

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2013-19301
Issue No.: 2009; 4031
Case No.: [REDACTED]
Hearing Date: March 28, 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, a telephone hearing was commenced on March 28, 2013, from Lansing, Michigan. Claimant personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included Eligibility Specialist [REDACTED] [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 June 25, 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 September 19, 2012, Claimant applied for MA-P, Retro-MA and SDA benefits.
- (2) On November 14, 2012, the Medical Review Team (MRT) denied Claimant's MA/Retro-MA/SDA application indicating Claimant's impairment lacked duration. (Depart Ex. A, pp 151-152).

- (3) On November 1, 2012, the department caseworker sent Claimant notice that his application was denied.
- (4) On December 18, 2012, Claimant filed a request for a hearing to contest the department's negative action.
- (5) On February 12, 2013, the State Hearing Review Team (SHRT) upheld the denial of MA-P and Retro-MA benefits indicating Claimant's condition is improving or is expected to improve within 12 months from the date of onset or from the date of surgery. SDA was denied due to lack of duration. (Depart Ex. B).
- (6) Claimant has a history of hydronephrosis right kidney, emotional impairment and attention deficit hyperactivity disorder.
- (7) Claimant is a 22 year old man whose birthday is [REDACTED]. Claimant is 5'10" tall and weighs 145 lbs. Claimant completed a high school equivalent education and last worked in February, 2013.
- (8) Claimant had applied for Social Security disability 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 manual s. 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 February, 2013. 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 hydronephrosis right kidney, emotional impairment and attention deficit hyperactivity disorder.

On July 20, 2012, an x-ray of Claimant's right hip showed no definitive abnormality of either kidney on plain film. A CT of the abdomen/pelvis revealed marked right hydronephrosis present, which appeared secondary to the ureteropelvic junction obstruction. No urinary tract calculi identified. The ultrasound showed severe right hydronephrosis. Claimant was admitted for observation. He was discharged on 7/21/12 with a diagnosis of acute exacerbation of chronic abdominal pain, ureteropelvic junction obstruction with hydronephrosis-likely chronic, and acute exacerbation of chronic fatigue.

On August 22, 2012, Claimant was diagnosed with severe right hydronephrosis. The ultrasound showed the right kidney measured 13 cm in length. There was no mass or renal calculi present. The right ureter could not be identified.

On August 23, 2012, Claimant presented to the emergency department. He was given Percocet and Zofran. On discharge, Claimant was instructed to continue medication using Advil and Norco as prescribed.

On August 28, 2012, Claimant was seen in the emergency department for right flank pain. He was administered Morphine Sulfate and Zofran and prescribed Vicodin on discharge.

On September 6, 2012, Claimant went to the emergency department. He was diagnosed with hydronephrosis and administered Zofran, Dilaudid and Ibuprofen. At discharge he was prescribed Phenergan and Percocet.

On November 13, 2012, Claimant went to the emergency department complaining of abdominal pain, nausea and vomiting, cramping and diarrhea. He stated he has had flares of similar pain on presentations since July when he was diagnosed with right-sided hydronephrosis secondary to an ureteropelvic junction obstruction on the right.

He recently had a CT of the abdomen and pelvis for the same problem on 11/9/12 which showed persistent right-sided hydronephrosis secondary to an ureteropelvic junction obstruction on the right without obvious mass or cause. He also had a renal nuclear medicine study done that day which showed a right ureteropelvic junction obstruction, given the relative non-dilation of the ureter. He was administered Zofran and Dilaudid. His urinalysis was negative for signs of infection. Prior to discharge he was given a second dose of Dilaudid. He was discharged with a prescription for Zofran and Percocet and a diagnosis of acute on chronic abdominal pain, acute persistent right-sided hydronephrosis with right-sided ureteropelvic junction obstruction and diarrhea.

On November 21, 2012, Claimant presented to the emergency department complaining of right flank pain. He had been seen by an urologist in the past and diagnosed with an ureteropelvic junction obstruction from a crossing artery. Claimant was scheduled to have a tube placed in December. However, due to his significant pain, Claimant was admitted to the hospital on the observation unit. On November 23, 2012, Claimant underwent a right percutaneous nephrostomy tube placement with no complications and was discharged with a final diagnosis of obstructive hydronephrosis with intractable back pain.

On December 11, 2012, Claimant had been having recurrent right flank pain, nausea and vomiting. He had pain that could not be controlled with pain medications at home and had to have a nephrostomy tube placed recently. The nephrostomy tube resolved his pain. He then underwent an outpatient workup and was found to have a functioning right kidney that had a high-grade obstruction at the ureteropelvic junction. On the CT scan it showed a crossing vessel. He then underwent a robotic-assisted right pyeloplasty with placement of an indwelling ureteral stent for a right ureteropelvic junction obstruction. On 12/13/12 he had a right nephrostogram performed which showed an obstruction of the distal ureter and distal portion of well positioned right ureteral stent and an external nephrostomy catheter was placed to gravity drainage. On 12/14/12, Claimant underwent a psychiatric consultation. He was diagnosed with major depression, single episode, nonpsychotic. The psychiatrist opined that he should be on antidepressant medication, however, Claimant was leery about psychiatric medications and possible side effects and denied the medications for now. Outpatient psychotherapy was suggested. Claimant was discharged on 12/15/12 with a diagnosis of right ureteropelvic junction obstruction and depression.

On December 18, 2012, Claimant returned to the hospital for evaluation and possible removal of the nephrostomy tube while leaving the ureteral stent in position. Preliminary images showed the nephrostomy tube and ureteral stent to be in good position. Contrast injections showed good flow through the ureteral stent into the bladder. There was good decompression of the collecting system noted. Therefore, the nephrostomy tube was removed and dressings were applied at the site. The ureteral stent remained in good position.

On December 23, 2012, Claimant saw his urologist for generalized weakness and difficulty holding down food. He had a history of a right ureteropelvic junction obstruction and underwent a right pyeloplasty on 12/11/12. He did relatively well postoperatively and was sent home with the nephrostomy tube in place. On 12/18/12, he returned and his nephrostomy tube was removed. Since the removal of the tube, he developed low grade fevers, general malaise, and had difficulty holding down food. He denied any significant right sided flank pain. The renal ultrasound showed minimal swelling of the right kidney. There were no obvious signs of obstruction. The stent appeared to be in the proper place. His white count was elevated at 21.6. He was diagnosed with pyelonephritis and acute renal failure and was admitted to the observation unit and given antibiotics. Despite the antibiotics, Claimant began spiking continued high fevers while in the observation unit and his renal failure did not improve. Claimant was discharged on 12/26/12 with a final diagnosis of Escherichia coli right pyelonephritis following right pyeloplasty and ureteral stent placement, acute renal failure, depression, recurrent kidney stones, hyperlipidemia, migraine headaches and a reported seizure history, however there was no documentation of seizures nor was he on an antiepileptic medication. He continued to have right flank pain and right CVA tenderness at discharge, but it was much improved since his admission. The remainder of his physical exam was unremarkable.

On January 4, 2013, Claimant saw his urologist for a post-operation visit. Claimant was status post robot pyeloplasty approximately 4 weeks ago. Claimant had pyelonephritis after his nephrostomy tube was pulled. He was doing well and had stopped the antibiotics. He was to return in 2 weeks for cystoscopy and stent removal.

On January 11, 2013, Claimant followed-up with his primary care physician concerning his hydronephrosis temporary nephrostomy, stent infection. Claimant stated the pain he came in with was gone. He had not exercised yet and was off his training regimen. His recent creatinine was okay. He had no significant damage to his kidney long term. He had an extra blood vessel to the right kidney which was crimping the right ureter. He was instructed to drink lots of fluids. His decreased pain had also led to a decrease in his anxiety. He was feeling healthier. He was excited about getting on with his life. He appeared well nourished and hydrated. He had good eye contact and was articulate. Regarding the pyelonephritis, the symptoms were resolving. He was following up with urology and was scheduled to have the nephrostomy tube removed soon. His treating physician opined that there was no current need for antidepressants and noted that anxiety had been an issue for a long time and worsened with his health condition.

On January 17, 2013, Claimant followed up with his urologist concerning the ureteropelvic junction obstruction and stent pull. A cystoscopy was performed. The anterior urethra, prostatic urethra, bladder mucosa and ureteral orifices were normal in appearance. The right ureteral stent was removed. Diagnosis was stricture of kinking of the ureter. Claimant tolerated the procedure well and was discharged in stable condition with a return appointment in 42 days.

On March 4, 2013, Claimant followed up with his urologist concerning the ureteropelvic junction obstruction. No recent emergency room visits had been made. Associated symptoms included hematuria and urinary frequency. Lasix renal scan showed that the obstruction had resolved, with marked improvement in Lasix washout and differential function. T1/2 on the right was 16 minutes, prior to the surgery it did not wash out. A follow-up appointment was scheduled for 3 months.

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 and mental disabling impairments due to hydronephrosis right kidney, emotional impairment and attention deficit hyperactivity disorder.

Listing 6.00 (genitourinary impairments) 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, 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 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, anxiety, 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 housekeeper and line cook. In light of Claimant's testimony, and in consideration of the Occupational Code, Claimant's prior work is classified as unskilled, light work.

Claimant testified that he is able to walk up to a mile and can lift/carry approximately 50 pounds and can stand or sit for an hour. 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 the Claimant's testimony, medical records, and current limitations, Claimant can be found able to return to past relevant work and is not disabled. Despite the finding of being found able to return to work, Step 5 will be completed.

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 22 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 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).

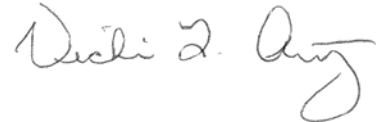
In this case, the evidence reveals that Claimant suffers from hydronephrosis right kidney, emotional impairment and attention deficit hyperactivity disorder. The objective medical evidence lists no restrictions. In light of the foregoing, it is found that Claimant maintains the residual functional capacity 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 light work as defined in 20 CFR 416.967(b). After review of the entire record using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix I I] as a guide, specifically Rule 202.20, 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 the 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: July 22, 2013

Date Mailed: July 23, 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.

The following claimants have 3 way hearings scheduled. Please call in at the correct time to let Administrative Hearings know you are ready to proceed.

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.

2013-19301/VLA

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:

