

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013-16141
Issue No.: 2009; 4031
Case No.: [REDACTED]
Hearing Date: March 6, 2013
County: Grand Traverse

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

HEARING DECISION

This matter is before the undersigned Administrative Law Judge upon Claimant's request for a hearing made pursuant to Michigan Compiled Laws 400.9 and 400.37, which govern the administrative hearing and appeal process. After due notice, an in-person hearing was commenced on March 6, 2013, at DHS in Grand Traverse County. Claimant, represented by [REDACTED] of [REDACTED] personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included General Services Program Manager [REDACTED] and Assistant Payment Supervisor [REDACTED].

During the hearing, Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional medical evidence. The new evidence was forwarded to the State Hearing Review Team ("SHRT") for consideration. On May 17, 2013, the SHRT found Claimant was not disabled. This matter is now before the undersigned for a final decision.

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)?

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 June 11, 2012, Claimant filed an application for MA-P, Retro-MA and SDA benefits alleging disability.
- (2) On August 31, 2012, the Medical Review Team (MRT) denied Claimant's application for MA-P and Retro-MA indicating that she was capable of

performing other work. SDA was denied due to lack of duration. (Depart Ex. A, pp 1-2).

- (3) On September 6, 2012, the department caseworker sent Claimant notice that her application was denied.
- (4) On November 29, 2012, Claimant filed a request for a hearing to contest the department's negative action.
- (5) On January 29, 2013, the State Hearing Review Team (SHRT) found Claimant was not disabled and retained the capacity to perform unskilled work. (Depart Ex B, pp 1-2).
- (6) Claimant has a history of depression, anxiety, attention deficit hyperactivity disorder, seizure disorder and mood swings.
- (7) Claimant is a 27 year old woman whose birthday is [REDACTED] Claimant is 5'2" tall and weighs 141 lbs. Claimant completed a high school equivalent education.
- (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 she has not worked since 2010. Therefore, she 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 depression, anxiety, attention deficit hyperactivity disorder, seizure disorder and mood swings.

On May 5, 2012, Claimant went to the emergency department stating she believed she had a seizure. Claimant stated she had an episode where she fell to the ground and cannot remember. Her roommate described an episode that did not sound like a typical seizure or syncope. Claimant was under an extreme amount of stress and became emotional when speaking with the physician. The physician opined that there was a high probability that this was some sort of an emotional type of reaction. A CT scan of the brain was performed and came back showing no bleed, mass, midline shift, or any other acute intracranial process. She was positive for cannabinoids, negative otherwise. Alcohol level was negative. She was diagnosed with acute cephalgia and an acute unresponsive episode, possible seizure versus syncope versus psychiatric induced stress reaction. She was discharged in stable condition.

On May 22, 2012, Claimant followed up with her treating physician concerning her bipolar disorder. Physically, she had no active complaints. She did find the Adderall to be very helpful with her focus and attention. General exam revealed no evidence of intoxication or withdrawal. Her mood and affect were appropriate. No evidence of significant depression or anxiety. Claimant asked about disability. The physician opined that Claimant's employability was far more limited by transportation limitations and lack of education and training than by any physical problems. The physician found that if Claimant could continue with her psychiatric medications, then her bipolar disorder and ADD would be manageable and she would need to continue to work a recovery program as far as her opiate addiction.

On May 23, 2012, Claimant underwent a psychological evaluation. Claimant alleges disability due to ADHD, Bipolar disorder, depression and multiple personality disorder. Claimant was polite and cooperative. Her ability for insight is fair, reality contact is intact. She appeared to have low average to average cognitive ability, although no formal testing was conducted. It is not clear if she is exaggerating or minimizing her symptoms. It is not clear if she is minimizing the extent of her substance either currently or in the past. It is difficult to discern if her other symptoms such as distractibility and mood fluctuations are caused by substance abuse or actual mental health problems separate from substance abuse as she reports that she continues to at least drink alcohol. When asked about hallucinations she talked about seeing things when she lived with her friend that was using illicit drugs. This was a few months ago and it is not clear what type of drug she was referring to. She said, "before I even tried the drug I was hearing and seeing the same things she was seeing." She thinks they were staying

in a haunted house. She said that she has suicidal thinking but has never attempted suicide. She feels a sense of loss because her children have been taken from her and are now placed in foster care. She often has difficulty sleeping and sometimes will stay up throughout the night. Other times she sleeps long hours and stays in bed throughout the day. She presented with a generally elevated mood and at times seemed almost giddy. She smiled frequently. She talked very loudly. At times she would laugh loudly at things that did not seem humorous. She said that she has frequent panic attacks. She said, "my doctor thought I might have a problem with Xanax, but I never had a problem with that." She said that when she has a panic attack, "it feels like my heart is thumping and I am about to pass out. It can come from nowhere." She noted that she has panic attacks almost every day. She reports a significant history of substance abuse including cannabis, alcohol, and opiates. She reports that she is currently clean from opiates but continues to use alcohol on a daily basis. She denied that she was under the influence of any substance during the examination. Aside from mood symptoms she also reports distractibility, difficulty staying on task to completion and difficulty with organization. She reports impulsivity in the areas of spending, substance abuse, and promiscuity. She would be able to understand both simple and complex instructions but her ability to complete instructions on a sustained basis is limited by substance dependence, anxiety, and distractibility. Her ability to interact and communicate effectively with coworkers, authority figures and the public is impaired due to personality and mood symptoms. Problem solving and judgment are limited. Her ability to manage a normal amount of stress is limited. Diagnoses: Axis I: Opioid Dependence; Mood Disorder; Attention Deficit Hyperactivity Disorder (ADHD); Anxiety Disorder; Axis II: Borderline Personality Traits; Axis IV: Psychosocial stressors are severe including substance abuse issues; Axis V: GAF=44. Prognosis is guarded. Due to extensive substance abuse problems she would need help managing her benefit funds.

On July 15, 2012, Claimant went to the emergency department complaining of nausea, vomiting, chills, sweats and back pain. She was admitted to the hospital and appeared acutely ill. She had significant leukocytosis as well as significant elevation of inflammatory markers and pyuria. She was initially placed on gentamicin and subsequently switched to Cipro. Blood cultures were negative but urine grew E. coli. She was given aggressive IV fluids and with this regimen over the next 48-hours she had significant clinical improvement. On July 17, 2013, Claimant was discharged with a final diagnosis of urinary tract infection, and a history of attention deficit disorder and opiate addiction.

On August 17, 2012, Claimant's treating physician issued a written note that Claimant is unable to work at this time due to medical problems.

On November 4, 2012, Claimant was admitted to the hospital after a seizure. It was unclear whether the seizures were strictly related to alcohol withdrawal or whether she had a super-imposed seizure disorder. An EEG performed in October, 2012, showed positive seizure like activity. She denied alcohol and/or drug use, but a drug screen at admission was positive for opiates and cannabis but she downplayed her use of alcohol. She was admitted and observed and started on Keppra. She had no further seizures while hospitalized and was subsequently discharged on November 5, 2012,

with a diagnosis of seizure disorder, addiction – alcohol and opiates, with a history of depression and attention deficit disorder.

On November 15, 2012, Claimant saw her treating physician for EEG results and to fill out a medical examination report. Her physician completed the report indicating Claimant was diagnosed with a seizure disorder, bipolar disorder, opiate and alcohol addiction and chronic obstructive pulmonary disease. Claimant appeared nervous and anxious. The physician opined that Claimant's condition was deteriorating. Claimant was following up with her treating physician after an overnight hospital stay. She was admitted after she had a grand mal seizure. She did have seizures a few months ago but these were felt to be alcohol withdrawal seizures although subsequent EEG does suggest an underlying seizure disorder. In the hospital she was started on Keppra and she has not had a recurrent seizure. Claimant was very anxious and states that her "life is falling apart." She was recently again incarcerated because of failure to pay court fines. The physician opined that Claimant always seems much more intense on establishing disability than finding a job. She denies any use of opiates but does admit she continues to use some alcohol. When she was hospitalized she did test positive for opiates and marijuana.

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 she does have some physical limitations on her 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 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 and mental disabling impairments due to depression, anxiety, attention deficit hyperactivity disorder, seizure disorder and mood swings.

Listing 11.00 (neurological) and Listing 12.00 (mental disorders) 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 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 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 has a history of less than gainful employment. As such, there is no past work for Claimant to perform, nor are there past work skills to transfer to other work occupations. 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 27 years old and was, thus, considered to be a younger individual for MA-P purposes. Claimant has a high school equivalent education. 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 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).

In this case, the evidence reveals that Claimant suffers from depression, anxiety, attention deficit hyperactivity disorder, seizure disorder and mood swings. The objective medical evidence notes no physical limitations. In May, 2012, Claimant's treating physician opined that Claimant's employability was far more limited by transportation limitations and lack of education and training than by any physical problems. The physician found that if Claimant could continue with her psychiatric medications, then her bipolar disorder and ADD would be manageable. However, she would need to continue to attend a recovery program as far as her opiate addiction. In May, 2012, after completing a psychiatric evaluation, the psychiatrist opined she would be able to understand both simple and complex instructions but her ability to complete instructions on a sustained basis is limited by substance dependence, anxiety, and distractibility. Her ability to interact and communicate effectively with coworkers, authority figures and the public is impaired due to personality and mood symptoms. Problems solving and judgment are limited. Her ability to manage a normal amount of stress is limited. In November, 2012, Claimant was admitted to the hospital after a seizure. While hospitalized, she denied alcohol and drug use, but a drug screen at admission was positive for opiates and cannabis. In November, 2012, Claimant's treating physician opined her condition is deteriorating, however, he added that Claimant always seems much more intense on establishing disability than finding a job. She denies any use of opiates but does admit she continues to use some alcohol.

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 medium 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 203.28, it is found that Claimant is not disabled for purposes of the MA-P program at Step 5.

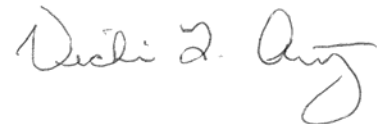
The department's Bridges Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. BEM, Item 261, p 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 -P, Retro-MA and SDA benefit programs.

Accordingly, it is ORDERED:

The Department's determination is **AFFIRMED**.



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

Date Signed: June 11, 2013

Date Mailed: June 11, 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:

