

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012 51681
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: July 16, 2012
DHS County: Wayne (19)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 in Detroit, Michigan, on July 16, 2012. The Claimant appeared and testified. [REDACTED] appeared as a witness. [REDACTED], ES, appeared on behalf of the Department of Human Services ("Department").

ISSUE

Whether the Department properly determined that the Claimant was not disabled for purposes of the Medical Assistance ("MA-P") benefit program?

FINDINGS OF FACT

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

1. The Claimant submitted an application for public assistance seeking MA-P benefits and retro benefits (January 2012) on February 22, 2012.
2. On April 6, 2012 the Medical Review Team ("MRT") found the Claimant not disabled. (Exhibit 1)
3. The Department notified the Claimant of the MRT determination on April 23, 2012.
4. On April 26, 2012, the Department received the Claimant's timely written request for hearing.

5. On June 13, 2012 the State Hearing Review Team (“SHRT”) found the Claimant not disabled. (Exhibit 2)
6. An Interim Order was issued on July 26, 2012 to obtain new medical evidence and updated medical examinations. The new evidence was submitted to the State Hearing Review Team on January 4, 2013.
7. On February 11, 2013 the State Hearing Review Team found the Claimant not disabled.
8. The Claimant alleges physical disabling impairments due to lumbar pain radiating to hips and legs, neck pain radiating to left arm, muscle spasms in back and neck, arm weakness and, as well as seizures due to a head injury.
9. The Claimant has alleged mental disabling impairments due to bipolar disorder, anxiety and depression.
10. At the time of hearing, the Claimant was [REDACTED] years old with a [REDACTED] birth date. Claimant is 5’10” in height; and weighed 165 pounds.
11. The Claimant has a 10th grade education and a GED and an employment history working as a supervisor making steel parts and was required to inspect the parts for measurement. The Claimant was laid off due to lack of work and his mental status. Prior to that time the Claimant also was a roofer and required tear off and replacement of roofs.
12. The Claimant’s physical impairments have lasted or are expected to continue to last for 12 months or more duration.

CONCLUSIONS OF LAW

The Medical Assistance (“MA”) program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department, formerly known as the Family Independence Agency, 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 Bridges Reference Manual (“BRM”).

Disability is defined as the inability to do any substantial gainful activity 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). The person claiming a physical or mental disability has the burden to establish it 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). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and, (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (e.g., age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from Step 3 to Step 4. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to

perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Claimant is not involved in substantial gainful activity and, therefore, is not ineligible for disability benefits under Step 1.

The severity of the claimant's alleged impairment(s) is considered under Step 2. The claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.

Id.

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F.2d 860, 862 (CA 6, 1988). The severity requirement may

still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a claimant's age, education, or work experience, the impairment would not affect the claimant's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

The Claimant alleges physical disabling impairments due to low back pain with radiculopathy and cervical neck pain with limited range of motion, as well as seizures due to a head injury.

The medical evidence produced at the hearing and new medical evidence follows.

A Psychological Examination Report was completed by a therapist with a Masters Degree in Social Work on [REDACTED]. The report notes that Claimant is typically alone, angry often, arrives late or asks to leave early. The Claimant was oriented and aware with no other difficulties. No significant limitations, able to live and function independently, "M.D. reports improving clinically". The diagnosis was Bipolar Disorder. A GAF score of 65 was assessed. The accompanying Mental Residual Functional Capacity Assessment completed the same day, noted no marked limitations, and the Claimant was not significantly limited in most of the categories, including the ability to complete a normal workday and worksheet without interruptions, understanding and memory was not significantly limited in all areas of evaluation, adaptation noted not significantly limited except for moderate limitation in setting realistic goals or make plans independent of others. The majority of areas evaluated with regard to sustained concentration note moderate limitations in ability to carry out detailed instructions, maintain attention and concentration for extended periods and the ability to work in coordination with or proximity to others without being distracted.

A further evaluation by the same therapist noted that Claimant, due to extreme anxiety and mood swings, could work but not full time. Prognosis was manageable with compliance but chronic and will continue to impact interactions in the future. This assessment was completed on [REDACTED] the diagnosis was bipolar disorder, severe and anxiety disorder. GAF was 55. A further Mental Residual Functional Capacity Exam was completed which mirrored the one completed [REDACTED] noted above, however the Claimant was markedly limited in ability to understand and remember detailed instruction.

A Medical Examination report was completed on [REDACTED] by a Neurologist who has treated the Claimant. Current diagnosis was seizure due to head injury, cervical radiculopathy, lumbar spine radiculopathy, and herniated lumbar disc. The examiner noted cervical spine bilateral tenderness and spasms, limited range of motion, lumbar

spine tenderness and spasms, seizure and convulsions. Clinical findings noted were EMG upper and lower extremities and CT of spine and abnormal EEG. The Claimant's condition was noted as stable.

