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

IN THE MATTER OF:

[redacted]

Reg. No. 201236750
Issue No. 2009
Case No. [redacted]
Hearing Date: May 30, 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, an in-person hearing was held on May 30, 2012 from Detroit, Michigan. The above named claimant appeared and testified; [redacted] appeared as Claimant's authorized hearing representative. 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 11/10/11, Claimant applied for MA benefits including a request for retroactive MA benefits from 9/2011.

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

3. On 12/11/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 1-2).

4. On 1/4/12, DHS denied Claimant's application for MA benefits and mailed a notice informing Claimant of the denial.

5. On 2/17/12, Claimant requested a hearing to dispute the denial of MA benefits.

6. On 4/10/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibits 193-194), in part, by application of Medical-Vocational Rule 203.14.

7. As of the date of the administrative hearing, Claimant was a [redacted] year old male with a height of 5'10'' and weight of 160 pounds.

8. Claimant is a tobacco user with a history of substance abuse.

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

10. As of the date of the administrative hearing, Claimant has health coverage through Wayne County.

11. Claimant alleged that he is a disabled individual based on impairments including: leg pain, deep vein thrombosis, back pain, depression, rheumatoid arthritis, hypertension, degenerative disc disease and abscesses on the spinal column.

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).

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 Social Summary (Exhibits 33-34) dated [redacted] was presented. A Social Summary is a standard DHS form which notes alleged impairments and various other items; Claimant completed the presented Social Summary. Claimant noted that he had back pain, rheumatoid arthritis and high blood pressure. A second Social Summary (Exhibits 131-132) was presented.; this form was completed by an eligibility representative. It was noted that Claimant alleged impairments of phlebitis and thrombosis.

A Medical Social Questionnaire (Exhibits 133-134) dated [redacted] was presented. The form allows for reporting of claimed impairments, treating physicians, previous hospitalizations, prescriptions, medical test history, education and work history; Claimant's form was completed by an eligibility representative. Hospitalizations from 11/2011 and 9/2011 were noted.

Hospital documents (Exhibits 37-74, 78-126) from 9/2011 were presented. It was noted that Claimant was admitted to the hospital on [redacted] and discharged on [redacted]. It was noted that Claimant went to the hospital concerning deltoid abscesses. It was noted that the abscesses were drained via surgery (see Exhibit 67). Claimant was prescribed Cipro an anti-infection prescription and Vicodin to address pain. Claimant was given a [redacted] appointment for follow-up. A physical examination on [redacted] noted musculoskeletal aches/pains.

A Physician Documentation Sheet (Exhibits 75-77) was presented. It was noted that Claimant has a history of heroin abuse. It was noted that Claimant injected the heroin into his deltoid muscles. It was noted that Claimant last used three weeks prior. A physical examination was negative for all tested areas except: abdominal pain, fever, chills and sweats and productive cough. Claimant's abdomen was described as tender.

Hospital records (Exhibits 135-192) from 11/2011 were presented. It was noted that Claimant went to the emergency room due to pain in his right leg over the prior four

days (see Exhibit 188). It was noted that Claimant reported that the pain increased when he moved his leg.

On [redacted], it was noted that Claimant had sepsis and AKI, both of which were resolved (see Exhibit 165). It was also noted that Claimant had chest pain and acute onset deep vein thrombosis. Hypertension was also noted. On [redacted], it was also noted that Claimant was an active heroin user who injected the drug into his left thigh (see Exhibit 135).

It was noted that Claimant's right leg was grossly edematous. The right leg exam was noted as severely pain-limited. Abscesses were noted on the right leg (see Exhibit 143) Claimant was put on a heparin drip to address the DVT. On [redacted] the acute onset DVT was noted as resolved (see Exhibit 144)

A transeophageal echocardiography report (Exhibits 149-150) dated [redacted] was presented. Claimant's ejection fraction was measured at 55%-60%. It was noted that the right atrium appeared mildly dilated. It was noted that there was mild tricuspid regurgitation.

A Physician Documentation Sheet (Exhibits A1-A5; duplicated at A70-A74)) dated [redacted] was presented. It was noted that Claimant complained of pain in his lower back. A history of chronic osteomyelitis was noted at L4-L5. Claimant denied his pain radiated to his legs. A physical examination noted that Claimant was positive for joint and back pain. It was noted that Claimant's right leg showed no infection.

Hospital records (Exhibits A6-A61) from 12/2011 were presented. It was noted that Claimant was admitted to the hospital due to complaints of back pain (see Exhibit A14). It was noted that there was total occluding acute thrombosis of the right popliteal and small saphenous veins. It was noted that Claimant needed assistance with ambulation due to a previous gunshot injury to his pelvis.

Radiology results (Exhibits A33-A34) of Claimant's cervix from [redacted] were presented. An impression was given that findings at L4-L5 and L5-S1 were consistent with discitis/osteomyelitis. It was noted that erosive changes at L4-L5 have worsened from prior studies. An impression was also given of bone edema at C3-C4.

An ultrasound report of Claimant's right thigh (Exhibit A42) was presented. It was noted on [redacted] that there was a markedly decreased size of abscesses (see Exhibit A42). A radiology report from [redacted] noted slightly decreased size in abscesses (see Exhibit A37).

Hospital documents (Exhibits A129-A149) from 2/2012 were presented. It was noted that Claimant arrived on 2/6/12 and was discharged on [redacted]. It was noted that

Claimant primarily complained of lower back pain and right leg pain. It was noted that Claimant was discharged recently from the hospital on [redacted]. A list of prescriptions was presented (see Exhibits A177-A178).

Claimant conceded that he is a former heroin addict and that he stopped using approximately 12 months ago. Medical records establish that at the very earliest, Claimant quit using in late 11/2011, approximately 6 months prior to the date of Claimant's testimony.

Claimant stated that he uses a cane all of the time for ambulation. Claimant testified that he has a one block walking limit. Claimant stated that his hands get stiff. Claimant testified that he can sit for approximately 8 minutes before needing to stand; Claimant also stated that he needs to keep his right leg straight while he sits and that he needs to push himself up to arise to a standing position. Claimant stated that he could stand 5-10 minutes before needing to sit due to back pain. Claimant was unsure how much weight he could lift. The presented medical records did not specifically verify nor refute any of Claimant's testimony concerning his exertional abilities.

Claimant stated that he suffered from depression. Claimant stated that he took two prescriptions for depression. Claimant also stated that he began seeing a therapist. No medical records were submitted to verify the diagnosis of depression, let alone the severity and how it affects Claimant. It is found that depression was not established as an impairment to Claimant's ability to perform basic work activities.

It was established that Claimant was hospitalized in 9/2011, in part, due to back abscesses along Claimant's deltoid muscles. Not coincidentally, the abscesses appeared where Claimant injected himself with heroin, presumably with dirty needles. The evidence established that the abscesses were drained and markedly reduced. No recent evidence indicates either the leg or back abscesses are ongoing problems. It is found that Claimant's abscesses do not impair his ability to perform basic work activities.

It was established that Claimant had chronic lower back pain due to discitis and/or osteomyelitis. Claimant's drug use may be a probable cause for the origin of the diseases, but there was an overall lack of evidence that drug use was an ongoing factor to Claimant's ongoing pain. Claimant's pain was established by medical records from multiple hospital trips since 9/2011. It could reasonably be concluded that the back pain subsided since 2/2012 as there was no evidence of hospitalizations after 2/2012. Four months without verified medical intervention is evidence that the problem is not ongoing or at least that the back pain is significantly reduced; this theory is particularly plausible in light of Claimant's multiple hospital trips in the prior months and Claimant's testimony that he has a county medical coverage which should afford him access to antibiotics to treat the infection from discitis. The most probative evidence of ongoing pain was the

record that Claimant's back problems worsened since the last study. This is persuasive evidence that the problem was worsening rather than improving. It is found that Claimant established ongoing problems due to back pain.

The medical records did not verify restrictions to Claimant's abilities due to back pain. It is reasonable to presume some restrictions to Claimant's walking, standing and lifting due to chronic back pain caused by discitis. Based on multiple hospital visits and a verification of a worsening of the condition. Applying a de minimus standard, it is found that Claimant established a significant impairment to the performance of basic work activities due to chronic back pain caused by discitis.

Claimant testified that he had ongoing back pain for 3-4 years. Claimant's testimony concerning the issue seemed credible. It is found that Claimant established having impairments that have, or will last, for 12 months. As it was found that Claimant established significant impairment to basic work activities for a period longer than 12 months, it is found that Claimant established having a severe impairment. Accordingly, the disability analysis may move 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. Thus, Claimant cannot be found disabled based on these sections of the spinal disorder listing.

Looking at Part A, Claimant alleged lower back pain but there was a lack of medical evidence of a positive straight raising test, nerve root compression, sensory/reflex loss and a limited range in motion. It is found that Claimant failed to meet the listing for spinal disorders.

A listing for chronic venous insufficiency (Listing 4.11) was considered based on the diagnosis of DVT. This listing was rejected due to a failure to establish extensive brawny edema or superficial varicosities, stasis dermatitis, and either recurrent ulceration or persistent ulceration that has not healed following at least 3 months of prescribed treatment.

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 stated he has not held employment since 1984 and that he has been in-and-out of prison. Without any past relevant work, it can only be found that Claimant is unable to perform past relevant employment and the analysis moves to step five.

In the fifth 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).

Applying a de minimus standard, it was found in step two that Claimant's back pain was a significant impairment to the performance of basic work activities. It was not established to what extent Claimant was restricted. In lieu of medical evidence to the contrary, Claimant should be expected to do some walking, standing and lifting. It is also worth noting that step five does not apply a de minimus standard.

Prior to an analysis of Claimant's exertional level, it is worth noting that SHRT found Claimant capable of performing a medium level of employment. The finding is reasonable based on the presented evidence.

The denial of disability by SHRT was based upon application of Medical-Vocational Rule 203.11 which is for advanced age claimants with an unskilled work history capable of medium work; Claimant's work history is non-existent. For an advanced age client capable of medium work with no work history, Medical-Vocational Rule 203.10 would apply. This rule dictates a finding that Claimant is disabled. It is found that Claimant is disabled based on application of Medical-Vocational Rule 203.10.

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 11/10/11 including a request for retroactive MA benefits from 9/2011;

(2) upon reinstatement, 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) if Claimant is found eligible for future MA benefits, to schedule a review of benefits in one year from the date of this administrative decision.

The actions taken by DHS are REVERSED.

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

Date Signed: July 19, 2012

Date Mailed: July 19, 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:

201236750/CG

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

CG/hw

cc: [redacted]