

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 20128517  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: January 30, 2012  
Oakland County DHS (04)

**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 January 30, 2012 from Detroit, Michigan. The claimant appeared and testified; [REDACTED] testified and appeared as Claimant's Authorized Hearing Representative (AHR). [REDACTED] also appeared and testified on behalf of Claimant. On behalf of Department of Human Services (DHS), [REDACTED], Specialist, appeared and testified.

**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 8/18/11, Claimant applied for MA benefits.
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 9/21/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (See Exhibits 3-4).
4. On 9/9/11, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On 10/13/11, Claimant requested a hearing (see Exhibit 2) disputing the denial of MA benefits.
6. On 12/22/11, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibits 23-24), in part, by application of Medical-Vocational Rule 204.00.
7. As of the date of the administrative hearing, Claimant was a [REDACTED] year old male [REDACTED] with a height of 6'1" and weight of 200 pounds.
8. Claimant has a history of alcohol abuse but stopped drinking alcohol as of approximately 8/2011.
9. Claimant's highest education year completed was the 12<sup>th</sup> grade via obtainment of a general equivalency degree.
10. Claimant currently has no health insurance coverage and has not had medical coverage for an extended period of time.
11. Claimant alleged that he is disabled based on impairments and issues including psychotic disorder, post-traumatic stress disorder (PTSD) and chronic headaches.

### **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).

The controlling DHS regulations are those that were in effect as of 8/2011, the month of the application which Claimant contends was wrongly denied. Current DHS manuals may be found online at the following URL: <http://www.mfia.state.mi.us/olmweb/ex/html/>.

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 current 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). Multiple 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).

In determining whether Claimant's impairments amount to a severe impairment, all 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 exhibit numbers.

Multiple Social Summary forms (Exhibits 5-9) were 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. The Social Summary (Exhibits 5-6) dated [REDACTED] noted that Claimant had mental impairments. It was also noted that all correspondence should go to a representative, not to Claimant. A Social Summary dated [REDACTED] noted specific disorders of Post-Traumatic Stress Disorder and psychotic disorder.

A Medical Social Questionnaire (Exhibits 9-10) dated [REDACTED] 1 was presented. The form is intended to be completed by clients for general information about their claimed impairments, treating physicians, previous hospitalizations, prescriptions, medical test history, education and work history. It was noted that Claimant had not been hospitalized since 1996. It was noted that Claimant received ongoing treatment from a physician for PTSD and psychotic disorder. It was noted that Claimant took prescriptions of Saphris (5mg) and Citalopram (20mg). Claimant testified that the only prescription he currently took was for Seroquel.

Claimant completed an Activities of Daily Living (Exhibits 11-14) dated [REDACTED], a questionnaire designed for clients to provide information about their abilities to perform various day-to-day activities. Claimant noted trouble sleeping at night due to being wakened by his dreams. Claimant noted that he only sleeps about 2-3 hours. Claimant noted that he fixes his own meals and performs his own chores. Claimant noted that he does not receive help in shopping. Claimant noted that he reads the Bible, watches television and has interests such as basketball, weight lifting, swimming, movies and tennis. Claimant noted he performs these activities 2-3 times per month. Claimant

indicated he visits his aunt and cousin every 3-4 days. Claimant noted that he would like to become active in church. Claimant noted that he drinks alcohol. In response to a question asking how much he drank, Claimant responded, "not sure really how much but when I can I do".

A Psychiatric Evaluation dated [REDACTED] from Claimant's treating therapist was provided. The evaluation date was [REDACTED]. It was noted that Claimant has never been hospitalized for psychological problems. Claimant was referred for psychological treatment due to hallucinations, headaches and insomnia.

It was reported that Claimant heard voices telling him to "do it" while standing recently on a balcony. It was later noted that Claimant denied any suicidal ideations.

Claimant reported a substance abuse history of drinking 3-4 beers per week if alone but an increase of drinking to 24 cans if he is with his friends. Claimant reported a history of marijuana usage, but none within the last three years and cocaine usage which reportedly stopped in 2007.

Claimant reported that he saw his friend tortured and killed when Claimant was aged 21 years. Claimant also reported that he never reported the incident to police because Claimant was recently out of prison at the time. It is worth noting that Claimant's alcohol abuse appears to be directly related to guilt over this incident.

Claimant's attitude was described as cooperative. Claimant's mood was described as anxious. Claimant's affect was described as constricted. Claimant's speech, psychomotor activity and thought content were described as normal. Claimant's thought process was described as goal directed. Claimant's attention, judgment and impulse control were described as adequate.

The examiner provided a diagnosis based on Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> edition) (DSM4). 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.

A primary diagnosis of psychotic disorder NOS and secondary disorder of PTSD were made. An SA primary diagnosis of alcohol dependence was also provided. An Axis II diagnosis of antisocial personality disorder was provided. Axis III was "none". Axis IV noted the following problems: primary support group, relating to social environment, occupational, economic, accessing healthcare, legal system interaction and other psychological and environmental problems. A GAF of 48 was provided. 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).”

It was noted that Claimant was an alcohol abuser at the time of the assessment. Claimant and his case workers testified that Claimant has since quit abusing alcohol. It is not known how much of a factor Claimant’s alcohol abuse factored into his psychological evaluation.

It was also noted that Claimant heard voices 3-4 times per week. Claimant reported that he heard the voice of the friend whom Claimant saw murdered asking Claimant why he did not help. Claimant also reported hearing the voice of his deceased mother.

Witnesses from a non-profit agency working on behalf of Claimant testified on behalf of Claimant. Claimant was described as chronically homeless but currently living in an apartment thanks to rent assistance from the non-profit agency. They described Claimant as lacking in social ability and concentration due to his psychological problems.

Claimant alleged no restrictions on walking, lifting, bending and other physical-type basic work activities. Thus, it can be easily found that Claimant does not have a severe impairment based on exertional limitations.

Psychological and non-exertional factors were alleged. Claimant was described by his case worker as lacking in concentration and restricted in social functioning. Claimant’s GAF of 45 tends to support restrictions in psychological functioning. Claimant’s ongoing hallucinations also tend to support existing psychological impairments. A prescription history including Saphris also tends to support and verify psychological obstacles. Saphris is known to be a medication which treats hallucinations and other schizophrenic type symptoms. Based on the presented evidence, it is reasonable to conclude that Claimant would have difficulties in maintaining concentration, following instructions and exercising judgment. There is some history of psychological treatment including treatment Claimant received while imprisoned. There is no history of psychiatric hospitalizations. Based on the presented evidence, it is found that Claimant has a significant impairment to the performance of basic work activities.

The evidence tended to establish that Claimant’s impairments have lasted and will continue to last longer than 12 months. It is found that Claimant established meeting the durational requirements 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 to be 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 psychotic disorder. The listing for psychotic disorders is covered by Listing 12.03 and reads:

**12.03 *Schizophrenic, paranoid and other psychotic disorders:***

Characterized by the onset of psychotic features with deterioration from a previous level of functioning.

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 or more of the following:

1. Delusions or hallucinations; or
2. Catatonic or other grossly disorganized behavior; or
3. Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
  - a. Blunt affect; or
  - b. Flat affect; or
  - c. Inappropriate affect; OR
4. Emotional withdrawal and/or isolation;

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 schizophrenic, paranoid, or other psychotic 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 first at Part A, Claimant established a lengthy history of auditory and visual hallucinations. Claimant testified hearing voices approximately 3-4 times per week. Claimant's medications and psychiatric evaluation supported that Claimant suffers from hallucinations. It is found that Claimant meets Part A of the above listing. The analysis then moves to Part B to determine how severely Claimant is limited by the psychotic disorder.

Claimant testified that he is capable of performing his own grooming, bathing, cooking, cleaning, laundry and shopping. Though Claimant has a history of homelessness and is only living at a stable residence but for the assistance of an agency, he is capable of performing all daily activities without assistance. Claimant is not markedly restricted in performing daily activities.

Claimant does not appear to suffer any episodes of decompensation. Claimant has never been hospitalized for psychiatric problems. There was a lack of evidence of traditional decompensation episodes such as crying spells, anxiety attacks, violent outbursts or other severe psychological setbacks. It is found that Claimant failed to establish repeated episodes of decompensation.

Looking at whether Claimant has marked difficulties in maintaining social functioning is also a consideration in meeting the listing for psychotic disorders. SSA lists examples of social dysfunction such as a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, or social isolation. There was no evidence that Claimant's social history involved any of the listed SSA examples of social dysfunction. Further, Claimant's treating physician described Claimant's attitude as cooperative while his speech was described as within normal limits. These descriptions tend to not support a finding of marked social functioning.

Claimant's treating physician also noted Claimant suffered an antisocial personality disorder on Axis II. It was further noted on Axis IV that Claimant had social problems with his primary support group and relating to his social environment. Claimant's affect was also described as constricted. A constricted affect is interpreted to be a mild reduction in emotion and expression. All of these factors tend to demonstrate varying degrees of social dysfunction.

Based on the presented evidence, some degree of social dysfunction was established, but not a marked restriction. As Claimant failed to meet three of the

four potential requirements of Part B, it is found that Claimant failed to establish meeting Part B of the listing for psychotic disorders.

Looking at Part C of the above listing, repeated episodes of decompensation was considered and rejected in the analysis for Part B. Part (C)(3) is also rejected because Claimant does not appear to be dependent on any aspect of his living environment other than financially dependent. These findings leave only the possibility that Claimant can meet the above listing based on Part (C)(2).

There is some basis to believe that Claimant would not fare well with an increase in mental demands. Unfortunately, this evidence was not well developed. There is simply little to no evidence to do anything other than speculate on this possibility. In lieu of additional medical evidence, no determination can be made on this listing factor. It is found that Claimant failed to establish meeting the listing for psychotic disorder.

A listing for anxiety disorders (12.06) was considered based on the diagnosis of PTSD. This listing was rejected in part based on Claimant's failure to meet Part B of the above listing and the failure to establish that Claimant is unable to function independently outside of his home.

A listing for organic mental disorders (12.02) was considered based on Claimant's complaints of headaches. This listing was rejected in part based on a failure to meet Part B and Part C of the above the listings.

It is found that Claimant failed to establish meeting an SSA listed impairment. 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 provided a list of his employment history (Exhibit 10). Claimant only listed employment as a cook "for a few months" in 2010 at a 40 hour/week rate. Claimant

noted that the job involved traditional cook duties such as preparing menu items. Claimant testified that he was terminated for being unable to remember how to make certain items. Claimant also testified that he worked as a cook for an approximately 6-7 year period prior to the 2010 employment. Claimant noted that he lost that job when he was sent to jail for one year.

Accepting Claimant's testimony concerning his most recent job loss, Claimant's concentration and memory were the cause of his inability to maintain past employment. Based on Claimant's description of his job duties, an average level of concentration would reasonably be a minimal requirement to competently perform as a cook.

Claimant's concentration level was described by his treating physician as "adequate". An "adequate" concentration level is interpreted to mean adequate but subnormal because "within normal limits" was not chosen to describe Claimant's concentration level.

Claimant alleged problems with headaches but there was no medical evidence to support headaches as an obstacle to concentration. Thus, no presumption shall be made concerning whether Claimant's alleged headaches affect his concentration ability.

Based on the presented evidence, there was a sufficient showing that Claimant's concentration level is less than what would be required to competently perform his past employment. Accordingly, it is found that Claimant cannot perform his past relevant employment and the analysis moves to step five.

In the fifth and last step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, is 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. No such analysis need be undertaken as Claimant's impairments were exclusively non-exertional.

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)

Based on the above analysis, it was found that Claimant had a subnormal level of concentration. In step three, it was found that Claimant displayed some obstacles in social functioning but not a sufficient amount to establish marked difficulties in social functioning. There was testimony that Claimant suffers from anxiety and headaches but little medical evidence to support either claim other than the treating physician noting Claimant's mood as anxious. Claimant's hallucinations are ongoing up to 3-4 times per week but there is little evidence to find that Claimant is so affected by the hallucinations as to be incapable of performing SGA.

Though it was established that Claimant has subnormal levels of concentration and social functioning, this is found to be insufficient evidence that Claimant is precluded from performing many types of employment that would amount to SGA. It is found that Claimant's non-exertional impairments do not amount to a finding that Claimant is disabled. Accordingly, it is found that DHS properly denied Claimant's application for MA benefits based on a determination that Claimant is not disabled.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied MA benefits to Claimant based on a determination that Claimant was not disabled. The actions taken by DHS are AFFIRMED.



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

20128517/CG

Date Signed: February 8, 2012

Date Mailed: February 8, 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 to:

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

CG/hw

cc:

