooling, had an LPN license at one point, and has a recent work history including fast food at McDonalds and Waffle House. (Exhibit A, pp. 49, 348-359, and 448-459; Petitioner Testimony). The LPN license does not appear to be recent. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Petitioner to the Department to present proof that the Petitioner has the residual capacity to substantial gainful employment. 20 CFR 416.960(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). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, 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).

As noted above, Petitioner has a combination of exertional and non-exertional limitations and maintains the residual functional capacity to perform limited light work as defined by 20 CFR 416.967(b) on a sustained basis. Limitations would include: simple routine tasks; occasional climbing of ramps/stairs/ladders/ropes/scaffolds; occasional crawling; avoiding hazardous machinery, heights, etc.; and avoiding concentrated exposure to extreme temperatures, fumes, odors, dusts, etc. Significant jobs would still exist despite these limitations.

After review of the entire record, and in consideration of Petitioner's age, education, work experience, RFC, and using Medical Vocation Rule 202.13 as a guide, Petitioner is found not disabled at Step 5.

In this case, the Petitioner is found not disabled for purposes of SDA benefits, as the objective medical evidence does not establish a physical and/or mental impairment that met the federal SSI disability standard with the shortened duration of 90 days. In light of the foregoing, it is found that Petitioner's impairments did not preclude work at the above stated level for at least 90 days.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner not disabled for purposes of the SDA benefit program.

Accordingly, the Department's determination is AFFIRMED.


COLLEEN LACK

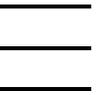
ADMINISTRATIVE LAW JUDGE

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

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Via Electronic Mail:

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