

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

IN THE MATTER OF:

[REDACTED]

Reg. No. 2011-50136
Issue No. 2009 4031
Case No. [REDACTED]
Hearing Date: November 14, 2011
Wayne County DHS (49)

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 November 14, 2011 from Detroit, Michigan. The claimant appeared and testified; [REDACTED] appeared and testified on behalf of Claimant. On behalf of Department of Human Services (DHS), [REDACTED] Specialist, appeared and testified.

ISSUES

The issues are whether DHS properly denied Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA) 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 7/6/11, Claimant applied for SDA and MA benefits.
2. Claimant's only basis for MA and SDA benefits was as a disabled individual.
3. On 7/28/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (See Exhibits 6-7).
4. On 8/6/11, DHS denied Claimant's application for MA and SDA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On 8/24/11, Claimant requested a hearing (see Exhibits 2-5) disputing the denial of SDA and MA benefits.
6. On 9/30/11, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibits 223-224) based, in part, on application of Vocational Rule 201.21.
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 220 pounds.
8. Claimant has no known relevant history of tobacco, alcohol or illegal drug usage.
9. Claimant's highest education year completed was the 12th grade through obtainment of a general equivalency degree.
10. Claimant has no current health insurance but was covered by Medicaid as of 6/2011.
11. Claimant alleged to be a disabled individual based on impairments of diabetes, neuropathy, herniated discs and arm problems related to a fracture.

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 (RTM).

The controlling DHS regulations are those that were in effect as of 7/2011, the month of the application which Claimant contends 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.* at 9.

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 CFR 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 exhibit numbers.

A Medical-Social Questionnaire (Exhibits 10-12) dated 7/13/11 was completed by Claimant and noted impairments of: diabetes, neuropathy, fractured shoulder, swelling of legs and back pain from a herniated disc. Claimant stated that she has difficulties in bathing, dressing and performing housework as a result of the impairments. Claimant also indicated that she is unable to sit or stand for lengthy periods and has no use of her left hand.

A Medical Examination Report (Exhibits 18-19) was completed by Claimant's treating physician. The physician provided diagnoses of: diabetes, neuropathy, hypertension, anemia and dyslipidemia. Claimant's condition was noted as deteriorating. The physician noted Claimant is unable to meet her household needs as a result of her impairments.

A radiology report (Exhibit 20) dated 5/11/11 was presented. Claimant's left shoulder was given an MRI. An impression was given of: acromioclavicular joint effusion, mild bicipital tenosynovitis, blunted superior glenoid labrum with undercutting but no tear in the rotator cuff.

Various lab results (Exhibits 23-34) were provided over 2010 and 2011. Claimant scored out of reference in various areas including a low hemoglobin count which was verified following retesting. Older lab results (Exhibits 38-70) were also presented and verified a high cholesterol reading.

Claimant's left shoulder was examined on 4/4/11 (see Exhibits 35-37). An impression of soft tissue calcification consistent with calcific tendinitis was presented. No fracture or dislocation was found.

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On 8/19/09 Claimant was examined (see Exhibit 71) using monopolar electrodes in response to complaints of low back pain radiating into her legs. An impression that the results were compatible with bilateral sensory neuropathy. The results showed no definitive evidence of lower motor neuron disease nor any evidence of myopathic disease.

On 11/16/07 Claimant was examined (see Exhibit 76) in response to complaints of back pain. An impression of minor degenerative changes with a few anterior marginal osteophytes in the lower thoracic spine. There was also evidence of mild sclerotic end plate change at L5-S1. All other examined areas showed no herniation or stenosis.

A 10/25/07 exam (see Exhibit 81) showed mild disc disease at C5-C6. No abnormalities were found in Claimant's left shoulder though the examination was considered "limited". Other documentation (Exhibit 82) from the examining physician noted Claimant has a herniated disc in the lumbar spine. The physician recommended pain management and physical therapy.

On 7/8/10 Claimant was given prescriptions for various items including: Vicodin for pain management, Clotrimazole, Lantus, syringes and test strips (see Exhibit 124). It was also noted that Claimant recently fell and hurt her arm though x-rays were negative for fractures. Other documents from the physician (Exhibits 116-209) verified ongoing treatment for neuropathy, diabetes and back pain. The treatment goes as far back as 2005. Progress notes from 2009 established that Claimant was seen on a weekly basis for several months.

A 6/23/11 electro-diagnostic evaluation was performed (see Exhibit 219). An impression of mild to moderately severe neuropathy was given. It was noted that the neuropathy was most likely from diabetes.

Claimant underwent a neurological evaluation on 6/10/11 (see Exhibit 220) in response to problems with her legs, numbness and tingling. The examiner gave an impression of peripheral neuropathy. Claimant's gait was noted as unsteady.

Claimant testified that she has a one block walking limit. She stated that she is unable to walk further due to neuropathy in her legs. Claimant stated she can stand for up to one hour but it would depend on the day and her pain level. Claimant states she needs help in climbing stairs. Claimant stated that she uses a cane; DHS noted that Claimant arrived to her initial appointment with a cane (see Exhibit 9). Claimant stated that she can sit for an extended period but feels back pain. Claimant stated her grasping was adequate in her right hand but her left hand is in need of surgery. Claimant stated her lifting is limited to five pounds or less.

Claimant testified that it has been over one year since she last drove. Claimant stated she can shop but typically goes with her adult children for assistance. Claimant does not perform laundry because it would require her to go to her basement and she avoids taking the stairs. Claimant also stated that she fell down in the shower two weeks prior to the hearing. Claimant also testified that she sometimes need help going to the bathroom.

Claimant completed an Activities of Daily Living (Exhibits 13-17) dated 7/13/11. The form is a questionnaire designed for clients to provide information about their abilities to perform various day-to-day activities. Claimant noted having sleeping difficulties due to back and arm pain. Claimant stated she cannot dress or undress without assistance because her arms and legs are dysfunctional. Claimant noted she can and does drive. Claimant stated she cannot do her own shopping because she cannot carry items or walk for any lengthy distances. Claimant stated she does not participate in any hobbies or social activities.

Based on the presented evidence, it was well established that Claimant has diabetes and leg problems from neuropathy stemming from the diabetes. It was also well established that Claimant has sought extended treatment for lower back pain. Claimant's testimony was consistent with medical documentation which demonstrated Claimant has very limited standing and walking ability due to her neuropathy. Claimant's limits to her walking, standing and lifting are severe obstacles to her ability to perform all physical basic work activities.

Claimant's impairments have been ongoing since at least 2005 when the records demonstrate she sought treatment for lower back pain. Her physician noted that Claimant's conditions are deteriorating which was also apparent from the physician impressions and pain management. The evidence demonstrated ongoing medical problems which have and will continue to last for twelve months.

As Claimant demonstrated impairment lasting beyond 12 months which adversely affects the ability to perform basic work activities, 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 deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

Claimant's primary impairment involved neuropathy with her legs and lower back pain. Claimant's neuropathy would be covered by Listing 6.02 (c)(2) which reads:

6.02 Impairment of renal function, due to any chronic renal disease that has lasted or can be expected to last for a continuous period of at least 12 months. With:

C. Persistent elevation of serum creatinine to 4 mg per deciliter (dL)(100 ml) or greater or reduction of creatinine clearance to 20 ml per minute or less, over at least 3 months, with persistent motor or sensory neuropathy (see 6.00E4);

Claimant's creatinine levels (see Exhibits 24, 26) were tested in 5/2011 and tested within normal range (.6 mg/deciliter). Claimant's other lab results also do not establish meeting the listing for neuropathy. Though Claimant is diagnosed with neuropathy, her impairment does not meet the SSA listed impairment for neuropathy.

The listing for spine disorders (listing 1.04) was also considered based on Claimant's complaints of back pain. There was no evidence that Claimant suffers from any of the required sub-impairments (stenosis, nerve root compression or arachnoiditis).

A listing for joint dysfunction (Listing 1.02) was also considered based on Claimant's impairments of arm problems and leg pain. The listing was rejected concerning upper extremities because it requires problems with both extremities; Claimant only has issues with her left side. The listing was also rejected concerning joint dysfunction in the legs because Claimant's ambulation is impaired by nerve problems, not joint issues.

It is found that Claimant failed to establish meeting an SSA listed impairment. 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 reported a steady employment history (see Exhibit 12). Claimant last worked as a line leader in which she supervised four persons on an assembly line. Claimant

stated the job required no lifting. She stated that she stood for the entire eight hour workday.

Claimant also worked as an insurance manager. Claimant stated the job was mostly sit-down and required significant phone usage. Claimant stated that the job included making daily deposits at the employer's bank.

Claimant's other relevant past employment was at a drug store stockperson. Claimant stated that her duties including traditional cashier duties, working on the store photo machine and stocking shelves. Claimant stated the job required significant standing (5-6 hours per day) and some lifting, bending and squatting.

A Medical Needs- Jet (Exhibit 91) form printed on 5/25/11 was presented. The form did not include a second page which would have included a physician signature and date. It was noted that Claimant is capable of occasionally lifting 10 pounds (though heavier listed weights were not noted as beyond Claimant's capabilities). The physician also noted that Claimant is limited to standing less than 2 hours in an 8 hour workday. On 5/23/11, Claimant's physician stated that Claimant was unable to attend work for a period while "she is under investigation" (see Exhibit 94)

Claimant's testimony that she was unable to walk beyond one city block tended to be supported by medical evidence. Also of concern is Claimant's history of falling when walking.

Claimant's insurance job was generally sedentary in nature. Though Claimant could likely perform most of the duties of this job, it is not believed that Claimant could realistically maintain this employment or perform the day-in-day out ambulation. Claimant needs assistance with showering and occasionally with using the bathroom. Even though the employment was sedentary in nature, even this employment would be beyond Claimant's exertional performance levels. Regarding the assembly line and stockperson employment, Claimant could not perform the standing requirements needed for the employment.

Based on the presented evidence, it is found that Claimant is not capable of performing past relevant employment. Accordingly, the analysis moves to step five.

In the fifth and final step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. 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). The age for younger individuals (under 50) generally will not seriously affect the ability to adjust to other work. 20 CFR 416.963(c)

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

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(e). 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 are considered non-exertional. 20 CFR 416.969a(a). Examples of non-exertional limitations 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. 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.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

As noted in step four, Claimant is limited to standing less than two hours per day and from lifting weights more than five pounds. Both RFC limitations support a finding that Claimant is capable of employment of a less than sedentary exertional level. Claimant's need for assistance with the most basic of daily activities is also evidence that Claimant is not reasonably capable of performing any level of employment.

At this point in the analysis, DHS has met the burden to provide evidence that there are sufficient employment opportunities for Claimant despite RFC limitations. No vocational analysis was presented. Accordingly, it is found that Claimant is not capable of any other types of employment.

As it is found that Claimant is not capable of any employment, it is found that Claimant is a disabled individual for purposes of MA benefits. Accordingly, it is found that DHS improperly denied Claimant's application for MA benefits.

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. DHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. DHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 at 4. The goal of the SDA program is to provide financial assistance to meet a disabled person's basic personal and shelter needs. *Id.* To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 at 1.

A person is disabled for SDA purposes if the claimant (see BEM 261 at 1):

- receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- resides in a qualified Special Living Arrangement facility, or
- is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or
- is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).

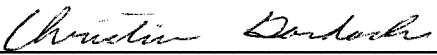
It has already been found that Claimant is disabled for purposes of MA benefits by finding that Claimant lacks the RFC to perform any employment. The analysis and finding equally applies to Claimant's application for SDA benefits. It is found that DHS improperly denied Claimant's application for SDA benefits on the basis that Claimant is not a disabled individual.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds that DHS improperly denied Claimant's application for MA and SDA benefits. It is ordered that DHS:

- (1) reinstate Claimant's MA and SDA benefit application dated 7/6/11;
- (2) evaluate Claimant's eligibility for MA and SDA benefits on the basis that Claimant is a disabled individual;
- (3) supplement Claimant for any benefits not received as a result of the improper denial; and
- (4) schedule a review of benefits in one year from the date of this administrative decision if Claimant is found eligible for future MA or SDA benefits.

The actions taken by DHS are REVERSED.


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

Date Signed: December 16, 2011

Date Mailed: December 16, 2011

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NOTICE: Administrative Hearings 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. Administrative Hearings 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.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing 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.

CG/ctl

cc:

[REDACTED]
Wayne County DHS (49)/1843

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