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

IN THE MATTER OF:

[redacted]

Reg. No.: 201212887
Issue No.: 2009
Case No.: [redacted]
Hearing Date: February 6, 2012
Macomb County DHS (20)

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 February 6, 2012. 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.

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 6/20/11, Claimant applied for MA benefits including an unspecified request for retroactive 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 1-2).

4. On 8/8/11, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action (Exhibits 108-111) informing Claimant of the denial.

5. On 9/19/11, Claimant requested a hearing disputing the denial of MA benefits.

6. On 1/6/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibits 112-113), in part, by finding that Claimant retains the capacity to perform a wide range of light work.

7. On 2/6/11, an administrative hearing was held and Claimant presented new medical evidence.

8. On 3/13/12, SHRT evaluated the new medical evidence and determined that Claimant was not disabled, in part, by application of Medical-Vocational Rule 202.15 (see Exhibits 132-133).

9. As of the date of the administrative hearing, Claimant was a [redacted] year old male with a height of 5'10'' and weight of 150 pounds.

10. Claimant has a history of tobacco usage and has no known relevant history of alcohol or illegal substance abuse.

11. Claimant's highest education year completed was the 11th grade.

12. As of the date of the administrative hearing, Claimant had no ongoing medical coverage and had not had any coverage since approximately three years prior.

13. Claimant alleged that he is a disabled individual based on impairments and issues including: angina, hypertension, high cholesterol, arthritis, herniated discs and a degenerative bone disease.

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 6/2011, 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 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 2011 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).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Claimant's impairments amount to a severe impairment, all other 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 5-7) dated [redacted] was presented. The Claimant completed form allows for reporting of claimed impairments, treating physicians, previous hospitalizations, prescriptions, medical test history, education and work history. Claimant listed four previous emergency room visits. On [redacted] Claimant noted going to the ER for back and neck pain. On [redacted] Claimant noted going to the ER for back pain. On [redacted], Claimant noted going to the ER for chest and back pain. On [redacted], Claimant noted going to the ER for anisocoria. Claimant noted heart testing done in 4/2011. Claimant noted taking the following prescriptions: Robaxin, Norco, Azepam, Nitrostat, Metoprolol, Famotidine and Simvastatin.

A Medical Examination Report (Exhibits 10-11) dated [redacted]1 was completed by Claimant's treating physician. It was noted that the physician first treated Claimant on [redacted] and last examined Claimant on [redacted]. The physician provided diagnoses of chronic lumbar radiculopathy and coronary artery disease. An impression was given that Claimant's condition was stable. It was noted that Claimant can meet household needs. Other notes included: no shortness of breath, use crutch, lower back muscle spasm, no loss of bladder or bowel function and no focal neurological defect.

A discharge summary (Exhibits 12-94) from a 4/2011 hospital encounter was presented. It was noted Claimant went to the ER reporting a sudden onset of non-radiating chest pain. Claimant also reported shortness of breath, nausea and lightheadedness. It was noted that Claimant was not insured. Claimant received a cardiac catheterization. It was noted that the pain was likely related to a recent illness and/or [redacted]. Claimant was advised to follow-up at a scheduled appointment. An assessment of the following was given: unstable angina, hypertension, chronic back pain and bronchitis. Claimant was prescribed several medications including: children's aspirin, Diazepem, Famotidine, Hydrocodone, Methocarbamol, Metoprolol, Nitroglycerin and Simvastatin. Claimant was discharged in fair condition.

A physical examination dated [redacted] noted pain on palpitation of the cervical, lumbosacral spines (see Exhibit 93). An assessment of chronic cervical pain with gait instability was given. The examiner also noted possible radiculopathy. It was also noted that Claimant had lumbar spine pain with evidence of endplate narrowing.

Hospital documents (Exhibits 95-101) were presented. It was noted Claimant reported back pain, from his neck to left hip. A physical exam was performed. The exam was unremarkable other than paraspinal tenderness in the left-lower back. Claimant was noted as ambulatory with a steady gait (see Exhibit 100). It was noted that upon discharge, Claimant used crutches for ambulation. A final diagnosis of sciatica was given.

An MRI of the lumbar spine (see Exhibits 114-115) was performed on [redacted] An impression of mild spondylosis of the lumbar spine without central canal stenosis was given. It was also noted that Claimant had a tiny annular tear at L4-L5.

X-rays of Claimant's chest were taken on [redacted] (see Exhibit 116). An impression of no acute cardiopulmonary process was given.

Views were taken of Claimant's pelvis on [redacted] (see Exhibit 117). Minimal degenerative changes were noted with anterior ostephytioc reaction at the lumbothoracic junction. An impression was given of minimal degenerative disease.

An MRI of Claimant's cervical spine (see Exhibits 118-119) was performed on [redacted].An impression of mild to moderate discogenic and spondylotic changes were noted. Disc protusions were noted at C3-C4 and C4-C5. It was noted that there was no significant spinal stenosis and mild bilateral foraminal encroachment at C4-C5 and C5-C6.

An MRI of Claimant's brain was performed on [redacted] (see Exhibits 120-122). An impression of bilateral lacunar infarct was noted. There were no areas of restricted diffusion and the left occipital cortex did not show an acute event.

A physical examination dated [redacted] (see Exhibits 123-131) was performed by a non-treating physician. An impression of CAD, HTN, chronic back pain, history of strokes and dilated pupil were noted. It was noted that Claimant walked with a crutch. A need for a walking aid was noted. It was noted that Claimant walked slowly and with a limp when his crutch was not used. Tandem walk, heel walk and tow walk were done slowly and unsteadily. Claimant had less than a full range of motion in squatting and bending. Claimant's hypertension was noted as poorly controlled.

Claimant completed an Activities of Daily Living (Exhibits 102-106) dated [redacted].The DHS form is a questionnaire designed for clients to provide information about their abilities to perform various day-to-day activities. Claimant noted trouble sleeping due to back and neck pain. Claimant noted he sometimes needs a crutch due to his back pain. Claimant noted he has difficulties in dressing, showering, walking, bending over and kneeling. Claimant noted he fixes his own meals but sometimes is unable to do so. Claimant noted he lost approximately 25 pounds due to a loss in appetite. Claimant noted he watches television and reads newspapers. Claimant noted he no longer bowls, plays ball, fishes or swims due to his impairments. Claimant noted he needs an MRI for his back.

Claimant testified that he was unable to perform any cleaning or laundry due to back pain. Claimant stated he can drive, but he tries not to drive. Claimant stated he needs help getting dressed and is unable to shampoo his own hair.

Claimant testified that he had a half block walking limit before his back pain prevented further walking. Claimant's claimed he had a 45 minute sitting restriction. Claimant stated he was unable to lift a gallon of milk due to back pain. Claimant estimated he had a ten minute standing restriction.

The evidence was very consistent that Claimant had walking restrictions. The physical examiner from [redacted] noted Claimant required assistance for walking. The examiner's findings that Claimant walked slowly and unsteadily without a crutch support finding that Claimant has a significant impairment to performing basic work activities. It would be reasonable to presume lifting and standing restrictions from the examiner's findings. The findings were consistent with other medical records, which established various back problems for Claimant. It is found that Claimant established significant impairment to performing basic work activities.

The evidence tended to establish that Claimant has a several year history involving back pain. It is found that Claimant established meeting the durational requirements for a severe impairment.

Based on the presented evidence, it is found that Claimant established significant impairments to basic work activities and that those impairments have continued for longer than twelve months. Accordingly, Claimant established having a severe impairment and the disability analysis may proceed 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 back pain. Musculoskeletal issues are covered by Listing 1.00. Back problems are covered by SSA Listing 1.04 which reads:

> **1.04** ***Disorders of the spine*** (e.g., herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture), resulting in compromise of a nerve root (including the cauda equina) or the spinal cord. With:
>
> A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine);
> OR
> B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours;
> OR
> C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively, as defined in 1.00B2b.

Looking at Parts B and C, there was no evidence of spinal arachnoiditis or stenosis. The only medical reference to stenosis was an impression that none existed.

Looking at Part A, there was some evidence of nerve root compression. Claimant was diagnosed with bulging discs (see Exhibits 118-119); bulging discs are generally persuasive evidence of nerve root compression. There was a general lack of evidence concerning sensory loss, reflex loss or motor loss. There was also a lack of evidence of a positive straight-leg raising test. Based on the presented evidence, it is found that Claimant failed to establish meeting the SSA listing for spinal disorders.

A listing for ischemic heart disease (Listing 4.04) was considered based on diagnoses of angina. This listing was rejected due to a failure to establish a sufficient history of ischemic episodes, exercise test results which would meet the listing or very serious limitations in the performance of daily activities.

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 submitted a history of employment (see Exhibit 9). Claimant noted a work history with multiple employers as a designer. Claimant testified that he designed machines, gauges, fixtures and parts. Claimant stated that his past employment involved welding and it required lifting items of up to 100 pounds.

Presented submitted medical records did not specify a lifting restriction for Claimant. However, based on diagnoses of angina, stroke history and LBP and a need to use a crutch for ambulation, it is reasonable to infer that Claimant is not physically capable of lifting 100 pound items. It is found that Claimant is not capable of performing past relevant employment.

In the fifth and last 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).

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 nonexertional. 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).

Looking at exertional restrictions, Claimant alleged that he is not capable of performing the walking, standing or lifting required for light work. Claimant testified he has a half of a block walking restriction. It is known that Claimant requires the use of a cane or crutch for ambulation. It is also known that Claimant has bending and kneeling restrictions. These restrictions are sufficient to infer an inability to perform the standing and walking requirements of light work.

Claimant also contended that he has a 45 minute sitting restriction due to LBP. Though there was sufficient evidence of LBP, there was insufficient evidence to infer any sitting restrictions. The ten pound lifting limit of sedentary employment also appears consistent with Claimant's capabilities. Claimant testified that he has no particular gripping or grasping issues. It is found that Claimant is capable of performing sedentary employment.

Based on Claimant's exertional work level (sedentary), age (closely approaching advanced age), education (less than high school) and employment history (skilled but not transferrable), Medical-Vocational Rule 201.10 is found to apply. This rule dictates a finding that Claimant is disabled. Accordingly, it is found that DHS improperly found Claimant to be not disabled for purposes of MA benefits.

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 6/20/11;
(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.

The actions taken by DHS are REVERSED.

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

Date Signed: April 3, 2012

Date Mailed: April 3, 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

CG/hw

cc: [redacted]