

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



Reg No.: 2012-68227  
Issue No.: 2009, 4031  
Case No.: [REDACTED]  
Hearing Date: November 14, 2012  
Wayne County DHS (57)

**ADMINISTRATIVE LAW JUDGE:** Colleen M. Mamelka

**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 hearing was held in Detroit, Michigan on Wednesday, [REDACTED]. The Claimant appeared and testified. Participating on behalf of the Department of Human Services ("Department") was [REDACTED].

**ISSUE**

Whether the Department properly determined that the Claimant was not disabled for purposes of the Medical Assistance ("MA-P") and State Disability Assistance ("SDA") benefit programs?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Claimant submitted an application for public assistance seeking MA-P and SDA benefits on March 1, 2012.
2. On July 19, 2012, the Medical Review Team ("MRT") found the Claimant not disabled. (Exhibit 1, pp. 4, 5)
3. On July 24, 2012, the Department notified the Claimant of the MRT determination.
4. On July 26, 2012, the Department received the Claimant's timely written request for hearing. (Exhibit 1, pp. 2, 3)

5. On September 24, 2012, the State Hearing Review Team (“SHRT”) found the Claimant not disabled. (Exhibit 2)
6. The Claimant alleged physical disabling impairments due to back pain, neck pain, shoulder pain, knee pain/swelling, and high blood pressure.
7. The Claimant alleged mental disabling impairments due to anxiety and depression.
8. At the time of hearing, the Claimant was 51 years old with a [REDACTED], birth date; was 5’10” in height; and weighed 185 pounds.
9. The Claimant is a high school graduate with vocational training and an employment history in security.
10. The Claimant’s impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

### **CONCLUSIONS OF LAW**

The Medical Assistance program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department of Human Services, formerly known as the Family Independence Agency, 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 Bridges Reference Tables (“RFT”).

Disability is defined as the inability to do any substantial gainful activity 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). The person claiming a physical or mental disability has the burden to establish it 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 416.913. 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) Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicants takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (i.e. age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4) If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

In addition to the above, when evaluating mental impairments, a special technique is utilized. 20 CFR 416.920a(a). First, an individual's pertinent symptoms, signs, and laboratory findings are evaluated to determine whether a medically determinable mental impairment exists. 20 CFR 416.920a(b)(1). When a medically determinable mental impairment is established, the symptoms, signs and laboratory findings that substantiate the impairment are documented to include the individual's significant history, laboratory

findings, and functional limitations. 20 CFR 416.920a(e)(2). Functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality is considered. 20 CFR 416.920a(c)(1). In addition, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining an individual's degree of functional limitation. 20 CFR 416.920a(c)(3). The degree of limitation for the first three functional areas is rated by a five point scale: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). A four point scale (none, one or two, three, four or more) is used to rate the degree of limitation in the fourth functional area. *Id.* The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. *Id.*

After the degree of functional limitation is determined, the severity of the mental impairment is determined. 20 CFR 416.920a(d). If severe, a determination of whether the impairment meets or is the equivalent of a listed mental disorder is made. 20 CFR 416.920a(d)(2). If the severe mental impairment does not meet (or equal) a listed impairment, an individual's residual functional capacity is assessed. 20 CFR 416.920a(d)(3).

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Claimant is not involved in substantial gainful activity and, therefore, is not ineligible for disability benefits under Step 1.

The severity of the Claimant's alleged impairment(s) is considered under Step 2. The Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;

4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.

*Id.*

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 *citing Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a claimant's age, education, or work experience, the impairment would not affect the claimant's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, the Claimant alleges disability due to back pain, neck pain, shoulder pain, knee pain/swelling, high blood pressure, anxiety, and depression.

On May 11, 2011, the Claimant was treated for right thumb subungual hematoma.

On May 16, 2011, the Claimant presented to the emergency room with complaints of right arm numbness and sharp back pains. The Claimant was treated and discharged with the diagnosis of radiculopathy.

On May 30, 2011, the Claimant presented to the emergency room with complaints of low back pain and left ear pain. The Claimant was treated and discharged with the diagnosis of left ear drum perforation.

On June 15, 2011, the Claimant sought treatment for body pain after falling down stairs.

On October 24, 2011, the Claimant sought treatment for his hypertension, low back pain, and cysts (neck and cheek). X-rays of the cervical spine (May 2011) showed mild narrowing of the disc spaces at C2-3 and C3-4. The Claimant's hypertension was uncontrolled which resulted in the delay in removing the cysts. Chronic back pain was also noted.

On November 7, 2011, the Claimant presented to the emergency room with complaints of tingling sensation on his face along with nausea/vomiting after taking new medication for his blood pressure.

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On November 18, 2011, a MRI of the lumbosacral spine revealed broad-based discs without significant canal or neuroforaminal stenosis.

On December 19, 2011, a MRI of the cervical spine revealed spasms, broad-based disc herniation and foraminal stenosis at C2-3 and diffuse disc displacement at C3 through C7 without cord impingement but with right-sided foraminal stenosis at C6-7.

On January 13, 2012, the Claimant attended a follow-up appointment for his neck and back injuries. The physical examination revealed neck, mid-back, and back pain, shoulder pain with impingement and possible rotator cuff weakness. X-rays showed mild spondylosis and reasonable disc height of the cervical spine and some loss of lordosis and mild spurring of the lumbar spine. The diagnoses were cervical and lumbar pain, radiculopathy, discogenic pain, right shoulder pain, and headaches. The Claimant was fitted with a cervical and lumbar orthosis.

On January 18, 2012, a MRI of the right shoulder revealed supraspinatus tendinitis, acromioclavicular joint hypertrophy with mild impingement, subchondral cystic changes of the humeral head, and subcoracoid bursitis.

On this same date, a MRI of the lumbar spine showed disc displacement with bilateral foraminal stenosis at L4-5 and L5-S1. Impingement on the ventral margin of the thecal sac at L4-5 was also documented.

On January 25, 2012, the Claimant was treated for back and neck pain. The Claimant's hypertension was uncontrolled due to medication non-compliance. X-rays of the cervical spine showed mild narrowing of the disc spaces at C2-3 and C3-4. The diagnoses were hypertension, chronic neck pain, and chronic low back pain.

On February 1, 2012, the Claimant attended an evaluation/consultation. The physical examination revealed pain with extension in the cervical spine with positive Spurling maneuver with pain traveling down the right arm. The diagnoses were cervical radiculopathy, chronic headaches, neck pain, and chronic pain due to trauma.

On February 3, 2012, the Claimant attended a follow-up appointment for right shoulder pain. Physical examination of the right shoulder revealed mild pain to palpitation along with pain with movement. Positive impingement sign in the right shoulder was noted as well as decreased shoulder strength bilaterally. Imaging studies revealed supraspinatus tendonitis and impingement with AC joint hypertrophy. Subcorticoid bursitis was also shown. The impressions were shoulder pain and right shoulder bursitis and tendonitis.

On this same date, the Claimant sought treatment for his back/neck pain. MRIs revealed disc displacement with bilateral foraminal stenosis at L4-5 and L5-S1. The impressions were cervical/lumbar pain, radiculopathy, and discogenic pain.

On February 20, 2012, the Claimant's rehabilitation center completed a statement that the Claimant was unable to work as of November 21, 2011.

On February 28, 2012, the Claimant's treating physician certified that the Claimant was unable to work as of November 21, 2011 due to cervical dorsal lumbar sprain with myositis and disc herniations.

On March 1, 2012, a Medical Examination Report was completed on behalf of the Claimant. The current diagnoses were cervical dorsal and lumbar sprain and myositis. A MRI was positive for spasms. Decreased range of motion was also noted. The Claimant was found unable to meet his needs in the home.

On March 16, 2012, the Claimant attended a follow-up appointment for his neck and low back pain. The physical examination revealed neck and lumbar tenderness, right paraspinal tenderness, and active spasms. The diagnoses were cervical radiculopathy, lumbar radiculopathy, chronic headaches, and chronic pain from traumatic accident.

On April 25, 2012, the Claimant attended a follow-up appointment for his neck and back pain. The diagnoses were cervical radiculopathy, chronic headaches, neck pain, chronic pain due to trauma, and lumbar discogenic pain. The Claimant was scheduled for cervical epidural injections.

On June 6, 2012, the Claimant attended a consultative evaluation. The Claimant was found able to comprehend simple directions and able to perform repetitive, routine, simple tasks. The diagnoses were depression, recurrent, mild to moderate, and a history of polysubstance dependence in remission. The Global Assessment Functioning ("GAF") was 58.

As previously noted, the Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, the Claimant has presented medical evidence establishing that he does have some physical and mental limitations on his ability to perform basic work activities. The medical evidence has established that the Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, the Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The evidence confirms treatment/diagnoses of right thumb hematoma, right arm numbness, neck pain, back pain, shoulder pain with impingement, radiculopathy, disc displacement, discogenic

pain, left ear drum perforation, hypertension, epidermal cysts, tendonitis, bursitis, headaches, myositis, disc herniations, spasms, tenderness, and depression.

Listing 1.00 (musculoskeletal system), Listing 4.00 (cardiovascular system), Listing 8.00 (skin disorders), and Listing 12.00 (mental disorders) were considered in light of the objective evidence. There was no evidence of major dysfunction of joints; ineffective ambulation or the inability to perform fine and/or gross motor skills; or nerve root impingement with positive straight leg raising. There was no evidence of end organ damage as a result of the Claimant's high blood pressure nor was there evidence to meet the intent and severity requirement of a skin disorder. Finally, the evidence confirms the diagnosis of depression; however there were no marked limitations in any functional area. The objective medical records establish serious physical and mental impairments; however, these records do not meet the intent and severity requirements of a listing, or its equivalent. Accordingly, the Claimant can not be found disabled, or not disabled, at Step 3.

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. 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 (exertional requirements, i.e. sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty function 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 this case, the evidence confirms treatment/diagnoses of right thumb hematoma, right arm numbness, neck pain, back pain, shoulder pain with impingement, radiculopathy, disc displacement, discogenic pain, left ear drum perforation, hypertension, epidermal cysts, tendonitis, bursitis, headaches, myositis, disc herniations, spasms, tenderness, and depression. The Claimant testified that he is able to walk short distances with a cane; grip/grasp with some difficulties; sit for less than 2 hours; lift/carry less than 10 pounds; stand less than 2 hours; and is able to partially bend and squat but with pain. The objective medical evidence provides that the Claimant is unable to work and unable to meet his needs in the home. Mentally, there were no marked limitations noting that the Claimant was able to comprehend simple directions and able to perform repetitive, routine, simple tasks. Regarding, social functioning, there was no objective findings of markedly limitations and as such, the degree of limitation is mild. In the area of concentration, persistence, or pace, the evidence does indicate some limitations such that the degree of limitation is mild. And finally, there is no evidence of repeated episodes of decompensation. Applying the four point scale, the Claimant's degree of limitation in the fourth functional area is at most a 1. After review of the entire record to

include the Claimant's testimony, it is found that the Claimant maintains the residual functional capacity to perform unskilled, limited, sedentary work as defined by 20 CFR 416.967(a). Limitations being the alternation between sitting and standing at will.

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 he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). 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).

The Claimant's prior work history consists of work in security. In consideration of the Claimant testimony and the Occupational Code, the Claimant's prior work is classified as unskilled light work. If the impairment or combination of impairments does not limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In light of the entire record and the Claimant's RFC (see above), it is found that the Claimant is unable to perform past relevant work.

In Step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of hearing, the Claimant was 51 years old thus considered to be closely approaching advanced age for MA-P purposes. The Claimant is a high school graduate. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Claimant to the Department to present proof that the Claimant has the residual capacity to substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). 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).

In this case, the evidence confirms treatment/diagnoses of right thumb hematoma, right arm numbness, neck pain, back pain, shoulder pain with impingement, radiculopathy,

disc displacement, discogenic pain, left ear drum perforation, hypertension, epidermal cysts, tendonitis, bursitis, headaches, myositis, disc herniations, spasms, tenderness, and depression. After review of the entire record, and in consideration of the Claimant's age, education, work experience, and RFC, and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.12, it is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

The State Disability Assistance program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. Department policies are found in BAM, BEM, and RFT. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal SSI disability standards for at least ninety days. Receipt of SSI or RSDI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness automatically qualifies an individual as disabled for purposes of the SDA program.

In this case, the Claimant is found disabled for purposes of the MA-P program; therefore, he is found disabled for purposes of SDA benefit program.

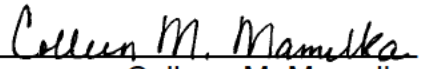
### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law finds the Claimant disabled for purposes of the MA-P and SDA benefit programs.

Accordingly, It is ORDERED:

1. The Department's determination is REVERSED.
2. The Department shall initiate processing of the March 1, 2012 MA-P and SDA application to determine if all other non-medical criteria are met and inform the Claimant of the determination in accordance with Department policy.
3. The Department shall supplement for lost lost benefits (if any) that the Claimant was entitled to receive if otherwise eligible and qualified in accordance with Department policy.

4. The Department shall review the Claimant's continued eligibility in accordance with Department policy in March 2014.

  
Colleen M. Mamelka  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: February 5, 2013

Date Mailed: February 5, 2013

**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 at

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

CMM/tm

cc:

