

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 201246780  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: June 28, 2012  
County: Wayne DHS (18)

**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 following Claimant's request for a hearing. After due notice, an in-person hearing was held on June 28, 2012 from Taylor, Michigan. Participants included the above named claimant; [REDACTED] appeared as Claimant's authorized hearing representative (AHR). Participants on behalf of Department of Human Services (DHS) included [REDACTED], Specialist.

**ISSUE**

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) on the basis that Claimant is not a disabled individual.

**FINDINGS OF FACT**

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

1. On 10/19/11, Claimant applied for MA benefits (see Exhibits 9-10).
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 1/14/12, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibit 12).
4. On 1/26/12, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial (see Exhibit 2).
5. On 4/11/12, Claimant requested a hearing disputing the denial of MA benefits.

6. On 5/23/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual.
7. On 6/28/12, an administrative hearing was held.
8. Claimant presented new medical documentation (Exhibits A1-A115) at the administrative hearing.
9. The newly presented documents were forwarded to SHRT.
10. On 8/8/12, SHRT determined that Claimant was not disabled, in part, by application of Medial-Vocational Rule 204.00.
11. As of the date of the administrative hearing, Claimant was a [REDACTED] year old male with a height of 6'0" and weight of 270 pounds.
12. As of the date of the administrative hearing, Claimant had no known relevant history of tobacco, alcohol or other substance abuse.
13. Claimant's highest education year completed was the 12<sup>th</sup> grade.
14. As of the date of the administrative hearing, Claimant had no ongoing health coverage and last received coverage in 6/2011 through his former employer.
15. Claimant alleged that he is disabled based on major depression.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). DHS (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

MA provides medical assistance to individuals and families who meet financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 at 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons

under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* AMP is an MA program available to persons not eligible for Medicaid through the SSI-related or FIP-related categories though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

Disability for purposes of MA benefits is established if one of the following circumstances applies (see BEM 260 at 1-2):

- by death (for the month of death);
- the applicant receives Supplemental Security Income (SSI) benefits;
- SSI benefits were recently terminated due to financial factors;
- the applicant receives Retirement Survivors and Disability Insurance (RSDI) on the basis of being disabled; or
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances).

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for Medicaid eligibility without undergoing a medical review process which determines whether Claimant is a disabled individual. *Id.* at 2.

Generally, state agencies such as DHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally defined as the inability to do any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905. A functionally identical definition of disability is found under DHS regulations. BEM 260 at 8.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id.* at 9.

Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute substantial gainful activity. *Id.*

The person claiming a physical or mental disability has the burden to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 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 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> 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 (1<sup>st</sup> 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 (1<sup>st</sup> 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 exhibits presented at the hearing are distinguished from previously submitted documents by the prefacing of an "A".

A Social Summary (Exhibits 13-15) dated [REDACTED] was presented; Claimant's form was completed by a Medicaid advocate. It was noted that Claimant had impairments of coronary artery disease, restless leg syndrome and suicidal ideation. It was noted that as of [REDACTED] Claimant was on life support/ventilator. It was noted that Claimant was considered brain dead. It was noted that Claimant's brother provided the information for the Social Summary. Claimant testified that he had no physical impairments to performing employment. Thus, the disability analysis will exclusively consider Claimant's psychological impairments.

A Medical Social Questionnaire (Exhibits 16-20) dated [REDACTED] was presented. Claimant's form was completed by a Medicaid advocate. It was noted that Claimant had hospital encounters in 7/2011 and 10/2011 relating to suicide.

Hospital documents (Exhibits 23-39 and 42-43) stemming from an admission date of [REDACTED] were presented. A past medical history of depression, sleep apnea and obesity was noted. It was noted that Claimant snorted a large dose of Prozac and Seroquel in a suicide attempt. Claimant was unresponsive when found by EMS and through his arrival at the hospital. Claimant was placed on a ventilator and into the intensive care unit. On [REDACTED] it was noted that Claimant's heart rate and blood pressure showed improvement. Impressions were given of: non-ST myocardial infraction after a suicide attempt and shock. On [REDACTED] it was noted that Claimant was agitated about being on the ventilator. It was noted that Claimant remained hospitalized as of [REDACTED]

A Discharge Summary (Exhibits 40-41) was presented. It is presumed that Claimant was admitted for psychological evaluation following his recent suicide attempt. It was noted that Claimant was hospitalized from 1 [REDACTED]. It was noted that Claimant was placed on suicide precautions which were later discontinued. It was noted that Claimant was treated with Zoloft and Abilify. It was noted that Claimant felt much better and wished to return home. The discharging physician provided a diagnosis based on Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> edition) (DSM IV). An Axis I diagnosis of major depression, recurrent, in remission was provided. Claimant's GAF at discharge was 65. A GAF score within the range of 61-70 is representative of a person with "Some mild symptoms OR some difficulty in social,

occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.” It was noted that Claimant was referred to a local community health center.

A Comprehensive Biopsychosocial Assessment (Exhibits A3-A10) dated [REDACTED] was presented. It was noted that Claimant reported his first suicide attempt at age 19. It was noted that Claimant’s 10/2011 suicide attempt was related to the recent losses of his mother, job and eventually his home. Suicide attempts from 1980, 1982, 1998, 2010 and 2011 were noted. A DSM-IV was given. Claimant was diagnosed with major depressive disorder. Claimant’s current GAF was 41. 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).”

Additional hospital documents (Exhibits A46-A84) stemming from the 10/2011 admission were presented. The documents included detailed information about Claimant’s medications, which were not particularly relevant to the disability analysis. Other information was either duplicated and/or repetitive to already cited documentation.

A Psychiatric Evaluation (Exhibits A19-A22) dated [REDACTED] was presented. It was noted that Claimant’s GAF was 50.

Various psychiatric progress notes (Exhibits A11-A18) were presented. [REDACTED], it was noted that Claimant was getting evicted from his residence. It was also noted that Claimant should go to the ER for high blood pressure. On [REDACTED] it was noted that Claimant was low energy.

Various progress notes, contact notes and Plans of Service (Exhibits A23-A45, A88 and A92-A115) from Claimant’s psychological treating agency were presented. On [REDACTED] it was noted that Claimant was more active and less depressed. The notes which covered periods from 1/2012-3/2012 repeatedly noted that Claimant needs individual therapy and that he needs alternative coping techniques to manage negative thinking. Every progress note noted that Claimant denied suicidal or homicidal ideation including as recently as [REDACTED].

Medical physician notes (Exhibits A85-A86) dated [REDACTED] were presented. It was noted that Claimant denied chest pains or vision changes. It was noted that Claimant was doing well with medication.

Medical physician notes (Exhibits A1-A2) dated [REDACTED] were presented. It was noted that Claimant took prescriptions for: Abilify, Lopressor, Rozerem, sertaline, and Zocor. It was noted that Claimant was doing fine.

Claimant testified that he suffers from depression. Claimant identified a loss of appetite which included a weight loss of 5 pounds over a two month period. Claimant reported a

low energy level. Claimant stated that he sleeps approximately 10 hours per day and watches television. Claimant reported difficulty with concentration. Claimant stated that he is haunted by thoughts of suicide.

As noted above, Claimant testified that he has no physical restrictions to performing employment. Claimant stated that he doubts that he would be able to maintain employment due to periodic bouts of major depression. Claimant estimated that he has attempted suicide eight times in his life including an undocumented attempt in 6/2011.

Claimant's history of depression is extensive and well documented. Most troublesome are Claimant's three suicide attempts within a one year period. Though the medical evidence tended to establish improvement with Claimant's condition since the 10/2011 suicide attempt, it can be reasonably presumed that Claimant is not cured of depression. Based on the presented evidence, there is a reasonable likelihood that Claimant is going to regress at some point that would jeopardize any potential ongoing employment. The psychological ability to go to a job is the most basic of basic work activities. Based on a de minimus standard, it is found that Claimant established a significant impairment to performing basic work activities.

It was established that Claimant's depression has lasted his entire adult life including multiple suicide attempts in the one year prior to Claimant's MA benefit application. It is found that Claimant established the durational requirement for a severe impairment.

As it was found that Claimant established significant impairment to basic work activities for a period longer than 12 months, it is found that Claimant established having a severe impairment. Accordingly, the disability analysis may move to step three.

The third step of the sequential analysis requires a determination whether the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920 (a)(4)(iii). If Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

Claimant's only alleged impairment involves 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 B of the above listing, there was generally a lack of medical support to find that Claimant met any of the first three circumstances justifying meeting the depression listing. Claimant noted no difficulties in completing his daily activities, at least not due to depression. There was little to no evidence that Claimant has significant social difficulties. There are likely obstacles for Claimant to maintain concentration but no presented evidence would justify a finding that Claimant has marked difficulties to do so. Based on the presented evidence, it is found that Claimant does not meet Part B of the listing for affective disorders.

Looking at Part C, there is persuasive evidence of a chronic affective disorder of at least two years based on Claimant's entire adult history of suicide attempts. It could be reasonably presumed that the reoccurring suicide attempts (three within a one year period) justify a finding of more than a minimal limitation on the ability to perform basic work activities. It can also be reasonably found that Claimant currently requires medication and psychosocial support (i.e. therapy) to attenuate the affective disorder; this is supported by the documentation verifying Claimant's prescriptions and therapy over the last several months. It is found that Claimant meets the first half of Listing 12.04 (C).

SSA specifically defines "repeated episodes of decompensation" in the introduction to the mental disorder listings. It is defined as "three episodes within 1 year, or an average of once every 4 months, each lasting for at least 2 weeks". Though Claimant may have attempted suicide three times within one year, only two of the incidents were verified as requiring any hospitalization. Thus, Claimant cannot meet subpart 1 without a verified third incident within a 12 month period.

Looking at subparts 2 and 3, there is simply insufficient evidence to presume that either of the circumstances apply to Claimant. It is known that Claimant lives alone which would tend to support a conclusion that Claimant does not require a highly supportive living environment. Regarding an increase in mental demands adding to Claimant's depression, there is no specific evidence to support such a conclusion. It is found that Claimant does not meet Part C of the listing for affective disorders.

Based on the presented evidence, it is found that Claimant does not meet the SSA listing for affective disorders. No other SSA listings apply to Claimant's circumstances; thus, Claimant does not meet any SSA listings. Accordingly, the analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity (RFC) and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if it is determined that a claimant can perform past relevant work. *Id.*

Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the

position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

Claimant's last job was as a shipping coordinator. This was the only employment listed in Claimant's last 15 years (see Exhibit 17). Claimant stated that he was fired in 6/2011 due to excessive absences. Claimant stated that the absences were related to his depression. Claimant testified that he attempted suicide around this time but there is no evidentiary reference to the attempt.

It is impossible to definitively determine whether Claimant could reasonably be expected to perform his past employment. It was established that Claimant has a long history of depression with a documented history of medication and therapy since his 10/2011 suicide attempt. It was established that Claimant attempted suicide in 2010 and 2011. It is known that Claimant's suicide attempt in 2011 was so severe that he was considered brain dead and placed on a ventilator. Claimant convincingly testified that he lost his employment in 6/2011 due to excessive absences which were in part caused by depression. Though it cannot be stated with certainty, the evidence tended to establish that Claimant's depression is severe enough that he could not reasonably be expected to maintain his past employment due to reoccurring depression symptoms. Accordingly, it is found that Claimant cannot perform his past relevant employment.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. This analysis is unnecessary as Claimant conceded no physical restrictions to performing employment.

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating

some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

At step four, it was determined that Claimant could not be reasonably expected to maintain his past employment due to depression symptoms. The finding could reasonably be expected to apply to any form of employment. Accordingly, it is found that Claimant is not capable of performing any level of SGA due to depression symptoms. Accordingly, it is found that Claimant is a disabled individual and that DHS erred in denying Claimant's application for MA benefits.

Typically, a claimant found to be eligible for MA benefits based on disability is given one year until another determination of disability has to be made. The present case justifies a shorter period until redetermination because of Claimant's relative stability and improvement since 10/2011. It is known that Claimant's last suicide attempt occurred in 10/2011. Under the circumstances of the present case, it is appropriate to reevaluate Claimant's disability in one year from the date of application rather than the date of administrative decision.

### **DECISION AND ORDER**

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

- (1) reinstate Claimant's MA benefit application dated 10/19/11;
- (2) evaluate Claimant's eligibility for MA benefits on the basis that Claimant is a disabled individual;
- (3) supplement Claimant for any benefits not received as a result of the improper denial; and
- (4) schedule a review of benefits for 10/2012 if Claimant is found eligible for MA benefit eligibility.

The actions taken by DHS are REVERSED.



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

Date Signed: August 24, 2012

Date Mailed: August 24, 2012

**NOTICE:** Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases).

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
  - misapplication of manual policy or law in the hearing decision,
  - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
  - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at  
Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P. O. Box 30639  
Lansing, Michigan 48909-07322

CG/hw

cc:

