` **STATE OF MICHIGAN**

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

IN THE MATTER OF:

Reg. No. 201211914
Issue No. 4031
Case No.
Hearing Date: February 6, 2012
Wayne County DHS (57)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the claimant's request for a hearing. After due notice, a telephone hearing was held on February 6, 2012 from Detroit, Michigan. The claimant appeared and testified; testified and appeared as Claimant's authorized hearing representative. also appeared on behalf of Claimant. On behalf of Department of Human Services (DHS), , Specialist, appeared and testified.

ISSUE

The issue is whether DHS properly denied Claimant's application for State Disability Assistance (SDA) 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 9/15/11, Claimant applied for SDA benefits.

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

3. On 10/28/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 1-2).

4. On 11/3/11, DHS denied Claimant's application for SDA benefits and mailed a Notice of Case Action (Exhibits 26-27) informing Claimant of the denial.

5. On 11/14/11, Claimant requested a hearing (see Exhibits 24-25) disputing the denial of SDA benefits.

6. On 1/12/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibits 28-29) based, in part, by application of Medical-Vocational Rule 204.00.

7. On 2/6/12, an administrative was held.

8. Claimant presented additional medical documentation (Exhibits 29-424) following the administrative hearing.

9. The additional medical documentation was forwarded to SHRT for a reconsideration of a disability determination.

10. On 4/25/12, SHRT determined that Claimant was not a disabled individual (see Exhibits 425-426) based in part by a finding that Claimant retains the capacity to perform a wide range of simple, unskilled work.

11. As of the date of the administrative hearing, Claimant was a ██ year old male with a height of 5'10'' and weight of 246 pounds.

12. Claimant smokes approximately 20 cigarettes per day and has no known relevant history of alcohol or other illegal substance abuse.

13. Claimant's highest education year completed was the 12th grade.

14. As of the date of the administrative hearing, Claimant received ongoing Adult Medical Program benefit coverage for the previous two years.

15. Claimant contended that he is a disabled individual based on impairments of depression, hearing loss, hypertension and high cholesterol.

CONCLUSIONS OF LAW

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. DHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. DHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 at 4. The goal of the SDA program is

to provide financial assistance to meet a disabled person's basic personal and shelter needs. *Id*. To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 at 1.

A person is disabled for SDA purposes if he or she (see BEM 261 at 1):

- receives other specified disability-related benefits or services, see Other Benefits or Services below;
- resides in a qualified Special Living Arrangement facility;
- is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or
- is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS), see Medical Certification of Disability

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 3.

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. It should be noted that many of the exhibits were submitted in duplicates.

A Social Summary (Exhibits 3-4) dated [redacted] was presented. A Social Summary is a standard DHS form to be completed by DHS specialists which notes alleged impairments and various other items of information. It was noted that Claimant alleged disabilities related to: hearing loss, depression, back pain, comprehension issues, fatigue and nausea. It was noted that Claimant alleged comprehension problems. It was noted that client "did not appear to be all there".

A Medical Social Questionnaire (Exhibits 5-8) dated [redacted] was presented. The Claimant completed form allows for reporting of claimed impairments, treating physicians, previous hospitalizations, prescriptions, medical test history, education and work history. Claimant's form was completed by his mother. It was noted that Claimant sleeps most of the time, communicates poorly, constantly needs reminders, does not care about appearance, lacks focus and is easily distracted. A previous hospital encounter was noted, but no date or reason was supplied.

A Medical Examination Report (Exhibits 9-10, 33-34) dated [redacted] was completed by Claimant's treating physician. It was noted that the physician first treated Claimant on 9/9/11 and last examined Claimant on [redacted]1. The physician provided a diagnosis of major depressive disorder, severe, recurrent and without psychosis. It was noted that Claimant took medications of Vilazodone and Abilify. An impression was given that Claimant's condition was stable. The physician noted that he was not able to assess whether Claimant could meet his household needs.

A Psychiatric/Psychological Examination Report (Exhibits 11-13, 30-32) was completed by Claimant's treating physician. It was noted that Claimant had marked psychomotor retardation. It was noted that Claimant had poor hygiene. Claimant's thought process was noted as concrete. It was noted that Claimant reported depression of 3-4 years since losing employment. It was noted that Claimant had poor energy levels marked by anhedonia. It was noted that Claimant keeps to himself and has no friends.

