STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[redacted]

Reg. No. 201149266
Issue No. 2009
Case No. [redacted]
Hearing Date: December 5, 2011
Oakland County DHS (04)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the claimant's request for a hearing. After due notice, a telephone hearing was held on December 5, 2011 from Detroit, Michigan. The claimant appeared and testified. On behalf of Department of Human Services (DHS), [redacted], Specialist, appeared and testified.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) on the basis that Claimant is not a disabled individual.

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 3/18/11, Claimant applied for MA benefits.

2. Claimant's only basis for MA benefits was as a disabled individual.

3. On 7/18/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (See Exhibits 1-2).

4. On an unspecified date, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On 8/12/11, Claimant requested a hearing disputing the denial of MA benefits.

6. On 9/22/11, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (See Exhibits 73-74), in part, by application of Medical-Vocational Rule 202.14.

7. As of the date of the administrative hearing, Claimant was a [redacted] year old female ([redacted] with a height of 5'4 '' and weight of 190 pounds.

8. Claimant smokes approximately 2-3 cigarettes per day and has no known relevant history of alcohol or illegal substance abuse.

9. Claimant's highest education year completed was the 12th grade.

10. As of the date of hearing, Claimant received some unspecified medical coverage through a hospital.

11. Claimant stated that she is a disabled individual based on impairments involving anxiety, hand pain, knee pain and shoulder pain.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). DHS (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

The controlling DHS regulations are those that were in effect as of 3/2011, the month of the application which Claimant contended was wrongly denied. Current DHS manuals may be found online at the following URL: http://www.mfia.state.mi.us/olmweb/ex/html/.

MA provides medical assistance to individuals and families who meet financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 at 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id*. Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id*. AMP is an MA program available to persons not eligible for Medicaid

through the SSI-related or FIP-related categories though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

Disability for purposes of MA benefits is established if one of the following circumstances applies (see BEM 260 at 1-2):

- by death (for the month of death);
- the applicant receives Supplemental Security Income (SSI) benefits;
- SSI benefits were recently terminated due to financial factors;
- the applicant receives Retirement Survivors and Disability Insurance (RSDI) on the basis of being disabled; or
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances).

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for Medicaid eligibility without undergoing a medical review process which determines whether Claimant is a disabled individual. *Id*. at 2.

Generally, state agencies such as DHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally defined as the inability to do any substantial gainful activity (SGA) 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 functionally identical definition of disability is found under DHS regulations. BEM 260 at 8.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id*.

Significant duties are duties used to do a job or run a business. *Id*. They must also have a degree of economic value. *Id*. The ability to run a household or take care of oneself does not, on its own, constitute substantial gainful activity. *Id*.

The person claiming a physical or mental disability has the burden 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 ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CRF 413.913. 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).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The current monthly income limit considered SGA for non-blind individuals is $1,000.

In the present case, Claimant denied having any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Without ongoing employment, it can only be concluded that Claimant is not performing SGA. It is found that Claimant is not performing SGA; accordingly, the disability analysis may proceed to step two.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the 12 month duration requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id*.

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or
- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v Bowen,* 880 F2d 860, 862 (6th Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an

individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1st Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirement is intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1st Cir. 1986).

In determining whether Claimant's impairments amount to a severe impairment, all relevant evidence may be considered. The analysis will begin with the submitted medical documentation. Some documents were admitted as exhibits but were not necessarily relevant to the disability analysis; thus, there may be gaps in exhibits numbers.

A Medical Social Questionnaire (Exhibits 12-13) submitted to DHS on [redacted] was presented. The form is intended to be completed by clients for general information about their claimed impairments, treating physicians, previous hospitalizations, prescriptions, medical test history, education and work history. Claimant noted steady employment between 1993-2009. She noted taking the following prescriptions: Seroquel, Xanax and Zoloft. Claimant did not list any hospitalizations. A Psychiatric Evaluation (Exhibit 66) dated 3/24/11 noted that Claimant stopped taking Seroquel.

A Medical Examination Report (Exhibits 5-6) dated [redacted] from Claimant's treating physician was presented. The physician listed diagnoses of depression, and osteonecrosis of the right knee. It was noted that Claimant took the following medications: Zoloft (50 mg x 1/day), Abilify (10 mg x 1/day) and two other prescriptions. The physician noted Claimant's right shoulder was restricted from motion above her head. Claimant's left shoulder and right knee were noted as sometimes painful but with normal range of motion. The treating physician noted Claimant could meet her needs in her home.

Claimant completed an Activities of Daily Living (Exhibits 7-11) dated [redacted], a questionnaire designed for clients to provide information about their abilities to perform various day-to-day activities. Claimant noted difficulties thinking because her mind won't turn off. Claimant noted being less motivated to care for her personal needs since her illness began. Claimant noted that her cooking habits changed since her illness; she indicated that she used to prepare meals but now just makes sure that she eats something. Claimant noted losing 10 pounds in the last month. Claimant indicated she works around the house but not as often as she used to clean. Claimant does her own shopping. Claimant also noted having "major memory problems".

Multiple signed releases from Claimant concerning medical information and other non-medical documents (Exhibits 14-29) were presented. These documents were not relevant in the disability determination.

Various Medical Clinic Patient Encounter documents were provided. An undated document (Exhibit 39) described Claimant's problems as: rash on left forearm, right knee pain, right shoulder pain, generalized anxiety disorder, major depression and marijuana abuse. Lab results (Exhibits 43-44) dated [redacted] revealed slightly high cholesterol levels for Claimant.

Claimant attended monthly appointments at her clinic from 2/2011 through 5/2011. The following areas were examined: constitutional, eyes, ears, nose, throat, mouth, cardiovascular, pulmonary, gastrointestinal, genitourinary, endocrine, psychiatric, skin, neurological and musculoskeletal. Claimant was found to be normal in all areas except pain in shoulder, pain in her right knee, a rash on her forearm and depression.

Claimant had a breast examination on [redacted]; the corresponding report (Exhibits 45-48) was presented. A digital mammography and right breast ultrasound was performed. A palpable abnormality in the right breast was found. The examiner gave an impression that the abnormality was "Probably benign, short term follow up suggested".

Claimant's Assistance Application (Exhibits 50-64) submitted to DHS on [redacted] was presented. Claimant noted having a disability based on personality disorder, generalized anxiety disorder and major depressive disorder.

A Psychiatric Evaluation (Exhibits 66-67) dated [redacted] was presented. Claimant reported feeling depressed, not leaving her house, not talking to anybody and hearing voices. Claimant stated she has been mentally ill for a long time but her condition has worsened since 2008. Claimant's symptoms were listed as: depression, isolation, hopelessness, helplessness, low self-esteem, low frustration tolerance, loss of motivation, irritation, hallucination and paranoid delusions.

It was noted that Claimant attempted suicide at 15 years of age but has not done so since. It was noted that Claimant has not been hospitalized due to mental illness.

The examiner provided a diagnosis based on Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM4). Axis I represents the acute symptoms that need treatment. Axis II is to note personality disorders and developmental disorders. Axis III is intended to note medical or neurological conditions that may influence a psychiatric problem. Axis IV identifies recent psychosocial stressors such as a death of a loved one, divorce or losing a job. Axis V identifies the patient's level of function on a scale of 0-100 in what is called a Global Assessment of Functioning (GAF) Scale.

The primary diagnosis was major depressive disorder. No diagnosis was made for Axis II and Axis III. Axis IV was left blank. Claimant's GAF was 50. A GAF within the range of 41-50 is representative of a person with "serious symptoms (e.g., suicidal ideation,

severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job)." It was recommended that Claimant continue case management services, continue psychotropic medication with medication review every 1-3 months.

A Psychological Evaluation of Mental Status (Exhibits 68-72) from a [redacted] evaluation was presented. The examiner was a DHS assigned examiner and not Claimant's treating therapist. The evaluation noted Claimant had above average intelligence. It was noted that Claimant had "generally intact mental capacities with the exception of slightly diminished concentration and judgment associated with an anxious and depressed mood". The examiner noted Claimant's depression appeared to be in partial remission. It was noted that Claimant was vulnerable to the effects of stress and may easily decompensate in the work environment without rigorous adherence to treatment.

The examiner provided a DSM4 diagnosis. Primary diagnoses of major depressive disorder with psychotic features- in partial remission and generalized anxiety disorder were provided. No diagnosis was made for Axis II. Axis II was deferred. Axis IV noted psychosocial stressors, financial concerns, unemployment and learning difficulties. The examiner scored Claimant's GAF at 50. Claimant was given a fair prognosis.

A Psychiatric/Psychological Examination Report (Exhibits 75-77) dated [redacted] from Claimant's treating doctor was provided. The examiner provided DSM4 diagnoses which mirrored the diagnoses provided in Exhibits 66-67.

A Mental Residual Functional Capacity Assessment (Exhibits 78-79) was provided. This form lists 20 different work-related activities among four areas: understanding and memory, sustained concentration and persistence, social interaction and adaptation. A therapist or physician rates the patient's ability to perform each of the 20 abilities as either "not significantly limited", "moderately limited", "markedly limited" or "no evidence of limitation". Claimant was not found markedly limited in any of the 20 abilities. Claimant was not significantly limited in 14 of the 20 abilities including all three abilities associated with understanding and concentration. The six abilities Claimant was found moderately limited included: ability to respond appropriately to work setting changes, ability to get along with co-workers or peers without distracting them or exhibiting behavioral extremes, ability to accept instructions and respond appropriately to criticism, ability to interact appropriately with the general public, ability to work in coordination with, or in close proximity to, others without being distracted and the ability to complete a normal workday without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number of rest periods.

There was little medical evidence to establish an exertional impairment. Claimant testified that she suffers shoulder and hand pain but little medical evidence substantiated the testimony. There were references to the pain in treatment records but

no specific diagnosis. There was no reference to pain management or pain medication; this omission would tend to indicate that Claimant's pain was not a disability factor. Claimant testified that she suffers from carpal-tunnel syndrome but the medical records were silent on this claim. Claimant conceded that's he does not require any assistance in walking. Based on the presented evidence, Claimant failed to establish a severe impairment based on exertional limitations.

Claimant also claimed to be disabled based on non-exertional impairments involving depression and anxiety. Claimant testified that she has anxiety attacks and "shuts down". Claimant stated that she noticed a decrease in her activities such as cooking or cleaning; Claimant admitted that she still cooks and cleans but not as meticulously as she used to do.

Claimant was moderately limited in multiple abilities affecting RFC including multiple areas of concentration such as her ability to deal with workplace changes and to complete a normal eight hour workday. Each limitation directly affects the ability to complete basic work abilities. Claimant's social abilities were also established to be hampered by the moderate limitation on her ability to deal with coworkers and respond to criticism. Claimant's fragility was best exemplified by her treating physician's statement expressing concerns over whether Claimant's condition would deteriorate if placed in a work setting. It is found that Claimant failed to establish suffering a severe impairment based on non-exertional factors. It now must be considered whether the impairment meets the durational requirements to establish disability.

The medical records do not predate 3/2011, so it may not be stated with certainty that Claimant's depression and anxiety lasted over 12 months. Claimant's physician considered her condition as "stable" (See Exhibit 6), Another physician noted that Claimant's condition is in partial remission (see Exhibit 72); this statement tended to establish that Claimant might not meet the necessary durational requirements for a severe impairment. However, the same physician expressed multiple concerns about Claimant's condition which tended to show that she still has obstacles. Based on the presented evidence, it is found that Claimant meets the durational requirements to establish disability. It is found that Claimant established suffering a severe impairment. Accordingly, the analysis moves to step three.

The third step of the sequential analysis requires a determination whether the Claimant'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 Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is to be deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

The impairment for which Claimant most persuasively established was for depression. The listing for depression falls under affective disorders which reads:

12.04 ***Affective disorders***: Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation. The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one of the following:

1. Depressive syndrome characterized by at least four of the following:
    a. Anhedonia or pervasive loss of interest in almost all activities; or
    b. Appetite disturbance with change in weight; or
    c. Sleep disturbance; or
    d. Psychomotor agitation or retardation; or
    e. Decreased energy; or
    f. Feelings of guilt or worthlessness; or
    g. Difficulty concentrating or thinking; or
    h. Thoughts of suicide; or
    I. Hallucinations, delusions, or paranoid thinking

OR

2. Manic syndrome characterized by at least three of the following:
    a. Hyperactivity; or
    b. Pressure of speech; or
    c. Flight of ideas; or
    d. Inflated self-esteem; or
    e. Decreased need for sleep; or
    f. Easy distractibility; or
    g. Involvement in activities that have a high probability of painful consequences which are not recognized; or
    h. Hallucinations, delusions or paranoid thinking

OR

3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes);

AND

B. Resulting in at least two of the following:
    1. Marked restriction of activities of daily living; or
    2. Marked difficulties in maintaining social functioning; or
    3. Marked difficulties in maintaining concentration, persistence, or pace; or
    4. Repeated episodes of decompensation, each of extended duration

> OR
> C. Medically documented history of a chronic affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:
>
> > 1. Repeated episodes of decompensation, each of extended duration; or
> > 2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
> > 3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

Starting with Part C, there is no evidence of repeated episodes of decompensation. Hospitalization would be evidence of decompensation but Claimant had not been hospitalized for any psychological disorder. There is little evidence of other episodes of decompensation. Claimant stated that she suffers anxiety attacks but she provided little medical evidence of any notable problems involving anxiety.

There is evidence to find that Claimant meets Part C (2). The DHS assigned psychological examiner stated “She appears to be most vulnerable to the effects of stress, and may easily decompensate in the work environment without a rigorous adherence treatment, including regularly scheduled psychotherapeutic intervention.” This statement contains a lot of information. Use of “will probably” or “reasonably likely” on the likelihood of decompensation would have more compelling than merely using “may”. The use of “may” could be construed to mean any possibility ranging between 0%-100%; however, the mere presence of the statement tended to indicate that the likelihood of decompensation was more than a remote possibility.

Also compelling was that the examiner stated that Claimant “may easily decompensate”. The use of “easily” tends to indicate that work stresses are more likely than not to lead to decompensation.

The examiner’s statement was only applicable “without a rigorous adherence to treatment, including regularly scheduled psychotherapeutic intervention”. This is a notable qualifier and one that is found to be the most compelling. Though the physician stated that Claimant may be vulnerable to decompensation if returning to a work environment, this “may” happen only if Claimant does not continue to adhere to treatment. This has not been an issue as Claimant has received treatment and there is no evidence that she has failed to rigorously adhere to it. Thus, it appears that Claimant

is capable of not decompensating by continuing her adherence to treatment and therapy. It is found that Claimant does not meet Part C(2) of the listing for affective disorders.

Claimant has lived independently for several years. No evidence indicates that Claimant requires a highly functional living environment. Claimant performs all day-to-day activities including cooking, cleaning, bathing and even driving. It is found that Claimant failed to establish meeting Part C of the listing for affective disorders.

Moving to Part B, there is little evidence that Claimant is impaired in the performance of her daily activities. As just stated, Claimant is capable of cooking, cleaning, and laundry and driving. Claimant indicated that she performs these activities less rigorously than she previously has, but this is insufficient to establish marked limitations to completing them.

Regarding social functioning, there was some evidence of limitations concerning Claimant's social functioning and concentration. Claimant was found "moderately limited in 2 of 6 concentration related abilities and 3 of 5 social functioning abilities (see Exhibits 78-79). However, Claimant was not markedly limited in any of the listed areas. The lack of marked limitations on the Mental Residual Functional Capacity Assessment is found to be fatal in establishing marked limitations to either social functioning or concentration. Accordingly, it is found that Claimant is not markedly limited in either area and therefore, does meet Part B of the SSA listing for affective disorders.

The Listing for anxiety related disorders (12.06) was also considered. Like the listing for affective disorders, meeting the listing requires a combination of meeting Parts A and B or A and C. Part B of the listing for anxiety disorders is identical to that found for affective disorders and was rejected for the same reasons as noted above. Part C of Listing 12.06 requires a complete inability to function independently outside of the area of one's home. This was not even close to being established.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity (RFC) and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if it is determined that a claimant can perform past relevant work. *Id*.

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 not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

Claimant's employment history was presented (See Exhibit 13). Claimant's employment history revealed consistent and extended periods of employment from the last 15 years. Claimant listed four different jobs of various lengths, including: assistant property manager, insurance agent, phlebotomist and customer service representative.

Claimant provided testimony concerning the duties of each job. However, the only issue that really need be considered at this point is whether Claimant's non-exertional impairments are so severe that she would not capable of performing any past relevant employment. Though there was evidence of obstacles, a need to continue therapy and medication, there is simply insufficient evidence to find that Claimant could not perform three of her prior jobs.

Claimant lost her job as an insurance agent in 2008 due to being overwhelmed. Conceding that Claimant could not deal with the stresses of employment as an insurance agent, there is little reason to believe that Claimant could not again work as a customer services representative, phlebotomist or manager. It is found that Claimant can perform her past relevant employment and accordingly is not disabled.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied MA benefits to Claimant based on a determination that Claimant was not disabled. The actions taken by DHS are AFFIRMED.

Christian Gardocki
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 1/5/12

Date Mailed: 1/5/12

NOTICE: Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases).

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
  - misapplication of manual policy or law in the hearing decision,
  - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
  - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail to:

Michigan Administrative hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

CG/hw

cc: [redacted]