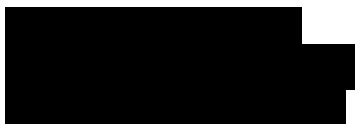


STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

**IN THE MATTER OF:**



Reg. No. 201151411  
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. The claimant appeared and testified; Wayne Simons appeared and testified on behalf of Claimant. 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 5/5/11, Claimant applied for MA benefits.
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 8/4/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (See Exhibits 3-4).
4. On 8/16/11, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.
5. On 8/29/11, Claimant requested a hearing disputing the denial of MA benefits.

6. On 10/26/11, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (See Exhibits 68-69), in part, by application of Medical-Vocational Rule 202.17.
7. As of the date of the administrative hearing, Claimant was a [REDACTED] year old male ([REDACTED]) with a height of 5'8 " and weight of 148 pounds.
8. Claimant smokes approximately 25 cigarettes per day and has a lengthy history of alcohol and other drug abuse though he denies any current usage.
9. Claimant's highest education year completed was the 8<sup>th</sup> grade.
10. As of the date of hearing, Claimant was not receiving medical coverage and has not had coverage since he was a minor.
11. Claimant stated that he is a disabled individual based on impairments involving: depression, knee problems, hip problems, hand problems and left leg problems.

### **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 5/2011, 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 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 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> 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 (1<sup>st</sup> 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 (1<sup>st</sup> 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.

On [REDACTED], Claimant was physically examined by an SSA assigned physician; the corresponding report (Exhibits 8-12) was presented. Claimant reported that he had arthritis and that he experiences left hip pain which occasionally shoots into his left leg. It was noted that Claimant attended the appointment using a cane. It was noted that Claimant reported that the pain prevented from mowing his lawn though Claimant can perform several other daily activities including cooking, cleaning and bathing. Claimant reported being able to sit for up to two hours without having to stand, though he can only stand for five minutes or walk ten minutes without experiencing pain. Claimant could lift 20 pounds frequently and 30 pounds occasionally.

Claimant reported smoking two packs of cigarettes every day for 20 years. It was noted that Claimant drank 12 beers per day but that he quit abusing alcohol seven years ago.

A musculoskeletal examination noted no bony deformities, full range of motion in all joints and a negative straight raising test. There was no tenderness, erythema or effusing noted in any joints. There was also no paravertebral muscle spasm while peripheral pulses were easily palpitated and symmetrical.

Claimant was noted as having no difficulties in heel to toe walking, getting on and off the examination table and no difficulty squatting. It was noted that Claimant had a mild limp to the left and sometimes needed his cane for balance.

On [REDACTED], Claimant was psychologically examined by an SSA assigned examiner; the corresponding report (Exhibits 14-20) was presented. Claimant's intelligence and mental status were evaluated.

Claimant was tested on the Wechsler Adult Intelligence Scale IV (WAIS4). The WAIS4 is an IQ test which measures verbal comprehension, perceptual reasoning, working memory and processing speed. It was noted that Claimant's speech was slow as was conversational discourse with Claimant. Claimant's attention was described as fair to

poor; the examiner noted that Claimant often appeared to lose interest during the examination. Claimant's full scale IQ of 78 placed him in the 7<sup>th</sup> percentile and in a borderline range.

The examiner also measured Claimant's motor function on a Bender Gestalt test. The examiner stated that the test results suggest Claimant has poor perceptual motor functioning.

In addition to the above tests, the examiner also commented on Claimant's: appearance and general behavior, orientation, concentration and attention, memory, thought process, thought content, psychomotor activity, affect, mood, abstract thinking, general knowledge, judgment and insight. The examiner noted that Claimant displayed a mildly anxious state. It was noted that Claimant showed significant trust issues and that he displayed an underlying mood disorder which affects his ability to socially function. Claimant was thought to be capable of activities requiring rote activity and minimal directions or problem solving. Even in the relatively limited work activity, the examiner expressed concern about Claimant's ability to maintain such employment based on his limited ability to concentrate.

The examiner provided a diagnosis based on Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> 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.

Claimant's Axis I primary diagnose was major depressive disorder and substance/alcohol induced anxiety disorder. Claimant's borderline intellectual functioning was noted on Axis II. Axis III was deferred pending medical examination. Axis IV barriers included: psychosocial stressors, economic, educational, legal and vocational problems. Claimant's GAF was 45. 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 also noted that Claimant was not competent to manage his own benefits.

A Medical Examination Report (Exhibits 27-28) dated [REDACTED] was presented from Claimant's treating physician. The treating physician gave diagnoses of depression, lethargy and asthenia. It was noted that Claimant can meet his own needs in the home and that his condition was stable.

A Psychiatric/Psychological Examination Report (Exhibits 29-31) dated [REDACTED] from Claimant's treating physician was provided. The examiner provided a DSM4 diagnosis. Claimant was diagnosed with anxiety disorder and dementia. Axis II was deferred. Axis III noted hip pain, dental issues, hypothyroidism and an unknown fourth condition. Financial problems and unemployment were noted on Axis IV. Claimant was assessed a GAF of 40; a score of 31-40 is described as "some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood." It was again noted that Claimant could not manage his own funds.

Claimant's examiner completed a Mental Residual Functional Capacity Assessment (MRFCA) (Exhibits 32-33) dated [REDACTED] based on an examination from the same date. This form lists 20 different work-related activities among four areas: understanding and memory, sustained concentration and persistence, social interaction and adaptation. The 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 markedly limited in 9 of 20 areas including: ability to remember locations and work-like procedures, ability to understand and remember detailed instructions, ability to carry out detailed instructions, ability to maintain concentration and attention for extended periods, ability to perform activities within a schedule and maintain regular attendance while being punctual, ability to complete a normal workday without interruptions from psychologically based symptoms, ability to respond appropriately to change in a work setting and the ability to set realistic goals or make plans independently of others. Claimant was only not significantly limited in the single ability of asking questions and requesting assistance. Claimant was considered moderately limited in the 10 other abilities.

Claimant completed an Activities of Daily Living (Exhibits 36-39) dated [REDACTED] with the assistance of a benefit coordinator who worked for the agency where Claimant was psychologically treated. The DHS form is a questionnaire designed for clients to provide information about their abilities to perform various day-to-day activities.

Claimant noted irregular sleep due to racing thoughts and worries. Claimant noted waking several times during the night and having difficulties returning to sleep. It was noted that the frequency of Claimant's bathing, changing clothes and dental care has declined. Claimant indicated that he fixes his own meals without assistance and has not had recent weight changes. Claimant noted he regularly does dishes and keeps the house clean. It was noted that his family helps, though no specifics were provided. It was also noted that Claimant does his own shopping and does not need help other than getting a ride. Claimant indicated he watches television and that the television is on all day. Claimant also noted that he enjoys hunting but has not gone in several years. It was noted that Claimant had physical difficulties in completing activities. The person

assisting Claimant with the form noted that Claimant had difficulty in answering questions and providing specific information.

A Psychiatric Evaluation (Exhibits 40-45) dated [REDACTED] from Claimant's treating physician was presented. The examination was performed by the same doctor that completed the Medical Examination Report (Exhibits 27-28), Psychiatric/Psychological Examination Report (Exhibits 29-31) and Mental Residual Functional Capacity Assessment (Exhibits 32-33). It was noted that Claimant took Lexapro (10 mg x 1/day), Seroquel XR (50 mg x1/day) and Vicodin (500 mg x 2/day).

An Intake Assessment from [REDACTED] (Exhibits 46-61) from Claimant's psychological treatment facility was presented. A Case Management Assessment (Exhibits 62-67) was also presented. The Psychiatric Evaluation and assessments were not notable other than being consistent with other presented forms.

SHRT found that Claimant was not physically disabled. The evidence tends to support this finding. Claimant may have some physical limitations but they were not well documented. Claimant testified that he had a 10 minute standing limitation but there was no evidence from a physician supporting this limitation. Claimant's own treating physician failed to note any information on physical impairments while the SSA assigned examiner found Claimant had a full range of motion and found no apparent physical problems with Claimant following a brief examination. Though the brief examination from the SSA assigned physician may not have uncovered physical problems, it was the best evidence of a physical problem submitted. Claimant's use of a cane tends to support some physical problem though specific conclusions cannot be drawn from its mere use. A prescription for Vicodin is also representative of physical pain but again it is insufficient evidence to draw any conclusions on Claimant's physical problems merely by establishing its use. It is found that Claimant failed to establish a basis for finding disability based on a physically-based impairment.

SHRT found that there was insufficient evidence to find that Claimant suffered mental retardation. SHRT was silent on any consideration of impairment based on depression and concluded that Claimant was not psychologically disabled. The SHRT decision is half correct. Though the evidence does not support a finding that Claimant suffers from mental retardation, there is ample evidence of impairments from depression.

Claimant's ability to interact socially, maintain concentration and adapt to changes was considered markedly difficult by his treating physician. These findings were consistent with the SSA assigned physician who made similar conclusions. This evidence was supported by Claimant's behavior during the administrative hearing when Claimant took long pauses before responding to questions.