The examiner provided a diagnosis based on Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM IV). Axis I represents the acute symptoms that need treatment. Axis II is to note personality disorders and developmental disorders. Axis III is intended to note medical or neurological conditions that may influence a psychiatric problem. Axis IV identifies recent psychosocial stressors such as a death of a loved one, divorce or losing a job. Axis V identifies the patient's level of function on a scale of 0-100 in what is called a Global Assessment of Functioning (GAF) Scale.

Axis I was noted as major depressive disorder, recurrent, severe and without psychosis. Axis II was none. Axis III noted hypertension and hearing loss. Axis IV noted financial and unemployment issues. Claimant's GAF was scored at 50. A GAF within the range of 41-50 is representative of a person with "serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job)."

A Mental Residual Functional Capacity Assessment (exhibits 14-15, 35-36) dated [redacted] was completed by Claimant's treating physician. This form lists 20 different work-related activities among four areas: understanding and memory, sustained concentration and persistence, social interaction and adaptation. A therapist or physician rates the patient's ability to perform each of the 20 abilities as either "not significantly limited", "moderately limited", "markedly limited" or "no evidence of limitation". Claimant was found markedly limited within the grouped abilities of performing activities within a schedule, maintaining regular attendance and being punctual within customary tolerances. Claimant was moderately limited in 16 areas including all five social interaction abilities, 4 of 5 adaptation abilities, 2 of 3 understanding and memory abilities and 6 of 8 concentration and persistence abilities.

Claimant's mother completed an Activities of Daily Living (Exhibits 16-20) concerning her son; this is a questionnaire designed for clients to provide information about their abilities to perform various day-to-day activities. Claimant's mother did not date the form, but it is known the form was created by DHS on 9/15/11 and was received by DHS on 9/19/11. It was noted that Claimant has difficulty sleeping at night. It was noted that Claimant has to be told to change his clothes and what clothes to wear. It was noted that Claimant does not fix his own meals and that his mother fixes his plate. Claimant stated that he eats less but then stated he has gained weight from sleeping all day. It was noted that Claimant watches television. It was noted that Claimant needs reminders for his appointments. Claimant testified that he can perform all daily activities including his own driving. Activities of Daily Living Forms dated [redacted] (Exhibits 47-50 and 54-58) were presented, but not given weight due to the submission of a more current form.

A Medical Source Statement Regarding Ability to Perform Work-Related Activities (Mental) (Exhibits 38-41) dated [redacted] was presented. The form was completed by Claimant's treating physician. A DSM-IV diagnosis was give. Claimant's Axis I was major depressive disorder, single episode severe without psychotic features. Axis II noted dependent and schizoid personality traits. Axis III noted hypertension, hyperlipidemia and hearing loss. Axis IV noted economic, interpersonal and unemployment problems. Claimant's GAF was 50. Claimant's prognosis was fair to guarded. It was noted that Claimant has low speech with a low tone. It was noted that Claimant does not communicate well. It was repeatedly noted that Claimant has poverty of speech. It was noted that Claimant was disabled from performing any substantial gainful activity. It was noted that Claimant could not sustain full-time employment. It was anticipated that Claimant would be absent more than six days off per month due to his impairments. It was noted that Claimant was "seriously limited" in several work abilities including: working in coordination with or in proximity to others without distraction, completing a normal workday and work week without interruptions from psychological symptoms, accepting instructions and responding appropriately to criticism from supervisors, responding appropriately to changes in a work setting, dealing with normal work stress and being aware of normal hazards while taking precautions, setting realistic goals and interacting appropriately with the public.

A Medical Needs form (Exhibit 62) dated [redacted] by a physician was presented. It was noted that Claimant was unable to work until his depression symptoms were resolved. Thirteen separate mental examination reports (Exhibits 63-75) dated from [redacted] [redacted] were presented. The reports were completed by various treating physicians. The reports consistently diagnosed Claimant with major depressive disorder, recurrent, severe without psychotic features. Claimant's GAF was regularly between 50-55 and one time reaching a high of 55-60. The most recent examination (see Exhibit 63) dated [redacted] noted Claimant had fair grooming, maintained fair eye contact and described Claimant as cooperative. Mild psychomotor retardation was noted. It was noted that Claimant spoke in short sentences, with a low tone, rate and volume.

Various progress notes (Exhibits 76-83) documenting psycho-education classes were presented. The notes were dated from [redacted]. It was noted on [redacted] that Claimant followed discussions and verbalized with encouragement. Claimant's behavior was noted as withdrawn.

Various documents (Exhibits 84-97) noting Claimant's prescribed medication were presented. The documents established that Claimant was prescribed several medications since 2010, including Prozac and Abilify, though most were discontinued. Nortriptyline was noted as being prescribed starting [redacted].

Psychological treatment records (Exhibits 98-118) were presented. The forms were not notable other than verifying well established information such as Claimant's diagnoses, medication history and treatment plan.

A physical examination report (Exhibits 128-131) dated [redacted] was presented. Impressions of depression, obesity, nicotine dependence and hypertension were given.

Various lab results (Exhibits 134-141) were presented. The documents established out of range levels for total cholesterol, HDL cholesterol and triglycerides.

Various psychological treatment records (Exhibits 142-176) from 2010 were presented. The documents were not notable other than remaining consistent with other submitted information.

Additional medical documents (Exhibits 177-424) were presented. The documents were duplicate documents to other presented evidence.

The presented medical records established multiple diagnoses of major depression. Multiple physicians also provided opinions that Claimant was unable to perform SGA due to various psychological issues. The medical opinions were consistent with documentation of Claimant's struggles with concentration and social interaction. On [redacted], Claimant was "seriously limited" in multiple basic work activities (see Exhibits 38-41). As of [redacted], Claimant was found to be "markedly limited" (the functional equivalent of seriously limited) in performing only one ability though he was moderately limited in 16 other abilities. The medical opinion that Claimant is moderately limited or worse in 17 of 20 areas in performing basic work activities strongly suggests that Claimant has numerous levels of impairments to performing basic work activities. It is found that Claimant has significant impairments to performing basic work activities.

As of [redacted] Claimant was seriously limited in performing 8 listed abilities. By [redacted], Claimant was markedly limited in performing only one ability. The difference between the physician completed basic work ability forms suggests an improvement in Claimant's condition. The reduction in marked or serious limitations to performing work abilities from 8 to 1 is evidence of improvement in Claimant's depression. On 1[redacted], it was noted that Claimant reported to his treating physician that he was "doing better", felt better in terms of energy and noticed improvement in his sleep (see Exhibit 63). This is also representative of improvement in Claimant's condition.

Though there is evidence of improvement, there is sufficient evidence to establish that Claimant's condition has not improved to the point that he lacks significant impairment to performing basic work activities. As of [redacted], Claimant was still noted as exhibiting poverty of thought and psychomotor retardation.

The improvements do not suggest that Claimant's condition has improved to the point whereby Claimant has no significant impairment to basic work activities. The improvements established in the present case are over the course of an approximate two month period from [redacted] (see Exhibit 66) to 1/2012 (see Exhibit 63). A two month period of improvement is encouraging for Claimant's prognosis but still a relatively short period in reference to Claimant's several-year battle with depression.

Also, despite the improvements, Claimant's GAF remained within a range of 50-55, the same GAF level Claimant was assessed during periods where there was no evidence of improvement. The lack of higher GAF score during an apparent period of improvement suggests that Claimant's psychological problems are as problematic as ever. It is found that Claimant established meeting the durational requirements for having a severe impairment.

It is found that Claimant established significant impairments to basic work activities and that the impairment has lasted, or is expected to last, longer than 90 days. Accordingly, Claimant established suffering a severe impairment and the disability analysis may proceed to step three.

The third step of the sequential analysis requires a determination whether the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920 (a)(4)(iii). If Claimant's impairments are listed and deemed to meet the 90 day requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

The impairment for which Claimant most persuasively established was for depression. The listing for depression is covered by affective disorders and reads:

> **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 syndrome 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 history 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 decompensation, each of extended duration

OR

C. Medically documented history of a chronic affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

Looking at Part A, there were multiple references in a psychological evaluation dated [redacted] to Claimant's symptoms of anhedonia and psychomotor retardation (see Exhibits 30-31). On [redacted], it was noted that Claimant exhibited poverty of thought, thereby implying Claimant had difficulties in concentrating and thinking. A psychiatric examination dated [redacted] (see Exhibit 99) noted Claimant as reporting a loss of appetite and decreased energy. A Psychiatric Evaluation dated [redacted] noted Claimant felt hopeless and had a low energy level (see Exhibit 98) though it was also noted no sleep problems. Based on the presented evidence, it is found that Claimant established at least four depression symptoms required to meet the listing for affective disorders.

Looking at Part B of the above listing, the medical evidence only suggested notable limitations in social interaction and concentration. Claimant was consistently found as having social difficulties. Claimant described himself as homebound with no friends. On 9/23/11, Claimant was noted as having moderate difficulties with all five listed social abilities including: interacting with the public, asking simple questions or requesting assistance, accepting instructions and responding appropriately to criticism, getting along with coworkers and maintaining socially appropriate behavior. The lack of marked limitations in any one area suggests a lack of overall marked limitation in social functioning. The evidence could also be construed as enough impairments in each area to establish an overall marked limitation in social functioning.

An assessment dated [redacted]1 concerning Claimant's social abilities was more discouraging of Claimant's social abilities. Claimant was found seriously limited in areas of: interacting with the general public, accepting instructions and responding appropriately, getting along with peers and working in coordination with or proximity to others.

The difference between the assessments from [redacted] and [redacted] again raises the issue of whether Claimant's condition is improving. The [redacted] is very persuasive evidence of marked restrictions in social interactions while the assessment dated [redacted] is less persuasive.

Though the evidence was mixed, the overall evidence tended to establish that Claimant still had marked restrictions in social interaction. It will next be considered whether Claimant has marked restrictions in maintaining concentration, persistence and pace.

As of [redacted], Claimant's treating physician found Claimant seriously limited in areas of completing a normal workday without interruption from psychological symptoms, dealing with normal work stress, being aware of normal hazards and taking precautions and setting realistic goals. The treating physician also opined that Claimant was incapable of maintaining full-time employment due to depression symptoms. As of [redacted], Claimant was noted as having moderate limitations in areas of: carrying out detailed instructions, maintaining attention and concentration for extended periods, sustaining an ordinary

routine without supervision, making simple work-related decisions and completing a normal work day without interruption from psychological symptoms. Claimant was markedly limited in the area of performing activities within a schedule while maintaining regular attendance and punctuality. The assessments tend to support finding that Claimant has overall marked limitations in maintaining concentration, persistence and pace.

Progress notes from Claimant's psycho-educational classes showed some improvement in Claimant's ability to concentrate. Class records from 1[redacted], [redacted] and [redacted] each note that Claimant appeared to be attentive during class. This is some evidence that Claimant is not markedly restricted in maintaining concentration. It is worth noting that the progress notes were made by an unspecified person, presumed to be a non-treating physician in charge of the classes.

Based on the presented evidence, there was sufficient medical evidence establishing that Claimant is markedly limited in maintaining concentration, persistence and pace. Based on the previous findings, it is found that Claimant meets the SSA listing for affective disorder for a period of at least 90 days. Accordingly, it is found that DHS erred in denying Claimant's application for SDA benefits.

DECISION AND ORDER

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

(1) reinstate Claimant's SDA benefit application dated 9/15/11;
(2) evaluate Claimant's eligibility for SDA benefits subject to the finding that Claimant is a disabled individual;
(3) supplement Claimant for any benefits not received as a result of the improper application denial; and
(4) schedule a review of benefits in one year from the date of this administrative decision, if Claimant is found otherwise eligible for ongoing SDA benefits.

The actions taken by DHS are REVERSED.

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

201211914/CG

Date Signed: May 16, 2012

Date Mailed: May 16, 2012

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

CG/hw

cc: