

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 201224470  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: March 12, 2012  
Wayne County DHS (82)

**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 March 12, 2012 from Detroit, Michigan. The claimant appeared and testified. On behalf of Department of Human Services (DHS), [REDACTED], [REDACTED], Manager, 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 11/18/11, Claimant applied for MA benefits including retroactive MA benefits for 9/2011.
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 12/7/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 1-2).
4. On 12/16/11, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.
5. On 1/5/12, Claimant requested a hearing disputing the denial of MA benefits.

6. On 2/16/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (See Exhibit 69), in part, by determining that Claimant was capable of performing his past relevant work.
7. As of the date of the administrative hearing, Claimant was a [REDACTED] year old male [REDACTED] with a height of 6'1 " and weight of 155 pounds.
8. Claimant has no known relevant history of tobacco, alcohol or illegal substance abuse.
9. Claimant's highest education year was high school completion via general equivalency degree (GED).
10. As of the date of hearing, Claimant was not receiving medical coverage and has not had coverage since approximately 2010.
11. Claimant stated that he is a disabled individual based on an impairment of hand, leg and back pain associated with gout and arthritis.

### **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 11/2011, 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 stated that he passes out handbills from time to time for extra money. He stated that he makes \$5/hour and works 15 hours per week if he is able to perform the employment. He also testified that he has not worked in three weeks. DHS did not present any evidence on the issue. Claimant's employment adds up to \$75/week and approximately \$300 per month; this monthly amount presumes a full work month which Claimant testified was atypical. Claimant's employment falls well short of the income limit to establish 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).

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 5-6) dated [REDACTED] was presented. The form is intended to be completed by clients for general information about their claimed impairments, treating physicians, previous hospitalizations, prescriptions, medical test history, education and work history. Claimant's form was completed by a Medicaid liaison. It was noted that Claimant was hospitalized on [REDACTED].

Hospital records (Exhibits 9-42) from a hospital admission dated [REDACTED] were presented. The records note Claimant reported to the hospital complaining of abdominal pain, nausea, vomiting and anorexia from the prior two days. Claimant was initially diagnosed with acute pancreatitis (see Exhibit 9). It was noted that Claimant was admitted to the hospital for two days and that his condition "improved dramatically" following IV fluid treatment. It was also noted that Claimant consumed alcohol that week and that it should be avoided for the remainder of his life. Claimant was discharged on [REDACTED] in fair condition.

A physical examination dated [REDACTED] from a DHS assigned examiner; the corresponding report (Exhibits 43-48) was presented. Claimant's reporting of chronic back pain was noted. Claimant reported suffering an ongoing problem with gout. The examiner noted that Claimant's TLS spine revealed a curvature in midline. The examiner also confirmed gout in Claimant's hands and feet (though noted the gout was worse in the hands). Claimant stated he was unable to perform a straight leg raising test, flexion of knee test, femoral stretch test, heel to tow walking, tandem walking and squatting. Claimant had normal gripping and hand strength. Claimant's gait was noted as antalgic to the right. A need for a cane due to Claimant's foot problems was noted.

An impression was given that Claimant has chronic back pain which was diagnosed as lumbar strain. The examining physician verified gout in Claimant's hands and feet.

A psychiatric examination report (Exhibits 49-53) dated [REDACTED] from a DHS assigned examiner was presented. Claimant reported feelings of depression, hopelessness and feeling overwhelmed by physical pain and financial stressors. Claimant denied psychotic symptoms or suicidal ideation. The examiner provided a diagnosis based on Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> edition) (DSM IV). 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.

Axis I diagnoses of depression secondary to general medical condition and cannabis dependence were given. The Axis II diagnosis was none. Axis II noted severe arthritis and gout. Axis IV noted a lack of insurance, chronic pain and unstable housing. Claimant's GAF was 50. A GAF within the range of 41-50 is representative of a person with "serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job)."

Claimant testified that his handbill employment is limited to 3 hours per day due to his walking restrictions. Claimant testified that his foot pain, presumably due to gout, prevents further walking. Claimant stated he also had three hour standing restrictions. Claimant states that he is capable of sitting for reasonably lengthy periods but noted that he feels pain in his left side. Claimant stated he was capable of listing a maximum of 25-30 pounds while he could frequently lift 20-25 pounds. Claimant stated he uses a cane sometimes.

The step two analysis will begin with a look at Claimant's physical impairments. Claimant testified that the pancreatitis problem for which he was hospitalized appeared to be resolved and is not an ongoing problem. Based on Claimant's hospital admission date ([REDACTED]) and date that the problem is not ongoing ([REDACTED]) it can be found that the pancreatitis was resolved within a period of 12 months and does not amount to a severe impairment.

Claimant had no treating physician and was unable to furnish any treating physician documents. The DHS assigned examiner confirmed ongoing problems for Claimant due to back pain and gout. It was noted that Claimant requires use of a cane. Claimant's testimony that he was limited to three hour days of walking and standing seemed very credible based on the physical examination findings. Based on the presented evidence

concerning physical restrictions, Claimant established a sufficient restriction to the performance of basic work activities.

The records do not verify that gout and back pain have been problematic for Claimant for 12 months, though it was noted in hospital notes and by the DHS examining physician that Claimant reported a lifetime of chronic back pain and a diagnosis of gout from several years ago. There is also little basis to believe that Claimant's back pain or gout would improve within 12 months. Claimant established an impairment to basic work activities expected to last for 12 months or longer.

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. Accordingly, 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 gout and/or arthritis. SSA provides a listing for inflammatory arthritis (which also covers gout) which reads:

**14.09 Inflammatory arthritis.** As described in 14.00D6. With:

**A.** Persistent inflammation or persistent deformity of:

1. One or more major peripheral weight-bearing joints resulting in the inability to ambulate effectively (as defined in 14.00C6); or
2. One or more major peripheral joints in each upper extremity resulting in the inability to perform fine and gross movements effectively (as defined in 14.00C7).

Or

**B.** Inflammation or deformity in one or more major peripheral joints with:

1. Involvement of two or more organs/body systems with one of the organs/body systems involved at least to a moderate level of severity; and
2. At least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss).

OR

**C.** Ankylosing spondylitis or other spondyloarthropathies, with:

1. Ankylosis (fixation) of the dorsolumbar or cervical spine as shown by appropriate medically acceptable imaging and measured on physical examination at 45° or more of flexion from the vertical position (zero degrees); or

2. Ankylosis (fixation) of the dorsolumbar or cervical spine as shown by appropriate medically acceptable imaging and measured on physical examination at 30° or more of flexion (but less than 45°) measured from the vertical position (zero degrees), and involvement of two or more organs/body systems with one of the organs/body systems involved to at least a moderate level of severity.

OR

**D.** Repeated manifestations of inflammatory arthritis, with at least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss) and one of the following at the marked level:

1. Limitation of activities of daily living.
2. Limitation in maintaining social functioning.
3. Limitation in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

Part A of the above listing is rejected as Claimant failed to establish an inability to ambulate effectively. Generally, ambulating ineffectively is shown by a need for multiple canes or crutches. Claimant sometimes uses a cane. Claimant is capable of walking up to a maximum of three hours per day for employment. Generally, ambulating ineffectively would preclude three hours of walking in employment. There was also a lack of medical documentation that Claimant requires assistance in the performance of daily activities such as shopping.

Part B is rejected, as the medical records failed to verify any deformities or inflammation in a joint. Part C was rejected, as there was no verification of ankylosing spondylitis or other spondyloarthropathy. Part D was rejected due to a lack of evidence supporting that Claimant has repeated manifestations of inflammation.

A listing for affective disorder (Listing 12.04) was considered based on diagnoses of depression. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not established that Claimant required a highly supportive living arrangement, suffered repeated episodes of decompensation in increasing duration or that the residual disease process resulted in a marginal adjustment so that even a slight increase in mental demands would cause decompensation.

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's complaints of back pain. The medical records were devoid of back pain causes. For example, there were no records verifying x-rays or an MRI of Claimant's back. There was not a specific diagnosis for Claimant's back pain. There was a single reference to curvature of Claimant's lumbar spine but this is insufficient to draw any conclusions that would meet the SSA listing for spinal disorders. This listing was rejected due to a lack of

evidence and a failure to establish a spinal disorder resulting in a compromised nerve root.

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

Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

Claimant's employment history was presented (see Exhibits 54-68). Claimant worked from 2002-2008 as an assistant server. Claimant described his primary job duty as setting up chairs and tables for parties. Claimant also stated that his job duties included washing dishes and performing maintenance and sanitation work as needed. Claimant reported that his duties required significant standing, walking and bending.

Claimant worked as a mail clerk from 1998-1999. Claimant described his duties as that of a mail clerk. Claimant stated he was expected to deliver mail within an office. Claimant again noted the job required mostly standing, walking and bending.

Claimant also worked in food preparation from 1997-1998. Claimant stated that his duties involved traditional waiter duties and setting up rooms for parties. Claimant also stated that the job required significant standing, walking and bending.

Claimant stated that each of his relevant jobs rarely allowed sitting. Claimant denied being able to perform any of his prior employment due to limits on standing, walking and bending. Claimant's testimony that he is currently unable to perform the functions of his prior employment was credible and consistent with the submitted medical records. Based on the presented evidence, it is found that Claimant is incapable of performing past relevant employment. Accordingly, the analysis moves to step five.

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).

The analysis of Claimant's exertional capabilities will begin with the performance of light employment. Claimant credibly testified he is limited to three hours of walking per day, lifting items of 25-30 pounds and little restriction to sitting. The medical records failed to specify restrictions, but Claimant's testimony was consistent with the verified diagnoses of gout and chronic back pain. Though Claimant is capable of performing the lifting requirements of light work, he would be incapable of performing the standing and walking requirements for this type of work. It is found that Claimant is capable of performing sedentary employment.

Based on Claimant's 62 year old age (advanced age), education (GED with no direct entry into skilled work) and work history (unskilled), Medical-Vocational Rule 201.04 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. It is also found that DHS improperly denied Claimant's MA benefit application.

### **DECISION AND ORDER**

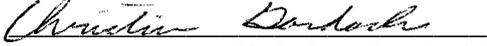
The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds that DHS improperly denied Claimant's application for MA benefits. It is ordered that DHS:

- (1) reinstate Claimant's MA benefit application dated 11/18/11 including a request for retroactive MA benefits for 9/2011;
- (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

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- (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: March 16, 2012

Date Mailed: March 16, 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:

