

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2013-1036  
Issue No.: 4031  
Case No.: [REDACTED]  
Hearing Date: January 16, 2013  
County: Emmet

**ADMINISTRATIVE LAW JUDGE:** Vicki L. Armstrong

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon Claimant's request for a hearing. After due notice, a telephone hearing was held on January 16, 2013. Claimant personally appeared and testified. The department was represented by Eligibility Specialist [REDACTED] [REDACTED]

**ISSUE**

Whether the Department of Human Services (the department) properly denied Claimant's application for Medical Assistance (MA-P), Retro-MA, and State Disability Assistance (SDA) benefits?

**FINDINGS OF FACT**

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

- (1) On July 19, 2012, Claimant filed an application for MA/Retro-MA and SDA benefits alleging disability.
- (2) On September 10, 2012, the Medical Review Team (MRT) denied Claimant's application indicating Claimant retains the capacity to perform a wide range of light work. SDA was denied for lack of duration. (Department Exhibit A, pp 370-371).
- (3) On September 14, 2012, the department sent out notice to Claimant that his application for Medicaid had been denied.
- (4) On September 24, 2012, Claimant's representative filed a request for a hearing to contest the department's negative action.

- (5) On November 1, 2012, the State Hearing Review Team (SHRT ) upheld the denial of SDA benefits because the nature and severity of Claimant's impairments would not preclude light work activity for 90 days. (Department Exhibit B, pp 1-2).
- (6) Claimant has a history of chronic obstructive pulmonary disease (COPD), arthritis, degenerative disc disease, emphysema, venous insufficiency in his legs, insomnia, sleep apnea, carpal tunnel syndrome (CTS) and gastroesophageal reflux disease (GERD).
- (7) Claimant is a 42 year old man whose birthday is [REDACTED] Claimant is 5'9" tall and weighs 209 lbs. Claimant completed high school and last worked in December, 2010 as a machine operator.
- (8) Claimant was appealing the denial of Social Security disability benefits at the time of the hearing.

### **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, (DHS or department), 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 State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and Mich Admin Code, Rules 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Current legislative amendments to the Act delineate eligibility criteria as implemented by department policy set forth in program manuals. 2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

Sec. 604 (1). The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:

(b) A person with a physical or mental impairment which meets federal SSI disability standards, except that the

minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

Specifically, this Act provides minimal cash assistance to individuals with some type of severe, temporary disability which prevents him or her from engaging in substantial gainful work activity for at least ninety (90) days.

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 an 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, Claimant is not involved in substantial gainful activity and testified that he has not worked since December, 2010. Therefore, he is not disqualified from receiving disability benefits under Step 1.

The severity of the individual's alleged impairment(s) is considered under Step 2. The individual 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 F2d 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).

In the present case, Claimant alleges disability due to chronic obstructive pulmonary disease (COPD), arthritis, degenerative disc disease, emphysema, venous insufficiency in his legs, insomnia, sleep apnea, carpal tunnel syndrome (CTS) and gastroesophageal reflux disease (GERD).

On June, 17, 2011, Claimant underwent an MRI of lumbar spine without contrast which revealed a very minimal levocurvature of the lumbar spine which may be positional. There was very minimal retrolisthesis of L5 on S1 by approximately 3 to 4 mm. Conus terminated normally posterior to the L2 level. Marrow signal demonstrated some fatty endplate changes at the L2-L3 and L3-L4 level consistent with degenerative change. The marrow signal was otherwise within normal limits. There were diverticula in the colon without evidence of diverticulitis in the minimal loops that were evaluated. There was a benign hemangioma noted in the L1 level. There was sacralization at the L5 level. There was no significant foraminal or central stenosis, no disc bulges or herniations. There was a transitional L5 segment.

On July 14, 2011, Claimant underwent a neurological consultation. Claimant complained of low back pain which radiated to the left side, but not the leg, just at the belt line of his back and he had a little leg pain. He denied any numbness or tingling. He noted the pain was worse with standing or sitting. He demonstrated 5/5 strength throughout the musculoskeletal exam. During his neurological exam, sensation was intact to light touch. Toes were down going. No clonus was noted. He ambulated with a normal gait, normal tip-toe walk. No paraspinous tenderness to palpation. Negative straight leg raising. Review of the lumbar spine MRI revealed some mild arthritis in the facet joints. He had some grade 1 retrolisthesis L5 on S1, approximately 3 mm. However, he had a lumbar flexion and extension x-ray which appeared to be stable. The neurologist opined that Claimant has lumbago without radicular components. He had no disc bulging or stenosis present. He does have some mild arthritic hypertrophic changes in the facet joints and a slight amount of retrolisthesis at L5-S1 which appeared to be stable.

On December 23, 2011, Claimant's vascular ultrasound study revealed venous insufficiency in his right common femoral and the left peroneal veins. No deep vein thrombosis was seen.

On January 23, 2012, Claimant saw his primary care physician for a check up of his shortness of breath. Claimant was still smoking and stated he was unable to sleep and felt anxious all the time. He had a continued cough and shortness of breath. He felt that his breathing issues could be from a mold exposure 2 years ago and requested a

sputum test. He continued to smoke 1 ½ packs of cigarettes a day and was not willing to admit that this was the cause of his shortness of breath. A decrease in breath sounds was heard, with wheezing heard bilaterally and diffusely with a prolonged expiratory time. The veins were tender and swollen in his bilateral lower extremities. He appeared tired and older than his stated age. His attitude was defensive and his mood was anxious.

On February 6, 2012, Claimant's nurse practitioner wrote a letter supporting Claimant's application for disability. His nurse practitioner indicated he had been treated for a variety of health conditions including arthritis affecting his back and hands, chronic restrictive pulmonary disease and venous insufficiency causing lower extremity pain. His nurse practitioner added that these conditions limit Claimant's ability to work in professions that require the use of his hands, standing for extended periods, or manual labor that may aggravate his breathing.

On March 23, 2012, Claimant was evaluated by the [REDACTED] [REDACTED] [REDACTED] for evaluation of disability claims of arthritis, chronic lung problem, insomnia, right shoulder arthritis, and arthritis in his hands. Claimant was appropriately dressed and groomed. He ambulated with a normal gait, which was not unsteady, lurching, or unpredictable. He was stable at station and appeared comfortable in the seated and supine positions. He was observed to sit, stand, bend, stoop, make a fist, write and get on and off the exam table without difficulty. He reported he is able to carry, push, pull, button clothing, operate a phone, and pick up a coin and a pencil without difficulty. He was able to bend over and attend to footwear without difficulty. His speech was fluent. He followed simple and complex directions and commands without difficulty. He was able to hear and understand normal conversational tones. Memory of recent and remote medical events was preserved. His intellectual functioning was grossly normal. He was pleasant and cooperative during the exam. The examining physician opined that Claimant has the ability to sit, stand, and walk six hours in an 8 hour workday with regular breaks. He could be expected to lift 10 pounds infrequently throughout the day. Postural limitations were bending, stooping, crouching, kneeling, and crawling which should be avoided. Fine and gross manipulation on reaching, handling, feeling, grasping, and fingering could be performed frequently during the day. There were no driving, visual or communicative limitations.

On June 6, 2012, Claimant presented to his physician for follow-up of his COPD. He stated he had decreased his smoking from 2 packs per day to half a pack per day. He continued to cough frequently during the office visit. He did not feel the Ambien was working for sleep. He was anxious and unable to fall asleep even when he takes it. He also wanted to discuss his generalized pain and possible treatments. He did have a spine injection for his lumbar pain but he never went back due to the excruciating pain the injection caused. He also had a lump in the right suprapubic area that he tried to drain with a razor. He complained of bilateral finger/hand numbness and tingling that occasionally woke him at night. He had 98% oxygen saturation. His chest was overinflated. Expiratory wheezing was heard bilaterally. No rhonchi, rales or crackles were heard. Veins had a palpable cord on the right and left. Tinel's sign was positive.

Cervical spine rotation was not diminished. A single .3 cm nodule was seen in the pubic area on the right. He had sebaceous cyst removal. X-rays of his lungs showed they were mildly emphysematous with no local infiltrates identified.

On July 10, 2012, Claimant followed up with his physician regarding the results of his carpal tunnel syndrome testing. His physician had not yet received the results. Claimant complained of having increased pain in his lower extremities due to his varicose veins. He had also been consistently using Advair with slight improvement in his chronic cough. He continued to smoke ½ to 1 pack of cigarettes a day. He had dyspnea during exertion and was coughing up sputum which was clear white and frothy. He was also wheezing. His laboratory studies pulmonary function tests showed 95% oxygen saturation. He was diagnosed with lower back pain, cough, postphlebotic syndrome with venous stasis, osteoarthritis of multiples sites, and chronic obstructive pulmonary disease (COPD).

On August 10, 2012, the results of Claimant's electromyography and nerve conduction study were released. The study was abnormal. Findings indicated bilateral moderate severity median neuropathies at the wrist, slightly worse on the left, with bilateral APB muscle subacute denervation changes. There was also evidence of mild right ulnar neuropathy at the elbow but without associated denervation. There was no evidence of plexopathy, cervical radiculopathy or myopathy.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Claimant has presented some limited medical evidence establishing that he does have some physical limitations on his ability to perform basic work activities. The medical evidence has established that 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, 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 individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. Claimant has alleged physical disabling impairments due to chronic obstructive pulmonary disease (COPD), arthritis, degenerative disc disease, emphysema, venous insufficiency in his legs, insomnia, sleep apnea, carpal tunnel syndrome (CTS) and gastroesophageal reflux disease (GERD).

Listing 1.00 (musculoskeletal system) and Listing 3.00 (respiratory system) were considered in light of the objective evidence. Based on the foregoing, it is found that Claimant's impairment(s) does not meet the intent and severity requirement of a listed impairment; therefore, Claimant cannot be found disabled, or not disabled, at Step 3. Accordingly, Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a). The fourth step in analyzing a disability claim requires an assessment of the individual's residual functional capacity ("RFC") and past relevant employment. 20 CFR R

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 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 (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.*

Claimant's prior work history consists of work as a machine operator and laborer. In light of Claimant's testimony, and in consideration of the Occupational Code, Claimant's prior work is classified as unskilled, medium work.

Claimant testified that he is able to walk short distances and can lift/carry approximately 5-15 pounds. The objective medical evidence notes limitations in lifting no more than 10 pounds, no bending, no stooping, no crouching, no kneeling and no crawling. If the impairment or combination of impairments does not limit an individual's 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 Claimant's testimony, medical records, and current limitations, Claimant cannot be found able to return to past relevant work. Accordingly, Step 5 of 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) At the time of hearing, Claimant was 42 years old and was, thus, considered to be a younger individual for MA-P purposes. Claimant has a high school degree. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from 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). The age for younger individuals (under 50) generally will not seriously affect the ability to adjust to other work. 20 CFR 416.963(c). Where an individual has an impairment or combination of impairments that results in both strength limitations and non-exertional limitations, the rules in Subpart P are considered in determining whether a finding of disabled may be possible based on the strength limitations alone, and if not, the rule(s) reflecting the individual's maximum residual

strength capabilities, age, education, and work experience, provide the framework for consideration of how much an individual's work capability is further diminished in terms of any type of jobs that would contradict the non-limitations. Full consideration must be given to all relevant facts of a case in accordance with the definitions of each factor to provide adjudicative weight for each factor.

In this case, the evidence reveals that Claimant suffers from chronic obstructive pulmonary disease (COPD), arthritis, degenerative disc disease, emphysema, venous insufficiency in his legs, insomnia, sleep apnea, carpal tunnel syndrome (CTS) and gastroesophageal reflux disease (GERD). The objective medical evidence notes limitations in lifting no more than 10 pounds, and no bending, stooping, crouching, kneeling or crawling. In light of the foregoing, it is found that Claimant maintains the residual functional capacity for work activities on a regular and continuing basis which includes the ability to meet the physical and mental demands required to perform at least sedentary work as defined in 20 CFR 416.967(a). After review of the entire record using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.27, it is found that Claimant is not disabled for purposes of the MA-P program at Step 5.

The department's Bridges Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. BEM, Item 261, p 1. Because Claimant does not meet the definition of disabled under the MA-P program and because the evidence of record does not establish that Claimant is unable to work for a period exceeding 90 days, Claimant does not meet the disability criteria for State Disability Assistance benefits.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds Claimant not disabled for purposes of the MA/Retro-MA and SDA benefit programs. Accordingly, it is ORDERED the Department's determination is AFFIRMED.

/s/

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Vicki L. Armstrong  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: February 4, 2013

Date Mailed: February 5, 2013

**NOTICE:** Administrative Hearings 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. Administrative Hearings 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.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing 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

VLA/las

cc:

