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

IN THE MATTER OF:

[redacted]

Reg. No.: 2012-70775
Issue No.: 2009; 4031
Case No.: [redacted]
Hearing Date: November 27, 2012
County: Monroe

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

HEARING DECISION

This matter is before the undersigned Administrative Law Judge upon Claimant's request for a hearing made pursuant to Michigan Compiled Laws 400.9 and 400.37, which govern the administrative hearing and appeal process. After due notice, an in-person hearing was commenced on November 27, 2012, at the Monroe County DHS office. Claimant, represented by [redacted] of [redacted] personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included Eligibility Specialist [redacted]

During the hearing, Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional medical evidence. The new evidence was forwarded to the State Hearing Review Team (SHRT) for consideration. On January 24, 2013, the SHRT found Claimant was not disabled. This matter is now before the undersigned for a final decision.

ISSUE

Whether the Department of Human Services (the department) properly denied Claimant's application for Medical Assistance (MA-P), Retro-MA and State Disability Assistance (SDA)?

FINDINGS OF FACT

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

(1) On September 11, 2011, Claimant applied for MA-P, Retro-MA and SDA benefits alleging disability.

(2) On May 15, 2012, the Medical Review Team (MRT) denied Claimant's MA/Retro-MA and SDA application indicating Claimant was capable of performing other work, pursuant to 20 CFR 416.920(f). (Dep art Ex. A, pp 1-2).

(3) On May 23, 2012, the department case worker sent Claimant notice that his application was denied.

(4) On August 13, 2012, Claimant filed a request for a hearing to contest the department's negative action.

(5) On October 5, 2012, the State Hearing Review Team (SHRT) upheld the denial of MA-P and Retro-MA benefits indicating Claimant retains the capacity to perform simple and repetitive tasks. SDA was denied because the nature and severity of Claimant's impairments would not preclude work activity at the above stated level for 90 days. (Depart Ex. B, pp 1-2).

(6) Claimant has a history of bipolar disorder, suicide attempts, substance abuse, and anxiety.

(7) Claimant is a 37 year old man whose birthday is [redacted] Claimant is 5'9" tall and weighs 180 lbs. Claimant completed a high school equivalent education and last worked in May, 2012.

(8) Claimant was appealing the denial of Social Security disability at the time of the hearing.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department, (DHS or department), 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 State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or 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 the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Current legislative amendments to the Act delineate eligibility criteria as implemented by department policy set forth in program manuals. 2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

> Sec. 604 (1). The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:

> (b) A person with a physical or mental impairment which meets federal SSI disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

Specifically, this Act provides minimal cash assistance to individuals with some type of severe, temporary disability which prevents him or her from engaging in substantial gainful work activity for at least ninety (90) days.

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 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). 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 applicant 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 (e.g., 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 to 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 3 to Step 4. 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 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 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).

As outlined above, the first step looks at the individual's current work activity. In the record presented, Claimant is not involved in substantial gainful activity and testified that he has not worked since May, 2012. Therefore, he is not disqualified from receiving disability benefits under Step 1.

The severity of the individual's alleged impairment(s) is considered under Step 2. The individual 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 916.920(a)(4)(ii); 20 CFR 916.920(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 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(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, Claimant alleges disability due to bipolar disorder, suicide attempts, substance abuse, and anxiety.

On September 2, 2011, Claimant walked into [redacted]), stating he was just released from jail on August 31, 2011 after 10 months in jail for a parole violation. He was a former [redacted] consumer in outpatient services when he went to jail in November, 2010. He is anxious and out of medications. He denies any suicidal or homicidal ideation. He states he had no motivation, stress and anxiety and is fearful about going places and being around others. He states he is depressed daily with sadness, loss of interest, socially isolating, crying, trouble sleeping, agitated, frustrated, and hopelessness. He has been hospitalized at the [redacted] inpatient unit 3 times in the past month. He has a history of cutting. He said he has made 2 suicide attempts over his lifetime. He cut his wrist once and tried to overdose on cocaine. Diagnosis: Axis I: Bipolar Disorder NOS, Posttraumatic Stress Disorder (PTSD), Nondependent alcohol abuse, Cocaine abuse, Manic-depressive psychosis, unspecified; Axis II: Antisocial Personality Disorder; Axis IV: Housing problems, Problems related to interaction with legal system; Axis V: GAF=35.

On September 9, 2011, Claimant met with afterhours [redacted] staff after spending the night in the emergency room getting 32 stitches for cutting up his arms and chest. He had been drinking and using cocaine. He has been having a lot of anxiety and erratic sleep. He has been hospitalized three times recently and was last prescribed Klonopin, Zyprexa, Lamictal and Paxil. He has a safety plan in place for the weekend. He does have paranoia and hears voices mumbling. No suicidal ideation today.

On September 14, 2011, Claimant was brought into the emergency room after staff at [redacted] noticed cuts on his wrist. Claimant reported that his mind had been racing and he has been having suicidal thoughts with a plan to shoot himself in the woods. He reported that he has access to a gun and would not state where but alluded to the idea that he knew a way to get to one. He reports that he has been isolating himself and reports an increase in voices since not being on his medications due to not having medical coverage. He reports that he has had increases in his symptoms of bipolar and PTSD which included a desire to die. He reported that he was scared because he did not want to die but reported that he felt that it was inevitable that he would follow through with his plan. He reports that cutting his wrists are only a way to deal with the emotional pain and hopefully prevent himself from killing himself. He reports that he watched his father kill himself when he was young and he has also experienced a large amount of trauma while in prison. He has had 2 previous psychiatric hospitalizations for similar reasons. Due to his increase in symptoms he met eligibility for inpatient hospitalization. He was discharged on September 16, 2011.

On September 19, 2011, Claimant met with his therapist at [redacted] He had been back in Pineview and been released on September 17, 2011. He states that he feels that he was "kicked out." He said that he was cutting himself again and that yesterday he was still feeling suicidal. He said he has been isolating and is being monitored with his medication. He said he is on parole and is afraid of violating and could not afford his medications. He took too many of his Clonazapam and now [redacted] is dispensing his medications. He is also using rubber bands on his wrist to curb his impulses to cut himself which he said has helped. He has also been attending more counseling sessions at [redacted] and at [redacted] He said he has no suicidal ideation at this time, but the anxiety is still present.

On October 14, 2011, Claimant met with his psychiatrist for a medication review. He had acute parasuicidal acting out yesterday with alcohol and cocaine. He feels overwhelmed by anxiety. He is able to contract for safety through the weekend. He wants to get back on medications. Klonopin has not been refilled as he overused it.

On March 17, 2012, Claimant presented to the emergency room after cutting his right arm. He stated that he cut himself because he was "tired of the monotony of his depression." He also complained of anxiety, stating, "I can't even find a job because of my anxiety to go outside, I can't do it." He stated that he had been feeling worse lately, and "especially the last four weeks were really bad. I had a feeling something like this would happen." He reported recent drug use, stating that about 2 days ago he did two lines of cocaine. He also drank beer the night before coming to the hospital. He stated that he would like to get help and get back on his medicine. He reported that he was sleeping 4-5 hours per night, and that he had lost 10 pounds in the last month. Inpatient hospitalization was medically necessary to protect him from harming himself and to stabilize him on his medication. He was discharged on March 20, 2012.

On March 24, 2012, Claimant presented to the emergency room, intoxicated, now medically clear with numerous lacerations to his right arm requiring glue to hold the skin in place. He stated he cut himself because he was "tired of being depressed, not being able to find a job, and his life stinks." He also complained of anxiety stating, "I can't even find a job because of my anxiety to go outside, I can't do it." He stated that it was tough walking to the hospital ER from his apartment stating, "I don't live that far from here." He reported no recent drug use, but did admit to drinking two "40 ouncers of beer." Past documentation showed that Claimant appears to follow the same pattern of cutting himself on his arms where treatment is always warranted. He had lacerations from his elbow all the way down to his wrist. He presented with very poor insight, very poor judgment with his illness, and substance misuse. Inpatient hospitalization appeared medically necessary to protect Claimant from harming himself and to stabilize him on his medications. Claimant was discharged on March 26, 2012.

On April 14, 2012, Claimant underwent a mental status examination on behalf of the department. Claimant alleged disability secondary to bipolar disorder. He described a long history of self mutilating behaviors such as cutting at his arms and wrists with razors. He has never had psychotic symptoms or delusional episodes. He does have manic episodes during which he is restless and unable to sleep for days, goes without eating and has racing thoughts. He has been psychiatrically hospitalized many times

because of these symptoms dating back to the age of 18 or 19. He was last hospitalized 3 weeks ago. He took his jacket off during the exam which showed that both his arms were badly scarred and his right arm was covered in fresh cuts which he had made last night. He rocked slightly in his chair and presented as anxious but was able to give a logical and sequential history and stated that he has never been actively suicidal or wanted to die when he harmed himself. He denied psychotic symptoms and he stated that his medication typically helps to control his symptoms. The examining psychologist opined that he presents with symptoms of a personality disorder. He has struggled for many years with self mutilating behaviors and bouts of anxiety with periods of non compliance with medication. He would still be able to do work related activities at a sustained pace given he is compliant with medication and provided external supports. Diagnoses: Axis I: Bipolar Disorder by report, Substance Abuse in remission; Axis II: None; Axis III: Hepatitis C; Axis IV: Unemployment, no medical insurance; Axis V: GAF=50. Prognosis is guarded.

On May 18, 2012, Claimant underwent a psychological evaluation on behalf of the [redacted]. Claimant has low self-esteem. He has a "constant urge to commit suicide." He has made three suicide attempts. He cut his wrist twice and tried to overdose on cocaine once. Some restlessness was evidence. He did not exaggerate or minimize his symptoms, but he has little insight. He functions autonomously. He began cutting himself at age 8. He said the cutting gets rid of anxiety and depression. He has had 7 psychiatric hospitalizations since 1998. He was last hospitalized in March, 2012. He cannot get himself to feel motivated as he is so "discouraged about not getting a job." He is likely functioning in the average range of intellectual functioning most of the time. His performance on the Calculation exercise suggests that at times he becomes confused. He was able to recognize that he was not responding correctly, however, and then completed the task without any difficulty. Memory is generally good but shows some possible difficulty. His anxious mood and depression likely interfere with concentration. He would be able to understand and remember simple directions and complete tasks. He is uncomfortable about being in crowds and would have difficulty in a work environment with a group of people. He was able to handle such a work environment in the past and may be able to do so with therapeutic support. He verbalized that he wants to work and have a place to live. He verbalizes that he wants to stay away from alcohol which he sees as the basis for his current life situation. Interpersonal confrontation may lead to inappropriate behaviors. Ideas of reference may lead to confrontation without rational foundation. Psychotropic medication and therapy may reduce this risk. He has symptoms of Bipolar Disorder NOS and PTSD which have previously been diagnosed. Diagnoses: Axis I: Major Depressive Disorder, Recurrent, Severe with Psychotic Features, Agoraphobia Without History of Panic Disorder, Alcohol Dependence, History of Cocaine Abuse, History of Cannabis Abuse; Axis II: Antisocial Personality Disorder; Axis III: Hepatitis C (per Claimant); Axis IV: History of severe parental abuse and neglect, Convicted of CSC second degree, Financial problems; Axis V: GAF=40. Prognosis is guarded.

On July 21, 2012, Claimant was brought to the emergency room by ambulance after calling 911 for himself taking what he claims was about 5 Xanax. He was then hospitalized. He stated that he simply took too many Xanax because he was not paying attention. He states that after taking the pills he became nervous for reasons he was

unable to identify and called 911 to ensure his safety. He admits to a history of cutting his arms from wrist to elbow and showed hi s scars and was happy to repor t that he did not resort to cutting. He states that he t ook the Xanax pills very impulsively but he was able to feel the depression build ing up before he took the pills. Cla imant actually took 13 Xanax as opposed to the 5 he claimed. I npatient hospitalization appeared medically necessary to protec t Claimant from harmi ng himself and to stabilize him on his medications. Claimant was discharged on July 23, 2012.

On August 4, 2012, Claimant was brought to the emergency room by ambulanc e. He had been f ound sitting on the ground leaning against a guard rail on a loc al road. He had an obv ious laceration to his forehead and the bleeding had stopped. He also had multiple abrasions ov er his body. He stat ed he had been riding his bike and was struck by a car. He had alc ohol on board with Xanax. He was tran sported to the ER. X-rays revealed bilateral pars defects at the L5 leve l causing grade 1 anterolisthesis of L5 on S1. Admitting diagnosis was alcohol int oxication, abrasions of multiple sites and trauma.

On August 27, 2012, Claimant wa s brought to the emergency r oom by the polic e. The police reported that they found Claimant walking along the freeway. According to the examining physician, Claimant presented to the ER wit h psychotic symptoms, extreme agitation and paranoia. Claimant reported t hat he did not recall how he got to the ER because he was crawling to Mc Donald's because he could not walk. He denied using drugs, including his prescription medications, or alcohol in the last 48 hours. He stated he was crawling because of his ankle. He was unable to reca ll the last time he took his prescribed medications. The examining physician stated that Claimant presented to the ER with extremely poor hygiene and has scabies. He was given a shower prior to being placed in a bed due to his cond ition. Claimant also report ed hearing voices and was so agitated and paranoid that he had to be medicated to reduce t he risk of harm to his self and others. Based on the seve rity of Claimant's psychiatric symptoms and his inability to care for himself, extreme anxiety, agita tion and paranoia, inpat ient hos pitalization appeared medically necessary to protect Claim ant from harming himself and to stabiliz e him on his medications. Claimant was discharged on August 29, 2012.

On September 10, 2012, Claim ant had his annual bio-psych o-social as sessment at [redacted] He has been struggling with persi stent sad/depressed mood, high anxiety , suicide ideations with recent a ttempt, difficulty sleeping, occa sional disorientation, self-mutilation (his forearms are severely sc arred from cutting), alcohol abuse, and marijuana and cocaine use. His substance use/abuse has resulted in him experiencing prison and jail time, loss of dr iver's license, inpatient re hab treatments, and c ontributed to inpatient hospitalizations. His current psychotropic medi cations are Tegr etol, Zanax, and Anabuse. His treatment involvements historically have sometimes been sporadic and [redacted] will c ontinue to wo rk with him, especially due t o his high number of hospitalizations this year. He has received 5 psychiatric hospit alizations in the last 12 months, all of them related in s ome way to substanc e abuse, s elf-mutilation, and/or suicidality.

On September 21, 2012, Claimant met with his psychiatrist for a medication review. He has been struggling with persistent sad/depressed mood, high anxiety, suicide ideations

with recent attempt, difficulty sleeping, occasional disorientation, alcohol abuse, marijuana and cocaine use, and self-mutilation (his forearms are severely scarred from cutting). His symptoms have reportedly been present for six months in a twelve month period and have currently resulted in substantial functional impairments in his daily life as evidence in the following area: personal hygiene and self care, self direction, activities of daily living, learning and recreation, and interpersonal relationships. He has received 5 psychiatric hospitalizations in the last year. Diagnosis: Axis I: Bipolar Disorder, Nondependent alcohol abuse, Cocaine abuse; Axis II: Antisocial Personality Disorder; Axis V: GAF=45.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Claimant has presented some limited medical evidence establishing that he does have some physical limitations on his ability to perform basic work activities. The medical evidence has established that 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, 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 individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. Claimant has alleged mental disabling impairments due to bipolar disorder, suicide attempts, substance abuse, and anxiety.

This Administrative Law Judge finds that Claimant has shown, by clear and convincing documentary evidence and credible testimony, his mental impairments meet or equal Listing 12.04(A) and 12.04(B):

> **12.04** ***Affective disorders***: Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation.
>
> The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.
>
> A. Medically documented persistence, either continuous or intermittent, of one of the following:
>
> 1. Depressive syndrome characterized by at least four of the following:
>
> a. Anhedonia or pervasive loss of interest in almost all activities; or
>
> b. Appetite disturbance with change in weight; or
>
> c. Sleep disturbance; or

d. Psychomotor agitation or retardation; or

e. Decreased energy; or

f. Feelings of guilt or worthlessness; or

g. Difficulty concentrating or thinking; or

h. Thoughts of suicide; or

i. Hallucinations, delusions, or paranoid thinking; or

2. Manic s yndrome characterized by at least three of the following:

a. Hyperactivity; or

b. Pressure of speech; or

c. Flight of ideas; or

d. Inflated self-esteem; or

e. Decreased need for sleep; or

f. Easy distractibility; or

g. Involvement in activities that have a high probability of painful consequences which are not recognized; or

h. Hallucinations, delusions or paranoid thinking; or

3. Bipolar syndrome with a hi story of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes);

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or

2. Marked difficulties in maintaining social functioning; or

3. Marked difficulties in maintaining concentration, persistence, or pace; or

4. Repeated episodes of decomp ensation, each of extended duration;

Accordingly, this Ad ministrative Law Judg e concludes that Claimant is disabled for purposes of the MA, Retro-MA and SDA programs. Consequently, the department's denial of his September 11, 2011, MA/Retro-MA and SDA application cannot be upheld.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department erred in determining Claimant is not currently disabled for MA/Retro-MA and SDA eligibility purposes.

Accordingly, the department's decision is **REVERSED,** and it is ORDERED that:

1. The department shall process Claimant's September 11, 2011, MA/Retro-MA and SDA application, and shall award him all the benefits he may be entitled to receive, as long as he meets the remaining financial and non-financial eligibility factors.

2. The department shall review Claimant's medical condition for improvement in March, 2014, unless his Social Security Administration disability status is approved by that time.

3. The department shall obtain updated medical evidence from Claimant's treating physicians, physical therapists, pain clinic notes, etc. regarding his continued treatment, progress and prognosis at review.

It is SO ORDERED.

Vicki L. Armstrong
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: February 28, 2013

Date Mailed: February 28, 2013

NOTICE: Administrative Hearings 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. Administrative Hearings 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.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing 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

VLA/las

cc: [redacted]