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

IN THE MATTER OF:

[redacted]

Reg. No.: 201264117
Issue No.: 2009, 4031
Case No.: [redacted]
Hearing Date: December 13, 2012
County: Wayne DHS (55)

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 conducted on December 13, 2012 from Detroit, Michigan. Participants included the above named claimant. [redacted] testified on behalf of Claimant. Participants on behalf of the Department of Human Services (Department) included [redacted], Supervisor, and [redacted], Specialist.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) and 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 2/21/12, Claimant applied for SDA and MA benefits.

2. DHS failed to register Claimant's application for MA benefits.

3. Claimant's only basis for MA and SDA benefits was as a disabled individual.

4. On 6/20/12, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 1-2).

5. On 6/27/12, DHS denied Claimant's application for SDA benefits and mailed a Notice of Case Action (Exhibits 189-190) informing Claimant of the denial.

6. On 7/6/12, Claimant requested a hearing disputing the denial of SDA benefits and the failure by DHS to process MA benefit eligibility.

7. On 8/22/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibits 193-194), in part, by application of Medical-Vocational Rule 202.20.

8. On 12/13/12, an administrative hearing was held.

9. At the hearing, Claimant presented new medical documents (Exhibits A1-A4), which were forwarded to SHRT for reevaluation of the disability determination.

10. On 2/4/13, SHRT determined that Claimant was not a disabled individual, in part, by application of Medical-Vocational Rule 202.20.

11. As of the date of the administrative hearing, Claimant was a [redacted] year old female with a height of 5'5 ½'' and with weight between 220-230 pounds.

12. Claimant has no relevant history of tobacco, alcohol or illegal substance abuse.

13. Claimant obtained two associate degrees, one in general studies and one in computer information technology.

14. As of the date of the administrative hearing, Claimant had no ongoing medical health coverage.

15. Claimant alleged that she is disabled based on impairments and issues including: lower back pain (LBP) and 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 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 2012 monthly income limit considered SGA for non-blind individuals is $1,010.

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.

A Medical Social Questionnaire (Exhibits 24-26) dated [redacted] and completed by Claimant was presented. Claimant noted that she has lower back pain and is unable to sit up for long periods of time. Claimant noted only one previous hospital encounter- in 2/2010 related to a fall on a bus. Claimant testified that her back pain started in 2008 after a vehicle accident, but significantly worsened after the 2010 slip and fall.

A progress note (Exhibit 143) dated [redacted] was presented. It was noted that Claimant had mild sleep apnea.

Lab results from 9/2009 (Exhibits 119-122) were presented. The results were not accompanied by any medical analysis and were not considered.

Hospital discharge instructions (Exhibits 29-32, 173-177) dated [redacted] were presented. Presumably, Claimant went to the hospital shortly after slipping and falling on the bus. A diagnosis of back strain was noted. Claimant was prescribed Ibuprofen and Acetaminophen.

An x-ray report (Exhibit 172) dated [redacted] of Claimant's lumbar spine was presented. An impression was given that the exam was unremarkable.

Lab results (Exhibits 95-118) dated [redacted] were presented. The results were not accompanied by any medical analysis and were not considered.

A report (Exhibits 33-34; 169-171) dated [redacted] documenting an MRI of the thoracic and lumbar spine was presented. An impression was given of mild degenerative changes without significant disc herniation or stenosis.

Office visit documents (Exhibits 178-181) dated [redacted] were presented. It was noted that Claimant reported lower back pain. It was noted that Claimant had full strength in all extremities.

A report (Exhibit 37) and MRI reports of the lumbar spine (Exhibits 38-40) dated [redacted] were presented. An impression was given of minimal degenerative changes of the lumbar spine. It was noted that there was no appreciable change since the MRI from [redacted]

Various prescriptions (Exhibits 150-156) from 5/2010 and 6/2010 were presented. It was noted that Claimant was prescribed a lumbar roll and lumbar brace among several medications.

Hospital documents (Exhibits 62-70; 80-84) from an outpatient procedure dated [redacted] were presented. It was noted that Claimant presented with complaints of lower back pain, primarily in the right which radiated down to the leg. It was noted that alleviating factors included rest and pain medication. Claimant described her pain as an 8 out of 10. It was noted that a previous MRI noted mild to moderate degenerative changes at L3-L4, L4-L5 and L5-S1. A plan for trigger joint injections was noted.

Hospital documents (Exhibits 57-61; 78-79) from an outpatient procedure dated [redacted] were presented. It was noted that Claimant underwent a trigger point injection to her lumbar spine muscles. It was noted that Claimant had no complications.

Hospital documents (Exhibits 45-56) verifying outpatient procedures were presented. The documents verified that Claimant underwent facet/medial branch nerve block injections on [redacted] (see Exhibits 51-56; 76-78) and [redacted] (see Exhibits 45-50; 74-75). The noted diagnoses included myalgia. It was noted that Claimant had no complications.

Hospital documents (Exhibits 35-36; 41-44; 71-75) dated [redacted] were presented. Diagnoses of lumbago, degenerative disc disease and facet arthropathy were provided. It was noted that Claimant underwent a lumbar nerve blockage injection.

Lab results from 11/2010 (Exhibits 85-94) were presented. The results were not accompanied by any medical analysis and were not considered.

A prescription (Exhibit 128) dated [redacted] was presented. It was noted that Claimant was prescribed a left wrist splint for carpal-tunnel syndrome.

Various prescriptions (Exhibits 131-134) from 2011 were presented. The scripts included one for Vicodin and one for valium, among other medications.

A physician letter (Exhibit 144) dated [redacted] was presented. It was noted that Claimant reported significant back pain. It was noted that a medical assessment indicated that Claimant was unable to sit for more than 15 minutes without a break.

A Medical Examination Report (Exhibits 27-28) dated [redacted] was completed by Claimant's treating physician. It was noted that the physician first treated Claimant on [redacted] and last examined Claimant on [redacted]. An impression was given that

Claimant's condition was deteriorating. It was noted that Claimant was unable to meet household needs. Supplemental documentation (Exhibits A1-A4) from Claimant's physician was presented. It was noted that a physical examination noted

A consultative physical examination report (Exhibits 3-10) dated [redacted] was presented. It was noted that Claimant's chief complaint was lower back pain. A physical examination noted no musculoskeletal abnormalities though all lumbar spine and cervical spine noted some restrictions in Claimant's range of motion. It was noted that Claimant could ambulate without use of a cane. Claimant's gait was noted as non-antalgic and without limp. The examining physician noted that Claimant had no exertional restrictions.

A second consultative physical examination report (Exhibits 15-21) dated [redacted] was presented. It was noted that Claimant complained of lower back pain, high cholesterol, depression and anxiety. It was noted that Claimant was able to raise her arms above her head but with discomfort. It was noted that Claimant had moderate restrictions in range of motion in the lumbar spine. Claimant's gait was noted as slow but normal. Claimant's grip strength was noted as adequate. No spasm was noted. Straight leg raising test was noted as negative. The examiner assessed that Claimant had the physical capacity for walking, standing and sitting 2-4 hours per day with frequent rests. It was noted that Claimant was restricted from bending, stooping, tying shoes and squatting.

A consultative mental examination report (Exhibits 11-14) dated [redacted] was presented. It was noted that Claimant's 18 year long boyfriend died in the previous year. Claimant complained of memory problems, possibly related to back pain. The examiner opined that Claimant: could acquire and use information, interacted appropriately, could care for herself, could follow and understand simple instructions and could manage her own funds. The examiner provided a diagnosis based on Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM IV). An Axis I diagnosis was given of Adjustment Disorder with depressed mood and anxiety. Claimant's GAF was 60. A GAF within the range of 51-60 is representative of someone with moderate symptoms or any moderate difficulty in social, occupational, or school functioning.

Claimant completed an Activities of Daily Living (Exhibits 184-188) dated [redacted]. Claimant noted that she has pain in her back which makes it difficult to sleep. Claimant noted that she needs help with daily activities such as: cooking, cleaning, shopping and taking out the trash. Claimant noted that she can drive. Claimant noted that she is unable to bowl because of her back pain.

A document titled "Detailed History and Examination Findings" dated [redacted] from Claimant's treating physician was presented. It was noted that Claimant was last examined by the physician on [redacted]. Thirteen diagnoses were noted with the first five being: hyperlipidemia, GERD, obesity, anxiety and lower back pain secondary to multiple reasons. It was noted that Claimant was involved in a 2008 vehicle accident which required Claimant to undergo physical therapy. It was noted that Claimant

remained employed and responded well to treatment until she fell on a bus in 2010. It was noted that Claimant has discomfort while sitting for even five minutes. It was noted that Claimant still had mid-back and lower-back pain. It was noted that Claimant was unable to perform any pushing or pulling. It was noted that Claimant was unable to lift five pounds It was noted that Claimant had pain in a standing leg-raising test at 70 degrees. It was noted that Claimant did not report having any radiating pain to her legs.

Claimant alleged disability, in part, based on depression. Claimant's treating physician referenced Claimant's complaint of depression, though the evidence suggests no treatment for the disorder. A consultative examiner diagnosed Claimant with adjustment Disorder with depressed mood and anxiety, not depression. Claimant's GAF of 60 is indicative of "moderate" restrictions. Because Claimant's GAF is at the high end of the GAF range establishing moderate restrictions, the restrictions are likely to be of the less than moderate variety. The medical records were mildly supportive of some restrictions to work activities based on Claimant's mental state.

Claimant's primary complaint was her back pain. It is known that Claimant was involved in a vehicle accident and a slip and fall. It was also established that Claimant underwent multiple injection in an attempt to manager her pain. Multiple MRIs from 3/2010 verified mild degenerative changes. Based on the presented evidence, it can be presumed that Claimant has some degree of lifting and carrying restrictions due to back pain. The restrictions are sufficient to meet the de minimus standards required for step two.

It was established that Claimant's current degree of back pain began in 3/2010. The evidence suggested that the pain has been continuous through the date of hearing. It is found that Claimant established significant restriction to performing basic work activities for a period of at least 12 months.

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 most prominent impairment appears to be back pain. Back problems are covered by SSA Listing 1.04 which reads:

> **1.04** ***Disorders of the spine*** (e.g., herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture), resulting in compromise of a nerve root (including the cauda equina) or the spinal cord. With:

> A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine);
> OR
> B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours;
> OR
> C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively, as defined in 1.00B2b.

The most recent radiography of Claimant's lumbar and thoracic back is from 3/2010. As noted above, the MRI dated [redacted] noted minimal degenerative changes with no appreciable changes occurring on [redacted]. Minimal degenerative changes are insufficient to establish a compromised nerve root in Claimant's spine. Subsequent correspondence from Claimant's physician noted a worsening of Claimant's condition. The physician's statements were not supported by radiography or any type of testing to justify the conclusions. There is no evidence of motor loss or an inability to ambulate effectively. The presented evidence does not support that Claimant meets the above listing.

A listing for anxiety-related disorders (Listing 12.06) was considered based on Claimant's treating physician's diagnosis of an anxiety disorder. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not established that Claimant had a complete inability to function outside of her home.

It is found that Claimant failed to establish meeting a SSA listing. 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 past work, most recently, was an office manager job. Claimant testified that her job duties included answering telephones, filing and performing interviews. Claimant testified that she lost the job after falling in 2010.

Claimant also testified that she worked as an auditor. Claimant stated that the job required substantial computer usage. Claimant estimated that she also lifted up to 70 pounds performing her duties. Claimant did not believe that she was capable of performing the lifting required of her previous employment.

Claimant also testified that she worked as a shipper. Claimant stated that her duties required substantial standing and lifting, neither of which she can perform.

Claimant's treating physician opined that Claimant cannot lift even five pounds of weight due to her back problems. The physician further opined that Claimant could not perform periods of sitting for more than five minutes.

Treating source opinions cannot be discounted unless the Administrative Law Judge provides good reasons for discounting the opinion. *Rogers v. Commissioner,* 486 F. 3d 234 (6th Cir. 2007)*; Bowen v Commissioner.* The restrictions placed on Claimant by her treating physician are appropriate for patients with severe spinal problems. The treating physician's opinions would suggest a minimum of moderate stenosis, nerve impingement and/or a loss of motor function. Based on presented records, the treating physician's opinions are based on a positive-straight leg raise test, observation of Claimant's gait, and Claimant's reports of pain. Radiography from 3/2010 verified only minimal degeneration in Claimant's back. The radiographical evidence is found to be more persuasive evidence of Claimant's conditions than the opinions of the treating physician based which do not appear to be based on any radiography.

Looking at the radiographical evidence, minimal degeneration is indicative of, at worst, sitting discomfort and some restrictions to heavier types of lifting. Such restrictions would not prevent Claimant from performing her previous employment in office management.

More recent documents suggested other problems with Claimant including myalgia and facet arthropathy. Facet arthropathy would be a diagnosis consistent with Claimant's complaints of pain. It should also be noted that Claimant testified that she has not taken any anti-inflammatory medications (e.g. ibuprofen) to try to control her pain. Though Claimant undoubtedly has back discomfort and pain and restrictions in her spinal range of motion, the evidence does not justify a finding that Claimant is incapable of performing past employment. The same finding would occur after factoring Claimant's psychological impairments. Accordingly, the DHS denial of Claimant's MA benefit application based on disability is found to be proper.

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 the claimant (see BEM 261 at 1):

- receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- resides in a qualified Special Living Arrangement facility, or
- 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).

It has already been found that Claimant is not disabled for purposes of MA benefits based because Claimant is capable of performing her past relevant work. The analysis and finding equally applies to Claimant's application for SDA benefits. It is found that DHS properly denied 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 properly denied Claimant's MA and SDA benefit application dated 2/21/12 based on a determination that Claimant is not disabled. The actions taken by DHS are AFFIRMED.

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

Date Signed: 2/14/13

Date Mailed: 2/14/13

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: [redacted]