

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

**IN THE MATTER OF:**



Reg. No.: 20133927  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: January 14, 2013  
County: Wayne DHS (15)

**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 January 14, 2013, from Detroit, Michigan. Participants included the above-named claimant. [REDACTED] testified and appeared as Claimant's authorized hearing representative. Participants on behalf of Department of Human Services (DHS) included [REDACTED], Medical Contact Worker.

**ISSUE**

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) for 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 5/25/12, Claimant applied for MA benefits (see Exhibits 206-207), including retroactive MA benefits from 4/2012 (see Exhibits 204-205).
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 7/16/12, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 1-2).
4. On 7/18/12, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On 10/8/12, Claimant requested a hearing to dispute the denial of MA benefits.
6. On 11/19/12, SHRT determined that Claimant was not a disabled individual, in part, by application of Medical-Vocational Rule 202.21.
7. On 1/14/13, an administrative hearing was held.
8. During the hearing, Claimant presented new medical documents (Exhibits A1-A3).
9. On 3/26/13, following issuance of an Interim Order, Claimant presented new medical documents (B1-B63).
10. The new medical documents were forwarded to SHRT.
11. On 6/7/13, SHRT determined that Claimant was not a disabled individual, in part, by application of Medical-Vocational Rule 202.21.
12. As of the date of the administrative hearing, Claimant was a [REDACTED] year old female with a height of 4'9" and weight of 130 pounds.
13. Claimant has no known relevant history of alcohol, tobacco or drug abuse.
14. Claimant's highest education year completed was the 12<sup>th</sup> grade and Claimant has certification in medical assistance.
15. As of the date of the administrative hearing, Claimant was an ongoing Medicaid recipient for approximately "a couple of months".
16. Claimant alleged disability based on impairments and issues including: lupus, rheumatoid arthritis, chronic migraine headaches, numb sensations, general weakness, loss of vision in the right eye and optical pain.

### **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.

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 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or

combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1<sup>st</sup> Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirement is intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1<sup>st</sup> Cir. 1986).

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.

Family and Medical Leave Act (FMLA) documents (Exhibits 173-175) dated [REDACTED] from Claimant's treating physician were presented. It was noted that the physician began treating Claimant in 2010. It was noted that Claimant reported symptoms of severe pain, fatigue, exhaustion and a burning sensation throughout her body. It was noted that Claimant would have flare-ups three times per week. It was noted that Claimant would require ongoing treatment and medications. Additional treatment documents (B1-B15) from 2011 and prior were presented and were notable for being consistent with the FMLA documents.

Hospital documents (Exhibits 44-136) from a hospitalization, dated [REDACTED], were presented. It was noted that Claimant was pregnant and presented with complaints of reported sudden right eye blindness and headache from right side facial pressure. It was noted that Claimant could have lupus cerebritis. On [REDACTED] it was noted that Claimant had a history of lupus but was currently asymptomatic. It was noted that Claimant was discharged on [REDACTED]. Discharge instructions included: follow-up appointments, occupational therapy, medications (including a blood thinner) and a visiting nurse. It was noted that Claimant should walk up to 20 minutes per day. Discharge instructions also included information about dealing with a stroke.

Hospital documents (Exhibits 31-43; 139-161) from a hospitalization dated [REDACTED] were presented. It was noted that Claimant presented for treatment of a missed abortion and blindness. It was noted that Claimant's blindness was caused by retinal artery thrombosis as a result of a thrombophilia disorder. It was noted that Claimant tested positive for lupus anti-coagulant. It was noted that Claimant had recurrent embolic strokes. It was noted that Claimant was discharged on [REDACTED]. Discharge instructions noted no restrictions for Claimant after two weeks.

Hospital documents (Exhibits 23-30) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented with complaints of a rash and lesions on her right side and face. A discharge diagnosis was not provided.

Hospital documents (Exhibits 13-22; A3) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented with complaints of left index finger swelling and vaginal discharge. It was noted that Claimant previously a stroke leaving her blind in right eye. It was noted that Claimant's finger showed no signs of arterial compromise and Claimant was discharged. It was also noted that the vaginal discharge may be caused by STD.

Hospital documents (Exhibits 188-189; 196-203) from a hospitalization from [REDACTED]-[REDACTED] were presented. It was noted that Claimant presented with complaints of sudden right-side chest pain and hemoptysis. It was noted that DVT was found but no pulmonary embolism. It was noted that there was evidence of small pleural effusion. It was noted that Claimant reported pain which was noted as possibly caused by lupus pneumonitis. It was noted that Claimant was prescribed Coumadin, Prednisone and Vicodin.

Hospital documents (Exhibits B16-B20) from an encounter dated [REDACTED] were presented. It was noted that Claimant reported difficulty walking due to shortness of breath and difficulty sleeping due to pain. It was noted that Claimant relied heavily on pain killers. It was noted in a follow-up (Exhibit B21) on [REDACTED] that Claimant needed PT monitoring and that she was at risk for clot and stroke.

A Discharge Summary (Exhibits 193-195) from a hospitalization from 8 [REDACTED] were presented. It was noted that Claimant presented with a worsening head pain. It was noted that Claimant was noncompliant in Coumadin therapy. It was noted that a CT of the brain showed no intracranial process. Discharge diagnoses included headache, lupus and hypercoagulable state with subtherapeutic INR. It was noted that it was discussed at length with Claimant that she take Coumadin.

A Discharge Summary (Exhibits A1-A2) from a hospitalization from 9 [REDACTED] was presented. It was noted that Claimant presented with a headache complaint. It was noted that Claimant was pregnant. It was noted that an MRI of the brain revealed no intracranial process. It was noted that Coumadin treatment was ceased, because of potential harm to the pregnancy. It was noted that Claimant had no daily activity restrictions.

Hospital documents (Exhibits B22-B24) from an encounter dated [REDACTED] were presented. It was noted that Claimant was noncompliant in her care, having only reported once before and not answering telephone calls. It was noted that Claimant reported having no income causing her to not get medication since the [REDACTED] discharge. It was noted that Claimant reported: feeling constant pain, a burning in hands and toes and that her face and arms hurt. It was noted that Claimant was committed to terminating the pregnancy. Noted instructions included continuing with Lovenox.

Hospital documents (Exhibits B26-B49) from an encounter dated [REDACTED] were presented. It was noted that Claimant was seen for an annual gynecological exam. It was noted that Claimant recently miscarried twins. It was noted that Claimant took 4

Vicodins and Tylenol 3 daily. It was noted that Claimant should see a hematologist ASAP.

Claimant testified that she has bad days and good days. Claimant testified that on bad days, she cannot walk or stand without use of a cane. Claimant testified, generally, she can walk half of a block before her legs are too tired to continue. Claimant testified that she can sit for one hour before her legs become too tired. Claimant testified that she can walk one flight of stairs before becoming too exhausted to perform more stair climbing. Claimant testified that she has daily migraine headaches from pressure from inside of her right eye.

Claimant alleged disability beginning 4/2012. As of 4/2012, Claimant had already suffered right eye blindness because of lupus. The medical records established that Claimant had ongoing hospitalizations (3 in the 6 months following blindness) reporting serious symptoms (shortness of breath, ambulation difficulties and headaches), all of which would impact the ability to perform basic work activities.

It was concerning that Claimant's hospital encounters appeared to be, in part, the result of medication noncompliance. The 8/2012 and 10/2012 hospitalization documents noted medication noncompliance by Claimant. There was evidence that the noncompliance was caused by poverty rather than negligence. Claimant testified that she was unable to afford medications; this was also noted in medical documents. Medication noncompliance is not a factor that detracts from Claimant's arguments of claimed disability because it is not a factor within Claimant's control to correct.

Based on the presented evidence, it is found that Claimant established significant impairment to basic work activities for a period longer than 12 months, starting with 4/2012 and through no intentional noncompliance. Accordingly, Claimant established having a severe impairment and 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 lupus. The listing for lupus reads:

**14.02 Systemic lupus erythematosus.** As described in 14.00D1. With:

**A.** Involvement of two or more organs/body systems, with:

1. One of the organs/body systems involved to at least a moderate level of severity; and
2. At least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss).

OR

**B.** Repeated manifestations of SLE, with at least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss) and one of the following at the marked level:

1. Limitation of activities of daily living.
2. Limitation in maintaining social functioning.
3. Limitation in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

The medical records established that Claimant has lupus anticoagulant, not lupus erythematosus. It is possible that lupus anticoagulant can develop into lupus erythematosus, but there is no diagnosis to justify such a finding in the present case. SSA listings do not address disability based on a diagnosis of lupus coagulant. Thus, Claimant cannot meet a SSA listing based on the lupus diagnosis.

Claimant alleged disability based on rheumatoid arthritis which is covered by Listing 14.09. This listing was rejected due to a lack of medical evidence verifying restrictions specifically caused by arthritis.

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 performed past work in a call center, performing duties such as soliciting telephone donations. Claimant also testified that she worked as a secretary. Claimant testified that her past full-time jobs were mostly sit-down with sedentary duties. Claimant testified that she is unable to perform her past duties because of an inability to concentrate due to chronic fatigue and migraine headaches.

It could be reasonably concluded that Claimant presented insufficient evidence that she cannot perform her past sedentary employment. The established diagnosis of lupus anticoagulant is not a disease that unequivocally establishes symptoms of chronic pain, fatigue, ambulation restrictions and headaches. Claimant failed to present medical evidence explicitly restricting Claimant from performing sedentary employment.



On the other hand, Claimant's case has some compelling evidence, most notably, right eye blindness. This impairment is significant on two respects. First, it was established in 1/2012 that the blindness was caused by lupus anticoagulant. A severe case of lupus anticoagulant is more likely to cause symptoms of headaches and pain as reported by Claimant. Lupus anticoagulant is not known to typically result in blindness, yet the lupus was related to a stroke which caused blindness to Claimant. Thus, it could be presumed that Claimant's particular case of lupus anticoagulant is fairly severe if it led to a stroke causing blindness in an eye.

The blindness is also significant because there is concern of future blindness. There is no particular medical evidence that Claimant is at-risk of losing sight in her left eye, however, some degree of higher probability can be presumed if it happened once.

There was also consistent evidence that Claimant suffered headaches, fatigue and chronic pain. It was established that Claimant sought treatment for all three symptoms and that she took Vicodin and Tylenol 3 to help dull the pain. Based on the presented evidence, it is found that Claimant cannot perform her past relevant employment and the analysis may proceed to step four.

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).

It was determined at step four that Claimant could not perform the concentration required of her past relevant employment due to chronic pain, headaches and fatigue. The above finding was made despite Claimant's past performance of sedentary employment. Based on these findings, it is doubtful that any employment exists which Claimant could reasonably be expected to perform. DHS failed to present any vocational evidence of low concentration employment available for Claimant. Based on the presented evidence, it is found that Claimant cannot reasonably be expected to

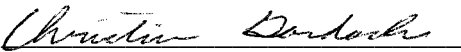
perform any level of employment and that Claimant is a disabled individual. Accordingly, it is found that DHS erred in denying Claimant's MA benefit application.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds that DHS improperly denied Claimant's application for MA benefits. It is ordered that DHS:

- (1) reinstate Claimant's MA benefit application dated 5/25/12, including retroactive MA benefits back to 4/2012;
- (2) evaluate Claimant's eligibility for MA benefits on the basis that Claimant is a disabled individual;
- (3) initiate a supplement for any benefits not issued as a result of the improper application denial; and
- (4) schedule a review of benefits in one year from the date of this administrative decision, if Claimant is found eligible for future MA benefits.

The actions taken by DHS are REVERSED.

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

Date Signed: 7/5/2013

Date Mailed: 7/5/2013

**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:

