

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 201263920
Issue No.: 2009
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 held on December 13, 2012, from Hamtramck, Michigan. Participants included the above-named claimant. [REDACTED] appeared as Claimant's authorized hearing representative. Participants on behalf of Department of Human Services (DHS) included [REDACTED], Specialist, and [REDACTED] Specialist.

ISSUE

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

FINDINGS OF FACT

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

1. On 6/13/12, Claimant applied for MA benefits including retroactive MA benefits (see Exhibits 16-17) from 3/2012-5/2012.
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 7/17/12, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 1-2).
4. On an unspecified date, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On 8/15/12, Claimant requested a hearing disputing the denial of MA benefits.
6. On 9/28/12, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (see Exhibits 24-25), in part, by determining that Claimant did not have a severe impairment.
7. On 12/13/12, an administrative hearing was held.
8. At the hearing, Claimant presented new medical documents (Exhibits A1-11).
9. The new medical packet was forwarded to SHRT for review.
10. On 1/30/13, SHRT determined that Claimant was not a disabled individual (see Exhibits A12-A13), in part, by application of Medical Vocational Rule 202.13.
11. As of the date of the administrative hearing, Claimant was a ■■■ year old female with a height of 5'7 ½ " and weight of 220 pounds.
12. Claimant has no known relevant history of tobacco, alcohol or illegal substance abuse.
13. Claimant's highest education year completed was the 12th grade.
14. As of the date of the administrative hearing, Claimant had no medical coverage.
15. Claimant alleged that she is disabled based on impairments and issues including: back pain, shortness of breath and asthma, depression and heart issues.

CONCLUSIONS OF LAW

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

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

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related.

BEM 105 at 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* AMP is an MA program available to persons not eligible for Medicaid through the SSI-related or FIP-related categories though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

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

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

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

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

Substantial gainful activity means a person does the following:

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

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

The person claiming a physical or mental disability has the burden to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913. An individual's subjective pain complaints

are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The 2012 income limit is \$1010/month.

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 relevant submitted medical documentation.

A Medical- Social Questionnaire (Exhibits 5-6) dated [REDACTED] was presented. The form was completed by a person describing themselves as a “meh rep”. Four previous Claimant hospitalizations were noted: [REDACTED] due to blood in urine [REDACTED] due to chest pain [REDACTED] due to aortic stenosis and [REDACTED] 2 due to aortic stenosis.

Hospital documents (Exhibits 7-8) were presented. The documents verified a Claimant hospital stay from [REDACTED]. A discharge diagnosis of severe aortic stenosis was noted. It was noted that a cardiac catheterization revealed no coronary heart disease. It was noted that the stenosis was confirmed by two-dimensional echo. Claimant’s hypertension was noted as well controlled. A generic restriction was noted, “Please do not engage in any strenuous activity that may exacerbate your symptoms from aortic stenosis.”

Hospital documents (Exhibits 9-10) were presented. The documents verified a Claimant hospital stay from [REDACTED]. It was noted that Claimant presented with chest pain and syncopal episode. A primary discharge diagnosis of severe valve replacement related to severe aortic stenosis was noted. It was noted that Claimant underwent aortic valve replacement. It was noted that Claimant had multiple episodes of atrial fibrillation following her surgery. It was noted that Claimant was prescribed 15 medications upon discharge.

Hospital documents (Exhibits 11-12) were presented. The documents verified a Claimant hospital stay from [REDACTED]. It was noted that Claimant complained of 10/10 chest pain after walking from the desk to the restroom at a separate medical appointment. A discharge diagnosis of atypical chest pain was noted. Claimant was advised to follow-up with a medical clinic.

Documents titled Physician Documentation Sheet (Exhibits 13-15) dated [REDACTED] were presented. It was noted that Claimant presented with complaints of hematuria. An EKG noted a normal axis, normal intervals, normal ST segment and no change in comparison to the most recent ECG. The appointment led to a hospital admission.

A Discharge Summary (Exhibits 21-23) was presented. The summary noted a hospital admission from [REDACTED]. It was noted that Claimant presented with complaints of hematuria. A primary diagnosis of hematuria and supratherapeutic INR– secondary tom

incorrect use of Warfarin was noted. It was noted that Claimant's urine cleared during her stay and that she was educated on the correct usage of Warfarin.

A Discharge Summary (Exhibits A6-A11) was presented. It was noted that Claimant was hospitalized from [REDACTED]. A discharge diagnosis of near syncope was noted. Claimant's ejection fraction was estimated at 64%. Claimant's ventricular size was normal. Right and left atrium were noted as normal size.

Progress notes (Exhibits A3-A5) dated [REDACTED] from Claimant's treating physician was presented. Claimant's Afib was noted as controlled. Claimant's diabetes was noted as uncontrolled. CHF was noted as controlled with meds. Asthma was noted as stable.

A Medical Examination Report (Exhibits A1-A2) dated [REDACTED] was completed by Claimant's treating physician. It was noted that Claimant's second examination with the physician occurred on [REDACTED]. The physician provided diagnoses of Type II diabetes, atrial fibrillation, anemia, congestive heart failure, hypertension and aortic stenosis. An impression was given that Claimant's condition was stable. It was noted that Claimant had no mental limitations. It was noted that Claimant cannot meet household needs of laundry, errands and housework. It was noted that Claimant was restricted to occasionally lifting less than 10 pounds and standing and/or walking less than two hours in an eight hour workday. It was noted that Claimant was restricted from repetitive pushing/pulling with her arms and from operating foot controls. Claimant's restrictions were noted as expected to last longer than 90 days.

Claimant alleged that an impairment of depression. There was no documentary evidence that Claimant was ever psychologically treated. The lack of documentary evidence properly leads to a conclusion that Claimant is not impaired due to depression.

Claimant has a history of numerous problems related to her heart. Claimant was hospitalized three times due to her heart problems. The question then becomes whether Claimant is still restricted in activities because of her heart problems.

Claimant's NYHA classification was noted as Class II (see Exhibit A6). A Class II classification is representative of mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity. The heart classification is evidence of some degree of restrictions. It would be reasonable to preclude Claimant from physically strenuous work. This restriction is sufficient for meeting the de minimus standards of a significant basic work ability restriction.

Claimant's treating physician noted that Claimant's conditions are stable. There is no evidence suggesting an improvement in Claimant's heart conditions. The nature of Claimant's heart impairment is not one that typically improves over time. Claimant meets the durational requirements for establishing a severe impairment.

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

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

Claimant's most prominent impairment appears to be heart-related conditions. Cardiovascular impairments are found under Listing 4.00. Based on the evidence, the only applicable listing would be under chronic heart failure (Listing 4.02). This listing reads:

4.02 Chronic heart failure while on a regimen of prescribed treatment, with symptoms and signs described in 4.00D2. The required level of severity for this impairment is met when the requirements in *both A and B* are satisfied.

A. Medically documented presence of one of the following:

1. Systolic failure (see 4.00D1a(i)), with left ventricular end diastolic dimensions greater than 6.0 cm or ejection fraction of 30 percent or less during a period of stability (not during an episode of acute heart failure); or
2. Diastolic failure (see 4.00D1a(ii)), with left ventricular posterior wall plus septal thickness totaling 2.5 cm or greater on imaging, with an enlarged left atrium greater than or equal to 4.5 cm, with normal or elevated ejection fraction during a period of stability (not during an episode of acute heart failure);

AND

B. Resulting in one of the following:

1. Persistent symptoms of heart failure which very seriously limit the ability to independently initiate, sustain, or complete activities of daily living in an individual for whom an MC, preferably one experienced in the care of patients with cardiovascular disease, has concluded that the performance of an exercise test would present a significant risk to the individual; or
2. Three or more separate episodes of acute congestive heart failure within a consecutive 12-month period (see 4.00A3e), with evidence of fluid retention (see 4.00D2b (ii)) from clinical and imaging assessments at the time of the episodes, requiring acute extended physician intervention such as hospitalization or emergency room treatment for 12 hours or more, separated by periods of stabilization (see 4.00D4c); or
3. Inability to perform on an exercise tolerance test at a workload equivalent to 5 METs or less due to:
 - a. Dyspnea, fatigue, palpitations, or chest discomfort; or

- b. Three or more consecutive premature ventricular contractions (ventricular tachycardia), or increasing frequency of ventricular ectopy with at least 6 premature ventricular contractions per minute; or
- c. Decrease of 10 mm Hg or more in systolic pressure below the baseline systolic blood pressure or the preceding systolic pressure measured during exercise (see 4.00D4d) due to left ventricular dysfunction, despite an increase in workload; or
- d. Signs attributable to inadequate cerebral perfusion, such as ataxic gait or mental confusion.

The presented medical records contain no references to a stress test. It is known that as of 7/21/12, Claimant's heart was normal in nearly all measurements but for mild mitral valve regurgitation and trivial aortic valve regurgitation. There is no evidence of systolic or diastolic failure. Claimant does not meet the listing for 4.01

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's back pain complaints. The medical records were devoid of back pain causes. For example, there were no records verifying x-rays or an MRI of Claimant's back. There was not a specific diagnosis for Claimant's back pain. This listing was rejected due to a lack of evidence and a failure to establish a spinal disorder resulting in a compromised nerve root.

Claimant alleged an impairment of depression (Listing 12.04) and asthma (Listing 3.03) were considered. These listings were summarily rejected due to a lack of medical evidence.

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 testified that she worked four years as a direct care worker. Claimant testified that her job was to bathe, feed and give medications to an assigned client. Claimant stated that the job was only for 8 hours per week. The past employment was not

considered in a step four analysis because Claimant's wages did not amount to substantial gainful activity.

Claimant also had employment as a teacher's assistant. Claimant stated that she worked with children. Claimant testified that she could not handle the stress required of her former work. Claimant also stated that the work was very physical. Claimant noted that a student once threw a chair at her resulting in her fracturing her foot. For purposes of this decision, Claimant's testimony that she is physically and mentally incapable of performing her former work will be accepted as accurate. Accordingly, the disability analysis may proceed to step five.

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

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

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 additionally 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 are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

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

Claimant's back pain complaints are completely unverified. Claimant is not deemed to be restricted due to back pain. The same is true of Claimant's alleged depression.

It is known that Claimant has a history of heart problems. It is also known that Claimant was classified as a person with only mild restrictions on her heart (based on the NYHA classification). Since Claimant's 4/2012 hospitalization, she was hospitalized due to hematuria, however, that was determined to be caused by Claimant's misuse of her medication rather than a cardiac symptom.

Claimant's treating physician determined that Claimant was incapable of the, lifting, standing or sitting required of even sedentary employment. 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*.

Claimant's physician noted that he examined Claimant only two times when determining Claimant's restrictions. The relative lack of history with Claimant is somewhat supportive of giving less weight to the medical opinion.

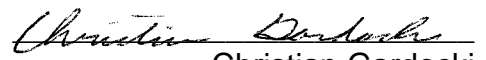
It is also known that Claimant was classified as Class II (i.e. mild restrictions) by hospital physicians familiar with Claimant's history and with more knowledge of heart problems. The Class II restrictions are also consistent with the relatively minor heart problems as noted on a 7/20/12 document. Claimant's treating physician is not known to be a cardiac specialist. The treating physician is not known to have performed any cardiac testing on Claimant. The other diagnoses on the Medical Examination Report (hypertension, diabetes) are not typically restrictive impairments. Further, there is simply no supporting medical evidence justifying the physician's restrictions. The restrictions outlined by Claimant's treating source are found to be unsupported by the medical evidence.

The mild restrictions verified by the MYHA heart classification would be consistent with the requirements for performing light employment. It is found that Claimant is capable of performing light employment.

Based on Claimant's exertional work level (light), age (approaching advanced age), education (high school), employment history (unskilled), Medical-Vocational Rule 201.13 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that DHS properly found Claimant to be not disabled for purposes of MA 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 benefit application dated 6/13/12 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: February 8, 2013

Date Mailed: February 8, 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.
- 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:

