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

IN THE MATTER OF:

[redacted]

Reg. No: 2012-40749
Issue No: 2010
Case No: [redacted]
Hearing Date July 26, 2012
Schoolcraft County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain (for ALJ Suzanne Morris)

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on July 26, 2013. Claimant is in Long Term Care and did not appear at the hearing. Claimant was represented at the hearing by Authorized Hearings Representative Shelli Gould, and witnesses [redacted] and [redacted] of the [redacted]. The Department of Human Services was represented by Eligibility Specialist [redacted]. This hearing was originally held by Administrative Law (ALJ) Judge Suzanne Morris. The undersigned Administrative Law Judge, having reviewed the entire record in this matter including the audio recording of the July 26, 2012 telephone hearing, the official papers filed in this matter in the form of pleadings, and the exhibits that were entered generates this Hearing Decision in the absence of the presiding Administrative Law Judge.

ISSUE

Did the Department of Human Services (the department or DHS) properly determine that claimant had a divestment penalty from February 1, 2012 through April 20, 2012?

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 November 16, 2007, claimant (client) entered long term care (LTC) as a patient in a nursing home. She was discharged on January 9, 2008 from Long Term Care

2. Claimant was covered by Medicare for the first 100 days.

3. On January 12, 2011 claimant was admitted to Long Term Care. She was discharged from Long Term Care on February 18, 2011.

4. On May 1, 2011 claimant was admitted to Long Term Care at Christian Park Center where she continued to reside on the date of hearing.

5. On January 9, 2012, the department caseworker determined that claimant divested property and had a divestment penalty from February 1, 2012 through April 20, 2012.

6. On January 9, 2012, the department case worker sent claimant notice that she was eligible for Medical Assistance with a divestment penalty from February 1, 2012 through April 20, 2012.

7. On February 1, 2012, claimant's representative filed a request for a hearing to contest the divestment period/negative action.

8. On July 26, 2012, the hearing was held by Administrative Law Judge Suzanne Morris.

9. On July 26, 2012, ALJ Morris left the record open until August 26, 2012 to allow for the submission of additional information.

10. On July 26, 2012, ALJ Morris issued an Interim Order requesting that claimant submit receipts/cancelled checks showing Barbara Winters payments to nursing home facilities.

11. On August 27, 2012, the Michigan Administrative Hearing System received documents with receipts totaling $[redacted] from the claimant's representative which included:

- November 18, 2008 letter from the Railroad Retirement Board recognizing Shelly Gould as the representative payee for benefits paid to Charlene Gould. (ALJ Exhibit 1)

- Printout of documents for prescriptions for Charlene Gould from 11/04/2008 through 04/21/2011. (ALJ Exhibit 2-1 through 2-11)

- A collection account payment history to the City of Manistique Ambulance in the amount of $[redacted] (ALJ Exhibit 3-1 through 3-2)

- A post office box payment history printout in the amount of $[redacted] (ALJ Exhibit 4-1-through 4-2)

- Carbon copies of check stubs reputed to be from Barbara Winters to Shelli Gould to pay for Charlene Gould's bills for personal care, etc from 2008 to present in the amount of $[redacted] (ALJ Exhibit 5-1 through 5-12)

- Carbon copies of check stubs r eputed to be purchases by Barbara Winters for Charlene Goul d in the amount of $ [redacted] (ALJ Exhibit 6-1 through 6-5)

- Computer Printout from Schoolc raft Medical Care- SNF from November 16, 2007 t hrough January 8, 2008) for Charlene Gould in the amount of $[redacted] (ALJ Exhibit 7-1 through 7-4)

- Taxes, Water Bills for the home at 140 North Fourth St reet Manistique, Michigan 49854 in the amount of $ [redacted] paid by Barbara Winter.(ALJ Exhibit 8-1 through 8-16)

- Gas Receipts totaling $[redacted] (ALJ Exhibit 9-1 through 9-4)

- Clothing receipts for furniture, clothing, and personal items purported to be for Charlene Gould. (ALJ Exhibit 10-1 through 10-23)

- Quitclaim deed dated February 14, 2008 from Charlene Gould to Barbara Winters for property described as Lot Th irteen (13) Block six (6), Daniel Heffron's Addition to t he Village of Manistique. Said Addition being platted on the Southeast Quarter of the Nort heast Quarter (SE ¼ of NE ¼), Section Eleven (11), township F orty-one (41) North, Range Sixteen (16) west for the Sum of less that One Hundred ($ [redacted] Dollars. This conveyance is from transfer tax pursuant to MCLA 207.505(2) and MCLA 207.526 (a). (ALJ Exhibit 11-1 through 11-2)

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An oppor tunity for a hearing shall be granted to an ap plicant wh o requests a hearing because his or her clai m for assistance has been denied. MAC R 400.903(1). Clients h ave the right to contes t a department decision affecting elig ibility or benefit levels whenev er it is believed that the decis ion is incorrect. The department will provide an adm inistrative hearing to review the decision and determine the appropriateness of that decision. BAM 600.

The Medical Assistance (MA) program is estab lished by Title XIX of the Social Sec urity Act and is implement ed by T itle 42 of the C ode of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Program Administ rative Manual (BAM), the Program Eligibili ty Manual (BEM) and the Program Reference Manual (PRM).

Title XIX of the Soc ial Securit y Act, co mmonly referred to as "The Medicaid Act," provides for medical assist ance s ervices to individuals **who lack the financial means to obtain needed health care**. 42 U.S.C. §1396. (Emphasis added)

The Medicaid program is administered by the federal government through the Centers for Medicaid and Medicare Services (CMS) of the Department of Health and Human Services (HHS). The state and federal governments share financial responsibility for Medicaid services. Each state may choose whether or not to participate in the Medicaid program. Once a state chooses to participate, it must operate its Medicaid program in accordance with mandatory federal requirements, imposed both by the Medicaid Act and by implementing federal regulations authorized under the Medicaid Act and promulgated by HHS.

Participating states must provide at least seven categories of medical services to persons determined to be eligible Medicaid recipients. 42 USC §1396a(a)(10)(A), 1396d(a)(1)-(5), (17), (21). One of the seven mandated services is *nursing facility services*. 42 USC §1396d(a)(4)(A).

For medical assistance eligibility, the Department has defined an asset as "any kind of property or property interest, whether real, personal, or mixed, whether liquid or illiquid, and whether or not presently vested with possessory rights." NDAC 75-02-02.1-01(3). Under both federal and state law, an asset must be "actually available" to an applicant to be considered a countable asset for determining medical assistance eligibility. *Hecker, 527 N.W.2d at 237 (On Petition for Rehearing); Hinschberger v. Griggs County Social Ser v., 499 N.W.2d 876, 882 (N.D.1993); 42 U.S.C. § 1396a(a)(17)(B)*; 1 J. *Krauskopf, R. Brown, K. Tokarz, and A. Bogutz, Elderlaw: Advocacy for the Aging § 11.25 (2d ed. 1993).* Yet, "actually available" resources "are different from those *in hand." Schweiker v. Gray Panthers, 453 U.S. 34, 48, 101 S.Ct. 2633, 2642, 69 L.Ed.2d 460 (1981)* (emphasis in original). NDAC 75-02-02.1-25(2) explains: Only such assets as are actually available will be considered. Assets are actually available when at the disposal of an applicant, recipient, or responsible relative; when the applicant, recipient, or responsible relative has a legal interest in a liquidated sum and has the legal ability to make the sum available for support, maintenance, or medical care; or when the applicant, recipient, or responsible relative has the lawful power to make the asset available, or to cause the asset to be made available. Assets will be reasonably evaluated···· *See also45 C.F.R. § 233.20(a)(3)(ii)(D)*.

As noted in *Hecker,* if an applicant has a legal ability to obtain an asset, it is considered an "actually available" resource. The actual-availability principle primarily serves "to prevent the States from conjuring fictional sources of income and resources by imputing financial support from persons who have no obligation to furnish it or by overvaluing assets in a manner that attributes non-existent resources to recipients." *Heckler v. Turner, 470 U.S. 184, 200, 105 S.Ct. 1138, 1147, 84 L.Ed.2d 138 (1985).*

The focus is on an applicant's actual and practical ability to make an asset available as a matter of fact, not legal fiction. *See Schrader v. Idaho Dept. of Health and Welfare,* 768 F.2d 1107, 1112 (9th Cir.1985). *See also Lewis v. Martin,* 397 U.S. 552, 90 S.Ct. 1282, 25 L.Ed.2d 561 (1970) (invalidating California state regulation that presumed

contribution of non- AFDC resources by a non-legally responsible and non-adoptive stepfather or common law husband of an AFDC recipient's mother).

Determining whether an asset is "actually available" for purposes of medical assistance eligibility is largely a fact-specific inquiry depending on the circumstances of each case. *See, e.g., Intermountain Health Care v. Bd. of Cty. Com'rs,* 107 Idaho 248, 688 P.2d 260, 264 (Ct.App.1984); *Radano v. Blum,* 89 A.D.2d 858, 453 N.Y.S.2d 38, 39 (1982); *Haynes v. Dept. of Human Resources,* 121 N.C.App. 513, 470 S.E.2d 56, 58 (1996). Interpretation of the "actually available" requirement must be "reasonable and humane in accordance with its manifest intent and purpose...." *Moffett v. Blum,* 74 A.D.2d 625, 424 N.Y.S. 2d 923, 925 (1980). That an applicant must sue to collect an asset the applicant has a legal entitlement to usually does not mean the asset is actually unavailable. *See, e.g., Wagner v. Sheridan County S.S. Bd.,* 518 N.W.2d 724, 728 (N.D.1994); *Frerks v. Shalala,* 52 F.3d 412, 414 (2d Cir.1995); *Probate of Marcus,* 199 Conn. 524, 509 A.2d 1, 5 (1986); *Herman v. Ramsey Cty. Community Human Serv.,* 373 N.W.2d 345, 348 (Minn.Ct.App.1985). *See also Ziegler v. Dept. of Health & Rehab. Serv.,* 601 So.2d 1280, 1284 (Fla.Ct.App.1992) At issue here is the methodology utilized in determining the availability of an individual's "resources" for purposes of evaluating his or her eligibility. SSI recipients, and thus SSI-related "medically needy" recipients, may not retain resources having a value in excess of $2,000. *42 U.S.C. § 1382(a)(1)(B).*

The regulations governing the determination of eligibility provide that resources mean cash or other liquid assets or any real or personal property that an individual (or spouse, if any) owns and could convert to cash to be used for his support and maintenance. If the individual has the right, authority or power to liquidate the property, or his share of the property, it is considered a resource. If a property right cannot be liquidated, the property will not be considered a resource of the individual (or spouse). *20 C.F.R. § 416.1201(a)*.

Pertinent department policy dictates:

Assets must be considered in determining eligibility or SSI related categories. Assets mean cash, any other personal property and real property. (BEM, Item 400 Page 1). Countable assets cannot exceed the applicable asset limit. Not all assets are counted. Some assets are counted for one program but not for another program. (BEM Item 400, Page 1). The department is to consider both of the following to determine whether and how much of an asset is countable: An asset is countable if it meets the availability test and is not excluded. The department is to consider the assets of each person in the asset group. (BEM, Item 400, Page 1). Asset eligibility exists when the asset groups countable assets are less than or equal to the applicable asset limit at least one day during the month being tested. (BEM, Item 400, Page 4). An application does not authorize MA for future months if the person has excess assets on the processing date. The SSI related MA asset limit for SSI related MA categories that are not medicare savings program or QDWI is $2000.00 for an asset group for one person and $3000.00 for an asset group of 2 people. BEM, Item 400 Page 5. An asset must be available to be

counted. Available means that someone in the asset group has the legal right to use or dispose of the asset. BEM, Item 400, Page 6. The department is to assume an asset is available unless the evidence shows that it is not available.

A homestead is where a person lives (unless Absent from Homestead, see below) that they own, is buying or holds through a life estate or life lease. It includes the home, all adjoining land and any other buildings on the land. Adjoining land means land which is **not** completely separated from the home by land owned by someone else. Adjoining land may be separated by rivers, easements and public rights-of-way (example: utility lines and roads). MA will not pay the client's cost for:

- Home health services.
- Home and community-based services (MIChoice Waiver).
- LTC services.
- Home Help.

When the equity in the client's homestead exceeds:

- $500,000 in 2010.
- $506,000 starting in January 2011.
- $525,000 starting January 1, 2012
- $536,000 starting January 1, 2013

Exclude the asset group's homestead. Do not apply the home equity limit to the client if the spouse, child under 21, or the client's blind or disabled child is residing in the home. BEM, Item 400, page 24

Exclude a homestead that an owner formerly lived in if **any** of the following are true:

- The owner intends to return to the homestead.

- The owner is in an LTC facility, a hospital, an adult foster care (AFC) home or a home for the aged.

A co-owner of the homestead uses the property as his home.

Relative Occupied. Exclude a homestead even if the owner never lived there provided both of the following are true:

- The owner is in an institution; see BPG Glossary.
- The owner's spouse or relative (see below) lives there.

Relative for this purpose means a person dependent in any way (financial, medical, etc.) on the owner and related to the owner as any of the following:

- Child, stepchild or grandchild.
- Parent, stepparent or grandparent.

- Aunt, uncle, niece or nephew.
- Cousin.
- In-law.
- Brother, sister, stepbrother, stepsister, half- brother or half-sister. BEM, Item 400, page 25.

Exclude up to $ [redacted] of equity in income-producing real property if it produces annual countable income equal to at least 6 percent of the asset group's equity in the asset. Countable income is total proceeds minus actual operating expenses. BEM, Item 400, page 27.

In the instant case, claimant owned a house located at 462 North River Road in 2006. Claimant was residing with her boyfriend at a different address because she could not stay in her own residence. Claimant rented the property at 462 North River Road to a non-relative, who was also a client of the department, according to the department representative. The department determined that the property at 462 North River Road was not to be an excluded Homestead because claimant did not live there and had a lease agreement with a non-relative. The property was determined to be a countable, available asset for 2007, when claimant owned the property. Claimant entered Long Term Care for the third time on May 2, 2011. Claimant quitclaimed the property to Barbara L. Winters on February 14, 2008 for One Hundred dollars. (Department Exhibit 9A)

Claimant's representative argues that the property was transferred to claimant's daughter upon advice from the department's caseworker and that it should not be divestment because the house was claimant's homestead. Claimant did not reside in the home because she was unable to care for herself and resided with her boyfriend in property owned by the boyfriend. Claimant's representative also argues that the house was sold in 2011 for $5000.00, and the entire amount was used for claimant's personal items, bills and nursing home care.

The department determined that the transfer of the property to claimant's daughter was divestment. The department caseworker determined that the House was valued in 2007 at $ [redacted] based upon the State Equalized Value contained in the tax statement for year 2007 (Department Exhibit 5A). She doubled the amount to $ [redacted] in accordance with department policy at BEM 400 Item 400, page 18 (PPB 2008-00 1-1-2008). The caseworker then deducted $ [redacted] of equity for incoming producing property (BEM, Item 400, page 21) Lastly, she divided $ [redacted] remaining amount by 6,816 (Amount indicated in the Baseline date in the calendar year 2010)(BEM Item 405, page 11) which equals 2.67 or 2 months and 20 days of divestment penalty to be served February 1, 2012-April 20, 2012.

BEM, Item 405, states:

Divestment results in a penalty period in MA, **not** in eligibility. Divestment is a type of transfer of a resource and not an amount of resources transferred.

Divestment means a transfer of a resource (see RESOURCE DEFINED below and in glossary) by a client or his spouse that are all of the following:

- Is within a specified time; see LOOK-BACK PERIOD in this item.
- Is a transfer for LESS THAN FAIR MARKET VALUE;
- Is not listed below under TRANSFERS THAT ARE NOT DIVESTMENT

  See Annuity Not Actuarially Sound and Joint Owners and Transfers below and BEM 401 about special transactions considered transfers for less than fair market value.

During the penalty period, MA will **not** pay the client's cost for:

- LTC services.
- Home and community-based services.
- Home Help.
- Home Health. BEM, Item 405, page 1

Resource means all the client's and his spouse's assets and income. It includes all assets and all income, even countable and/ or excluded assets, the individual or spouse receive. It also includes all assets and income that the individual (or their spouse) were entitled to but did **not** receive because of action by one of the following:

- The client or spouse.
- A person (including a court or administrative body) with legal authority to act in place of or on behalf of the client or the client's spouse.
- Any person (including a court or administrative body) acting at the direction or upon the request of the client or his spouse. BEM, Item 405, page 2

Transferring a resource means giving up all or partial ownership in (or rights to) a resource. Not all transfers are divestment. Examples of transfers include:

- Selling an asset for fair market value (not divestment).
- Giving an asset away (divestment).
- Refusing an inheritance (divestment).
- Payments from a **MEDICAID TRUST** that are **not** to, or for the benefit of, the person or his spouse; see BEM 401 (divestment).
- Putting assets or income in a trust; see BEM 401.

- Giving up the **right** to receive income such as having pension payments made to someone else (divestment).
- Giving away a lump sum or accumulated benefit (divestment).
- Buying an annuity that is **not** actuarially sound (divestment).
- Giving away a vehicle (divestment).
- Putting assets or income into a Limited Liability Company (LLC)BEM, item 405, page 2

Department policy states that it is **not** divestment to transfer a homestead to the client's:

- Spouse; see Transfers Involving Spouse above.
- Blind or disabled child; see Transfers Involving Child above.
- Child under age 21.
- Child age 21 or over who:
    - Lived in the homestead for at least two years immediately before the client's admission to LTC or BEM 106 waiver approval, **and**
    - Provided care that would otherwise have required LTC or BEM 106 waiver services, as documented by a physician's (M.D. or D.O.) statement. BEM Item 405, page 8.

Policy also states that the uncompensated value of a divested resource is

- The resource's cash or equity value.
- Minus any compensation received.
- The uncompensated value of a promissory note, loan, or mortgage is the outstanding balance due on the "Baseline Date" BEM, Item 405, page 12.

In this case, the department representative determined that claimant had divested herself of $18,252 when she quitclaimed her property to Barbara Winters for less than fair market value within the 60 month look-back period.

This Administrative Law Judge must first determine what "fair market value" means. Department policy in the Bridges Program Glossary (BPG) defines fair market value as the amount of money the owner would receive in the local area for his asset (or his interest in an asset) if the asset (or his interest in the asset) was sold on short notice, possibly without the opportunity to realize the full potential of the investment. That is, what the owner would receive, and what a buyer would be willing to pay on the open market and in an arm length transaction. Arm length transaction is defined as a

transaction between two parties who are not related and who are presumed to have roughly equal bargaining power. It consists of all the following three elements:

- it is voluntary
- each party is acting in their own self-interest
- it is on an open market.

By definition a transaction between two relatives is not an arm length transaction. BPG Glossary, page 4.

"Fair market value", per the case of *Mackey v Department of Human Services*, 289 Mich App, 688; 2010 WL 3488988 (Mich. App.) is instructive. The court cites the Black's Law Dictionary definition that states fair market value is the "price that a seller is willing to accept and a buyer is willing to pay on the open market and in an arm's-length transaction; the point at which supply and demand intersect." *Mackey, supra* at 5. An "arm's-length transaction" is defined as "relating to dealings between two parties who are not related…and who are presumed to have roughly equal bargaining power; not involving a confidential relationship." *Mackey, supra* at 6.

In *Mackey,* the court observed that while "no Michigan court has attempted to define the parameters of an arm's-length transaction, several courts in our sister states have indicated 'that an arm's-length transaction is characterized by three elements: it is voluntary, i.e. without compulsion or duress; it generally takes place in an open market; and the parties act in their own self interest." *Mackey, supra* at 6.

In light of the department policy and the court's discussion, it becomes clear that this transaction was not for fair market value and was instead a transaction intended to shield assets for the claimant's daughter and make the claimant eligible for MA. In this case, there is no evidence that Barbara Winters resided in the home for two years immediately before claimant's admission to long term care, nor that she provided care that would have otherwise have required long term care.

The Administrative Law Judge finds that this transaction was made after claimant's baseline date. The property was rented to a third party non-relative and therefore did not qualify for homestead exclusion. Thus, the transfer of the property for less than fair market value was properly scrutinized by the department for divestment purposes.

This transaction is clearly not an "arm's-length" transaction as the parties are related and do not have even bargaining power as the transaction, arguably, only involved the claimant and claimant's daughter. This situation is analogous to the claimant simply gifting her daughter with a house. In such a case, divestment would certainly have occurred.

Secondly, when divestment occurs the department must invoke a penalty period. The transferred amount is used to calculate the penalty period. The Department may only recalculate the penalty period under certain circumstances. Pertinent policy dictates that

the first step in determining the period of time that transfers can be looked at for divestment is determining the baseline date. Once the baseline date is established, you determine the look-back period. The look back period is 60 months prior to the baseline date for all transfers made after February 8, 2006. BEM, Item 405, page 2-4.

The department is allowed to recalculate the penalty period if either of the following occurs while the penalty is in effect:

- All the transferred resources are returned.
- Full compensation is paid for the resources.

Use the same per diem rate originally used to calculate the penalty period.

Once a divestment penalty is in effect, return of, or payment for, resources **cannot** eliminate any portion of the penalty period already past. However, the caseworker must recalculate the penalty period. The divestment penalty ends on the later of the following:

- The end date of the new penalty period.
- The date the client notified you that the resources were returned or paid for. BEM, Item 405, pages 12-13

The department's position is that the divestment penalty may only be cancelled if "all the transferred resources are returned and retained by the individual" or "fair market value" is paid for the resources. The penalty period may only be recalculated if "all of the transferred resources are returned", or "full compensation is paid for the resource." PEM, Item 405, page 12.

Claimant's representative has alleged that the property was sold in 2011 by Barbara Winters for $[redacted] which was the Fair Market Value and that all funds from the sale of the property were spent for claimant's care and Long Term Care expenses. Claimant's representative alleges that expenses totaling $[redacted] has been spent on claimant since 2007.

This Administrative Law Judge finds that the department policy is explicit. It states that all the transferred resources must be returned, or fair market value must be paid for the resources, or full compensation paid for the resources, before the necessity for either cancellation or recalculation of the divestment period can be triggered. There has been divestment in this case. Claimant's representative has not established that all of the transferred resources were returned. Claimant's representative has not established that fair market value was paid for the resources. Claimant's representative has not established that full compensation was paid (to claimant/or for claimants benefit) for the resources transferred from claimant's transfer of the house in 2007. Although the claimant's representative did provide additional information, the new information is not sufficient to rebut that department's determination that divestment occurred. The department's determination that claimant's penalty period must remain at two months

twenty days is correct under the circumstanc es. The department has established by the necessary competent, substantial and material evidence on the record that it was acting accordance with department po licy when it calculated and instituted the divestment penalty under the circumstances.

DECISION AND ORDER

The Administrative Law Judge, based upon t he above findings of fact and conclusion s of law, decides that the Department of Human Services has established by a preponderance of ev idence that there ha s been asset dives tment, and properly determined that a div estment penalty period should be instituted for two months twenty days under the circumstances.

Accordingly, the department's decision is **AFFIRMED**.

/s/_____
Landis Y. Lain
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: May 7, 2013

Date Mailed: May 7, 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
Re consideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

LYL/hj

cc: [redacted]