The examiner imposed the following restrictions and limitations which were expected to last more than 90 days. The Claimant could lift less than 10 pounds only occasionally and never more than 10 pounds. The Claimant could stand/walk less than 2 hours in an 8 hour day. The Claimant could not operate foot/leg controls with either foot. The treating neurologist also found that the Claimant was restricted from reaching and pushing, pulling with both hands/arms. The findings noted were severe back and neck pain. Pain and weakness in extremities, and paraspinal spasm. No mental limitations were noted.

Another Medical Evaluation was completed by the Claimant primary care treating doctor on [REDACTED]. This doctor had seen the Claimant since [REDACTED]. Diagnosis was surgery for cervical spine failed, herniated disc and spinal stenosis lumbar spine, comminuted fracture of left forearm, seizure disorder as result of a closed head injury. Functional limitations were severe pain all over back and left forearm. Cannot lift anything. The report notes that Claimant may need further surgery on neck, back and left forearm. Prognosis was guarded and noted life long. The examiner gave an opinion that the Claimant was not capable of performing a full time job on a sustained basis due to his medical conditions.

A physical assessment was also completed on [REDACTED]. The examiner notes that he sees the Claimant monthly. Prognosis was guarded, lifelong diseases. The evaluation of pain noted back pain radiating to both legs, neck pain and arm pain due to degenerative disc disease and degenerative joint disease, spinal stenosis and herniated discs. Clinical findings cited MRI on file and clinical examination. The examiner noted lifting restrictions of less than 10 pounds, standing/walking 15 minutes, sitting 30 minutes, the restrictions also noted the need for unscheduled breaks every 30 minutes, with unpredictable rest periods of unpredictable time. The left upper extremity was noted as incapable of grasping, turning, twisting object, fine manipulation and reaching, including overhead. An assessment of likely absences per month was noted of more than 4 days per month. Range of motion noted only occasionally could the Claimant look down, sustained flexion of neck, twist, stoop (bend), crouch, squat, and climb stair. The examiner also noted that Claimant's concentration and attention would be interfered with to perform even simple tasks due to constant pain.

The Claimant was admitted to [REDACTED] for a week due to a suicide attempt on [REDACTED]. As the hospital course continued the Claimant recovered, was appropriately groomed, easily engaged in conversation and goal directed. Claimant was discharged to a shelter and was homeless at the time. The GAF score was 42 on

discharge and the diagnosis was bipolar disorder. The exam noted spasm in cervical and lumbar area. As part of the hospitalization the Claimant was diagnosed with bipolar disorder and GAF score on admission was 30. Prognosis was fair.

The Claimant has been also treated for seizures due to head injury secondary to a motorcycle accident.

A report by a treating doctor after a motor accident in [REDACTED] notes that an MRI performed on [REDACTED] shows severe degenerative disc disease L5-S1 with marked loss of disc height and extensive endplate change in signal changes. There is associated endplate osteophyte formation and mild posterior annular bulging but no focal disc herniation. The L5 nerve root appears to exit the foramina freely without impingement.

The Claimant was hit by a car in [REDACTED] and went to the emergency room. The Diagnosis was acute chest wall contusion and acute right elbow contusion and acute right upper bursitis with multiple abrasions. Claimant was discharged with antibiotics.

On [REDACTED] the claimant was admitted to the hospital after ingesting an overdose and released.

An EMG performed by Claimant's neurologist notes EMG of lower extremities abnormal and CT and lumbar spine abnormal noted on [REDACTED].

An MRI performed in [REDACTED] notes the following impressions, status post-cervical fusion, C5-6 evidence of neural impingement, fairly severe degenerative disc disease, at C4-C5 and C6-7. Mild to moderate central spinal stenosis and foraminal stenosis on the left and C4-5 secondary to degenerative changes. Findings suggest neural foraminal stenosis on left at C6-7. These findings were after a cervical fusion was performed.

As previously noted, the Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, the Claimant has presented some medical evidence establishing that he does have some physical limitations on his ability to perform basic work activities. The medical evidence has established that the Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, the Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404.

The Claimant has alleged physical impairments due to lumbar pain radiating to hips and legs, neck pain radiating to left arm, muscle spasms in back and neck, and arm weakness, as well as seizures due to a head injury.

The Claimant has alleged mental disabling impairments due to bipolar disorder, anxiety and depression.

Listing 1.04 Disorders of the Spine and 12.04 Mental Affective Disorders and 12.06 Anxiety Disorder were reviewed and ultimately it was determined that the Claimant did not meet the listing as no other listings were satisfied or met.

The fourth step in analyzing a disability claim requires an assessment of the claimant's 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). 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 are 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.

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967.

Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b). Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.*

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.* Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands (exertional requirements, e.g., sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity to the demands of past relevant work must be made. *Id.* If an individual can no longer do past relevant work, the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty function 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 (e.g., 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.*

The Claimant's prior work history consists of employment working as a supervisor making steel parts and was required to inspect the parts for measurement. The Claimant was laid off due to lack of work and his mental status. Prior to that time the Claimant also was a roofer and performed roof tear offs and replacement of roofs.

In light of the Claimant's testimony and records, and in consideration of the Occupational Code, the Claimant's prior work is classified as to medium to heavy semi-skilled and unskilled work.

The Claimant credibly testified that he is not able to walk any significant distance (one to two blocks) due to back pain. The Claimant also testified that he could not stand more than 15 minutes or sit for more than 15 minutes due to back pain and could not touch his toes due to his back and hip pain. The claimant testified that he cannot move around a lot due to pain in his back and neck. The Claimant also avoids being around people due to anger issues and anxiety.

The objective medical evidence consisting of evaluations by Claimant's treating primary care physician and the Claimant's treating neurologist support the Claimant's testimony regarding his restrictions and limitations; both evaluations by the treating physician and do significantly limit the Claimant. Further Claimant's treating physician's most recent evaluation, after numerous visits and at least 2.5 years of treatment concluded that the Clinical impression was that the Claimant was stable but seriously physically limited and prognosis was guarded. The restrictions imposed were standing 15 minutes, sitting 30 minutes, and that Claimant would need unscheduled 30 minute breaks due to his physical pain in his back and neck with noted restriction with the left arm.

The examiner/treating physician, Claimant's neurologist, has imposed similar restrictions referenced in detail above. He imposed the following restrictions: That Claimant could lift less than 10 pounds occasionally and never more than 10 pounds. The Claimant could stand and/or walk less than 2 hours in an 8 hour work day. The report noted that the claimant could not use his hands or arms for reaching, pushing, pulling. The findings were clinically based on MRIs and EMGs.

If the impairment or combination of impairments does not limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In consideration of the Claimant's testimony, medical records, and current limitations, it is found that the Claimant is not able to return to past relevant work; thus, the fifth step in the sequential analysis is required.

In Step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). The Claimant is [REDACTED] years old and, thus, is considered to be younger individual for MA purposes. The Claimant is a high school graduate. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Claimant to the Department to present proof that the Claimant has the residual capacity to substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services* ,

735 F2d 962, 964 (CA 6, 1984). 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).

In this case the evidence reveals that the Claimant's medical conditions resulting in disabling impairments due to lumbar pain radiating to hips and legs, neck pain radiating to left arm, muscle spasms in back and neck, and arm weakness, as well as seizures due to a head injury are supported by the clinical findings and testing performed by the Claimant's treating physician and treating neurologist. Findings from the evaluations of the treating physician under 20 CDF§ 404.1527(d)(2), the medical conclusion of a "treating" physician is "controlling" if it is well-supported by medically acceptable clinical and laboratory diagnostic techniques and is not inconsistent with the other substantial evidence in the case record. Deference was given to the tests and observations of the Claimant's treating physician.

In this case the evidence and objective findings reveal that the claimant suffers from physical disabling impairments due to lumbar pain radiating to hips and legs, neck pain radiating to left arm, muscle spasms in back and neck, and arm weakness, as well as has had seizures in the past due to a head injury, and are believed to be continuing and lifelong medical impairments.

The objective medical evidence provided by the Claimant's treating primary care physician and neurologist place the Claimant at the less than sedentary activity level. The total impact caused by the physical impairment suffered by the Claimant must be considered. In doing so, it is found that the combination of the Claimant's physical impairments have a major impact on his ability to perform basic work activities. Accordingly, it is found that the Claimant is unable to perform the full range of activities for even sedentary work as defined in 20 CFR 416.967(a). After review of the entire record, and in consideration of the Claimant's age, education, work experience and residual functional capacity it is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

It is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law finds the Claimant disabled for purposes of the MA-P.

Accordingly, It is ORDERED:

1. The Department is ordered to initiate processing of the Claimant's MA-P, and Retro MA-P(1/1/12) application dated February 22, 2012 and award required benefits, provided Claimant meets all non-medical eligibility requirements.
2. The Department shall initiate review of the Claimant's disability case in March 2014 in accordance with Department policy.



Lynn M. Ferris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: March 7, 2013

Date Mailed: March 7, 2013

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.

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- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at

Michigan Administrative Hearings
Re consideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

LMF/cl

cc:

