
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 telephone hearing was held via telephone conference on February 5, 2025. Petitioner appeared and represented herself. The Michigan Department of Health and Human Services (the Department) was represented by Zelia Cobb, Medical Contact Worker. During the hearing, the Department's 1122-page hearing packet was admitted into evidence as Exhibit A and 3-page document was admitted into evidence as Exhibit B. Petitioner's 5-page document was admitted into evidence as Petitioner's Exhibit 1.

During the hearing, Petitioner waived the time period for the issuance of this decision in order to allow for the submission of additional records, specifically updated medical evidence. Pursuant to the Interim Order, all additional medical evidence was due by March 9, 2026. Petitioner submitted no additional documents. The record closed on March 9, 2026, and the matter is now before the undersigned for a final determination based on the evidence presented.

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 July REDACTED, 2025, Petitioner submitted an application seeking cash assistance on the basis of a disability. Exhibit A, pp. 8-9.
2. On October REDACTED, 2025, the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program. Exhibit A, pp. 15-24.
3. On December REDACTED, 2025, the Department sent Petitioner a Notice of Case Action (NOCA) denying the application based on DDS's finding of no disability. Exhibit A, p. 7.
4. On December REDACTED 2025, the Department received Petitioner's timely written request for hearing. Exhibit A, pp. 4-6.
5. Petitioner alleged disabling impairment due to mental and physical disabilities, specifically mental illness, diabetes, high blood pressure and chronic back, hip and leg pain. Exhibit A, p. 31.
6. The medical record reflects the following:

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- a. On November REDACTED, 2024, Petitioner had a psychological evaluation with John Head, DO, for a history of depression, anxiety and panic attacks, auditory hallucinations and trouble sleeping. Petitioner was diagnosed with major depressive disorder. Exhibit A, pp. 417-421.
 - b. On November REDACTED, 2024, Petitioner had an office visit and complained of pain in right toenail and burning urination. The attending physician noted that Petitioner's gross motor was intact, she was alert, oriented, normal mood and affect. Petitioner was granted 6 hours per week of Family Medical Leave Act (FMLA) leave from employment. Daily exercise was recommended. Exhibit A, pp. 84-86; 588.
 - c. On January REDACTED, 2025, Petitioner had an office visit for routine diabetic foot care with Sedra Abddrabbo, DPM. Petitioner had an ingrown toenail. The attending physician noted that Petitioner had no gross motor deficit, her strength was 5/5 and had no pain in joints, no pain on palpation. Exhibit A, pp. 82; 692-694.
 - d. On February REDACTED, 2025, Petitioner had a tele-health visit with Savannah Kerr, RN, for diabetes management. Petitioner reported being active, roller skating and doing exercise videos at home and going up and down stairs. Exhibit A, pp. 679-681.
 - e. On April REDACTED to April REDACTED, 2025, Petitioner was admitted to the hospital for preplanned sleeve gastrectomy surgery. Exhibit A, pp. 631-661.
 - f. On May REDACTED, 2025, Petitioner had a tele-health visit with Savannah Kerr, RN for diabetes and medication management. Exhibit A, pp. 79-80.
 - g. On May REDACTED, 2025, Petitioner had an office visit with Team Mental Health regarding phases of life problems and vocational stress. The therapist noted that Petitioner was alert, had normal concentration, normal stream of mental activity and an appropriate affect. Petitioner stated that her mood was relaxed and good. Petitioner reported that she cleans her house and enjoys going to reggae concerts. The therapist noted Petitioner had severe depression and anxiety based on scores on the PHQ-9 and GAD-7. Exhibit A, pp. 346-382.
 - h. On May REDACTED, 2025, Petitioner had an office visit for follow up on her gastrectomy with Oliver Varban, MD. The attending physician noted that the Petitioner was not tender or distended and the incisions were well healed and there were no exercise restrictions. Exhibit A, pp. 78-79; 615-617.

25-044491

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- i. On May REDACTED, 2025, Petitioner had a therapy visit with Team Mental Health. Petitioner reported feeling of depression and that she went roller staking as a coping mechanism. Exhibit A, pp. 331-333.
 - j. On May REDACTED, 2025, Petitioner had a tele-health visit with Savannah Kerr, RN ,for diabetes management. Petitioner reported she is physically active on a regular basis, including walking, strength training and roller staking, 7 days per week for an average of 30-90 minutes per day. Exhibit A, pp. 607-610.
 - k. On May REDACTED, 2025, Petitioner reported she is no longer taking atorvastatin (Lipitor) or docusate sodium (Colace). Exhibit A, pp. 1115-1116.
 - l. On May REDACTED, 2025, Petitioner had a therapy visit with Team Mental Health. Petitioner was oriented, cooperative, mood and affect was normal. Petitioner discussed feelings of depression and financial concerns. Exhibit A, pp. 329-330.
 - m. On May REDACTED, 2025, Petitioner had a tele-health visit for sleep apnea with Dania Shakaroun, MD, from the sleep clinic. Petitioner reported that she does not use a cane, walker or wheelchair. Petitioner was cautioned not to drive if drowsy. Exhibit A, pp. 601-606.
 - n. On June REDACTED, 2025, Petitioner began physical therapy for lower back pain. The physical therapist noted that Petitioner was ambulating independently and had restricted range of motion. Exhibit A, pp. 286-290.
 - o. On June REDACTED 2025, Petitioner had a follow up visit with Renee Janisse, RD, after her sleeve gastrectomy surgery. Petitioner was encouraged to increase physical activity and include strength training. Exhibit A, pp. 868-869.
 - p. On June REDACTED, 2025, Petitioner had an office visit follow up for lower back pain and vision with Abdul Aziz, MD. Petitioner complained of pain and irritation in the eyes. Dr. Aziz indicated the eye examination as normal, diabetes and blood pressure was well-controlled. The attending physician noted that Petitioner was noncompliant with her medications and recommended continued physical therapy and a follow up in two months. Petitioner was alert and her mood was normal. Exhibit A, pp. 75-77.
 - q. On July REDACTED, 2025, Petitioner attended physical therapy and reported her energy was better, stiffness had lessened and pain was more bearable. The physical therapist indicated that Petitioner met her goals of roller skating for 20 minutes and standing for 30 minutes to prepare meals

25-044491

or clean. Petitioner was discharged from physical therapy to continue a home program. Exhibit A, pp. 261-264.

- r. On September REDACTED, 2025, Petitioner had an X-ray of her spine. The results indicated no acute fracture or subluxation; minimal levoscoliosis of the lumbar spine; vertebral body heights and alignment are maintained; mild and moderate degenerative disc disease; mild facet arthropathy, no destructive or lytic lesions; soft tissue unremarkable. Exhibit A, pp. 234-237.
 - s. On October REDACTED 2025, Petitioner had an internal medicine examination with Velda Coleman, NP. Petitioner was able to get up from the chair and on and off the exam table without difficulty. She needed no assistance changing for exam. Petitioner's strength was 5/5, grip was 4/5, and she was able to button, tie and zip; however, she had difficulty in her right side. Exhibit A, pp. 247-255.
 - t. On October REDACTED, 2025, Petitioner had an X-ray of her spine. X-ray of Petitioner's spine showed no spinal abnormality and degenerative changes. Exhibit A, p. 256.
 - u. On January REDACTED, 2026, Petitioner had a therapy visit with Team Mental Health. The visit was a psychological evaluation with John Head, DO. Petitioner denied suicidal or homicidal ideation. Her general appearance, cognition, memory, behavior and speech were unremarkable. Her mood was angry/hostile and frustrated. Petitioner's insight and judgment were fair. She was oriented to time, place and person. Petitioner's motor status and affect were unable to be assessed. Petitioner's diagnoses included major depressive disorder and other problems related to employment. Dr. Head indicated that Petitioner continued outpatient services and that her prognosis was fair. Exhibit 1, pp. 1-5.
- 7. On the date of the hearing, Petitioner was REDACTED years old with an August REDACTED, 1968 birth date; she is REDACTED" in height and weighs about REDACTED pounds.
 - 8. Petitioner completed one year of college.
 - 9. At the time of application, Petitioner was not employed.
 - 10. Petitioner has an employment history of work for the previous five years as a call center customer service representative for REDACTED REDACTED.
 - 11. Petitioner has a pending disability claim with the Social Security Administration. Exhibit B, p. 2.

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 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, 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). In evaluating the persuasiveness of medical opinions, the most important factors are supportability and consistency. 20 CFR 416.920c(a).

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 March 2025. 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.

Here, Petitioner alleged disabling impairments due to various medical conditions including mental illness, diabetes, high blood pressure and chronic back, hip and leg pain. Exhibit A, p. 31. Petitioner's primary impairment diagnosis was diabetes mellitus and lumbar

spinal stenosis. The medical evidence demonstrates that Petitioner has been treated for diabetes and lower back pain. Further, Petitioner has been treated for depression and anxiety at Team Mental Health. Petitioner has severe depression and anxiety according to the PHQ-9 and GAD-7.

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, listings 9.0 (endocrine disorders), 1.16 (lumbar spinal stenosis resulting in compromise of the cauda equina), 12.04 (depressive, bipolar and related disorders), were considered. Exhibit A, pp. 44-45. 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). 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 her medical conditions. Petitioner testified that she can walk for 5 to 10 minutes before she must take a break. Petitioner stated she occasionally uses a cane for assistance, can sit for 10 to 15 minutes before she needs to stand or lay down and can stand for 5 to 15 minutes at a time. Petitioner added that she cannot bend or squat without assistance and can climb stairs if there is a railing. Petitioner testified she can lift a weight up to 5 pounds and has no issue with grip or grasp strength, although indicated her hands may be shaky. Petitioner lives with her daughter who helps her, including preparing her meals, doing laundry and cleaning. Petitioner stated her daughter has a car and Petitioner has a driver's license, but she gets anxious so she does not drive. Petitioner testified that she attends mental health treatment once per week. Petitioner explained that she has panic attacks that last between 5 and 15 minutes of unspecified regularity and crying spells that last between 5 and 10 minutes twice a week. Petitioner does not have suicidal or homicidal thoughts. Petitioner does not use alcohol, cigarettes or marijuana. Petitioner stated she has no hobbies and spends her day at her home.

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.

Regarding Petitioner's exertional RFC, although Petitioner testified that she could not lift more than 5 pounds, Petitioner's medical evidence did not establish that she had any lift restrictions. During the course of her employment at REDACTED REDACTED, Petitioner reported she lifted 50 pounds and frequently lifted 10 pounds. Exhibit A, p. 106. In February and May 2025, Petitioner reported to her medical caregivers and therapist that she was roller skating, walking and staying active. During post-operative visits in May 2025 and June 2025 with her bariatric surgeon Dr. Varban and Renee Janisse, RD, physician notes indicated that Petitioner had no exercise restrictions and she was encouraged to begin strength training. On July REDACTED, 2025, shortly after Petitioner submitted her application for SDA that reported chronic pain in her back, legs and hips and that she could not stand or walk far, physical therapy records indicated that Petitioner met her goals of roller staking for 20 minutes and standing for 30 minutes to prepare a meal. During an October 2025 office visit with Velda Coleman, NP, Petitioner was able to get on and off the exam table and out of her chair without assistance, her stance was normal, and she used no assistive devices. Additionally, Petitioner's strength was assessed at 5 out of 5 and she had mild limitations for lifting and carrying and pushing and pulling with both hands. Based on a review of the record, it is found that Petitioner

25-044491

maintained the physical capacity to perform medium work, consistent with DDS's determination.

Regarding Petitioner's nonexertional RFC, based on evidence presented, including medical records from Velda Coleman, NP, who reported that Petitioner had some limitations on range of movement in her spine and knees and the X-ray of Petitioner's spine displayed generative changes and facet arthropathy, Petitioner has postural limitations on climbing stairs, ladders, ropes and scaffolds and stooping frequently. Exhibit A, p. 47. Petitioner also has mental limitations affecting her ability to perform basic work activities. Petitioner testified that her depression and anxiety affect her ability to maintain employment. Petitioner explained that her mind races, she gets depressed, anxious, scared, and fearful. Petitioner indicated that she goes "into a panic mode" and "gets overwhelmed" when she is asked to concentrate, is able to remember some things, has to take breaks when completing tasks because she gets tired and can follow instructions if she understands them. Further, Petitioner testified she "gets panicky" if she has to work with others. Petitioner presented documentation of therapy sessions with Team Mental Health. Petitioner underwent a psychological examination on January REDACTED, 2026. Dr. Head noted that Petitioner's general appearance, cognition, memory, behavior and speech were unremarkable. Petitioner's insight and judgment were fair. She was oriented to time, place and person. Petitioner's motor status and affect were unable to be assessed. Dr. Head noted Petitioner's thought process was not doing well and her mood was angry and frustrated. Petitioner's diagnoses included major depressive disorder and other problems related to employment. Dr. Head recommended continued services and medication and noted that Petitioner's prognosis was fair. Exhibit 1, pp. 1-5. Dr. Aziz's treatment notes from June 2025 reported that Petitioner had been counseled about not self-modifying her prescriptions. At the hearing Petitioner testified that her mental health medications help her conditions and that she takes them as prescribed by her doctors. Based on the medical record presented, as well as Petitioner's testimony, it is found that 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.

Based on Petitioner's exertional limitations, Petitioner is able to perform medium work. However, given Petitioner's nonexertional limitations, including postural and mental, Petitioner is unable to perform the full range of medium work, and thus, the occupational base is eroded by her additional limitations or restrictions. SSR 96-9p.

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

25-044491

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 work as a customer service clerk in a call center. Petitioner testified that in her role as customer service clerk, she scheduled appointments and explained services. The job was mostly seated but she would get up and walk sometimes to the printer. Petitioner indicated she spent most of the day on the phone and computer.

Based on the RFC analysis above, Petitioner's exertional RFC limited her to no more than medium work activities. Customer service clerk jobs are classified as a light level of exertion. <https://occupationalinfo.org/29/299367010.html> last accessed February 9, 2026. At the hearing, Petitioner testified that she could no longer do this job due to her disabling conditions because sitting causes pain and disturbs her concentration, her blurred vision causes anxiety, and she has difficulty communicating and reading a computer screen. Based on the evidence presented, the severity of Petitioner's limitations was not supported by the medical evidence presented in this case. Petitioner presented no evidence of any exertional limitations on lifting or sitting or nonexertional limitations on vision. Further, Petitioner's therapist determined that with continued therapy and medication, her mental health prognosis was fair, and no evidence was presented to establish that Petitioner's mental limitations in the four functional areas were more than mild.

Given Petitioner's exertional RFC of medium work and nonexertional RFC of mild, Petitioner is capable of performing past relevant work. Because Petitioner is capable of performing past relevant work, Petitioner is found to be not disabled at Step Four.

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**.



JULIA NORTON
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.