The evidence tended to establish that Claimant's impairments have and will continue to last for the 12 month durational requirement. Claimant's substance abuse does not seem to be a factor, as the evidence only supported finding that he has been sober and drug free since 2004.

Based on the presented evidence, it is found that Claimant established significant impairments to basic work activities and that those impairments will continue for 12 months or longer. Accordingly, Claimant established having a severe impairment based on depression and related disorders. Thus, the disability 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.

The impairment for which Claimant most persuasively established was for depression. The listing for depression is covered by affective disorders and 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.

Looking at Part A of the above listing, Claimant testified to suffering from some of the affective disorder symptoms. Claimant noted difficulties in sleeping due to racing thoughts. The difficulties in concentration were noted by the SSA examiner who also noted that Claimant's poor psychomotor function based on Bender Gestalt test results. Claimant's anhedonia and lethargy were noted by the treating physician on the Medical Examination Report and suffices as meeting two more affective disorder symptoms from Part A. It is found that Claimant established meeting Part A of the SSA listing for affective disorders. The analysis moves to whether Part B of the listing was satisfied.

Claimant is capable of performing his own bathing, cooking and shopping. Claimant's failure to drive are due to his criminal history, not his psychological impairments. There appears to be little support that Claimant is limited, let alone markedly limited, in the performance of daily activities.

The evidence was very supportive of finding that Claimant has markedly difficulties in maintaining concentration and pace. The MRFCA (Exhibits 32-33) measures eight abilities involving concentration and pace. Claimant was found markedly limited in five areas; he was moderately limited in the three other areas. Most notably were Claimant marked difficulties in maintaining a regular schedule or to work an eight hour workday without psychological interference. It is found that Claimant has marked difficulties with concentration and pace.

The analysis will turn to whether Claimant is markedly limited in social functioning. SSA states the following concerning how to analyze the issue:

Social functioning refers to your capacity to interact independently, appropriately, effectively, and on a sustained basis with other individuals. Social functioning includes the ability to get along with others, such as family members, friends, neighbors, grocery clerks, landlords, or bus drivers. You may demonstrate impaired social functioning by, for example, a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, or social isolation. You may exhibit strength in social functioning by such things as your ability to initiate social contacts with others, communicate clearly with others, or interact and actively participate in group activities. We also need to consider cooperative behaviors, consideration for others, awareness of others' feelings, and social maturity. Social functioning in work situations may involve interactions with the public, responding appropriately to persons in authority (e.g., supervisors), or cooperative behaviors involving coworkers.

Of the five abilities dealing with social interaction on the MRFCA, Claimant was not markedly limited in any. Claimant was found moderately limited in the following social abilities: interacting with public, accepting instructions and responding appropriately to criticism, getting along with co-workers or peers without behavioral extremes and maintaining socially appropriate behavior while adhering to basic standards of neatness and cleanliness. Being moderately limited in five of six social functioning areas may or may not support a finding of marked limitation in overall social functioning. Though not being markedly limited in any areas tends to support a finding that no marked limitation exists, the moderate limitations could add up to a marked limitation in social functioning. The decision whether marked social interaction limitations exist shall be dictated by other evidence.

There was evidence that Claimant has a history of criminal activity but there were few specifics provided. Claimant's psychological records referred to a history of drinking and driving violations and jail time for driving with a suspended license. Generally, antisocial crimes such as assaults and fighting tend to support a finding of marked social difficulties and alcohol related crimes are not as supportive of such a finding.

Claimant noted that he socializes with family and friends (see Exhibit 15). This again tends to support a finding that Claimant does not have marked social difficulties.

The SSA treating physician noted that Claimant's disorder affects and limits his social functioning (see Exhibit 20). Specifics were not provided but this statement tends to support marked social difficulties. The examiner also noted that Claimant has significant trust and paranoia issues which is somewhat supportive of an anti-social mindset.

Though it is a very close call, the evidence tended to support that Claimant has marked difficulties in social functioning rather than not. Based on the previous findings that Claimant has marked difficulties in concentration and at least four of the affective disorder symptoms in Part A, it is found that Claimant established meeting the listing for affective disorder. Accordingly, Claimant is found to be a disabled individual and that DHS erred in finding that Claimant was not a disabled individual.

It should be noted that this decision only affects Claimant's application for MA benefits and is intended to only remain valid for a one year period. Future findings of disability shall be redetermined by DHS in accordance with their policies.

### **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 benefits. It is ordered that DHS:

- (1) reinstate Claimant's MA benefit application dated 5/5/11;
- (2) evaluate Claimant's eligibility for MA 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 benefits.

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The actions taken by DHS are REVERSED.



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

Date Signed: January 5, 2012

Date Mailed: January 5, 2012

**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

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cc:

