

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2013-16416  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: March 21, 2013  
County: Gratiot

**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 21, 2013, from Lansing, Michigan. Claimant personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included Lead Worker [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 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) and Retroactive Medical Assistance (Retro-MA) benefits?

**FINDINGS OF FACT**

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

- (1) On July 31, 2012, Claimant filed an application for MA and Retro-MA benefits alleging disability.
- (2) On September 19, 2012, the Medical Review Team (MRT) denied Claimant's application for MA-P and Retro-MA. (Dept Ex. A, pp 1-2).
- (3) On September 25, 2012, the department sent out notice to Claimant that his application for Medicaid had been denied.

- (4) On December 10, 2012, Claimant filed a request for a hearing to contest the department's negative action.
- (5) On February 4, 2013, the State Hearing Review Team (SHRT) upheld the denial of MA-P and Retro-MA benefits indicating Claimant retains the capacity to perform light work. (Depart Ex. B, pp 1-2).
- (6) Claimant has a history of chronic alcoholism, seizure disorder, peripheral neuropathy, hypertension and a bone spur impinging on his left rotator cuff.
- (7) Claimant is a 42 year old man whose birthday is [REDACTED] Claimant is 5'9" tall and weighs 190 lbs. Claimant completed high school.
- (8) Claimant had applied for 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).

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 October, 2010. Therefore, he is not disqualified from receiving disability benefits under Step 1.

The severity of the individual's alleged impairment(s) is considered under Step 2. The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;

3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting. *Id.*

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a claimant's age, education, or work experience, the impairment would not affect the claimant's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, Claimant alleges disability due to chronic alcoholism, seizure disorder, peripheral neuropathy, hypertension and a bone spur impinging on his left rotator cuff.

On June 6, 2012, Claimant went to the emergency department where he was diagnosed with peripheral neuropathy, alcohol abuse and possible seizure disorder. He was currently on phenobarbital. He reported he had progressively worsening lower extremity neuropathy and pain. He has Lortab at home which he stated does not help. He stated he has difficulty walking due to the pain and weakness and he is unable to manage for himself at home. He reported that he drinks several beers on the weekend and sometimes during the week. His last drink was that morning. He stated he was unable to sleep due to the pain and had a couple of beers before coming to the hospital. Despite denying alcohol abuse, he stated his girlfriend is ready to kick him out of the house if he will not stop drinking. An assessment showed the cause of his lower extremity edema was unclear. Regarding his seizures, Claimant's description led the physician to believe they were pseudoseizures that were possibly a result of alcohol withdrawal. Claimant's neuropathy was also thought to be associated with his alcohol abuse. He was also experiencing tachycardia which was thought to reflect signs of initial alcohol withdrawal. Claimant was admitted to the hospital with progressive lower extremity paresthesias and pain. His alcohol level at admission was 0.155. During the intake exam at the hospital, Claimant was diagnosed with lower extremity paresthesias, probable alcohol neuropathy, vitamin B deficiency, abdominal numbness with intractable vomiting. He was started on physical therapy, Lyrica and Phenobarbital. He was scheduled for physical therapy, an EMG and thoracic and lumbar MRI's. Claimant was discharged on 6/9/12 with a peripheral neuropathy likely secondary to chronic alcohol abuse. A CT of the head without contrast was negative. An MRI of the lumbar spine showed degenerative joint disease. The MRI of the thoracic lumbar spine showed an old compression deformity of T12 with degenerative changes, and mild bulging discs at T11. An MRI of the brain was normal and showed chronic maxillary sinusitis. He

was counseled extensively about alcohol cessation and warned of the complications of ongoing use being not only peripheral neuropathy, but also liver disease and other issues. Claimant was given vitamin B12 and folate as well and discharged on 6/9/12 after extensive counseling.

On June 12, 2012, Claimant's girlfriend brought him to the emergency department after finding him in a decreased level of responsiveness. Claimant stated he took an extra two tablets of phenobarbital, forgetting he had taken them earlier. He was found to have a positive urine drug screen for barbiturates. His phenobarbital level was elevated to 60.5. His alcohol level was 0.271. Poison Control Center was contacted and he was treated supportively for barbiturate overdose and alcohol intoxication. He was diagnosed with critical phenobarbital level, alcohol dependence with acute intoxication and a possible suicide attempt. He was admitted to intensive care unit. He was discharged on 6/14/12.

On June 27, 2012, Claimant was brought into the emergency department after being found unresponsive. Claimant was unresponsive during the physical exam with altered mental status. He only responded to pain. He had a slightly resting tremor with deep tendon reflexes of 1+ and symmetric bilaterally. Chest x-ray and CT scan of the head showed no acute processes. Claimant was diagnosed with acute renal failure, metabolic acidosis, gastrointestinal bleeding and alcoholic encephalopathy. Claimant was admitted to the hospital.

On July 24, 2012, Claimant was brought to the emergency department by ambulance after being found unresponsive. Claimant was recently admitted on 6/12/12 for phenobarbital overdose, acute alcohol intoxication with alcoholic hepatitis. He had a history of nausea and vomiting for 3 days. It was unknown how long he was lying unresponsive on the floor. On presentation to the emergency department he was completely obtunded and unresponsive. Vital signs showed a systolic blood pressure of 74/53 with a severe metabolic acidosis and acute renal failure. He was admitted to the hospital with (1) severe metabolic acidosis; (2) acute renal failure, secondary to dehydration and prerenal state; (3) hyperkalemia, secondary to acute renal failure; (4) electrolyte abnormalities/imbalance; (5) decreased level of consciousness, secondary to toxic metabolic encephalopathy; (6) subtherapeutic phenobarbital level; (7) history of seizure disorder (8) poly drug overdose; and (9) chronic alcoholism. Claimant was admitted to the hospital. A CT of the head showed no evidence of acute intracranial process. A chest x-ray was negative. The renal ultrasound was unremarkable. He was treated aggressively with IV fluids, given pain medications, anxiolytics, and treated for drug withdrawal. Throughout the course of his stay, his creatinine came down to normal. At the time of discharge, it was noted to be 0.68. He was discharged home on 7/27/12 with his mother for outpatient follow-up.

On August 27, 2012, Claimant went to the emergency department and was treated for peripheral edema and neuropathy.

On March 18, 2013, Claimant was examined by a psychologist for the [REDACTED] [REDACTED]. He stated he had been dealing with neuropathy for a year and a half. The neuropathy began after his seizures. He also stated he has had depression,

anxiety and stress since the seizures. He stated he had gone to the emergency department by ambulance because he was drinking and he had a seizure. Claimant stated he has seizures 3-4 times a month. He states he is not drinking much now. He stated he was receiving unemployment, but after his child support payments, he did not receive enough to live on. Claimant was friendly and chatty in a collegial manner not warranted by the situation. He was vague, reporting a remarkable lack of curiosity about aspects of his own history, and circumlocutional at times. He was not distractible. He was mildly impulsive. His eye contact was minimal. He was less cooperative with cognitive screening related to memory and math than with other areas. There were occasional overt signs of physical discomfort. He was irritable at times and talkative and demonstrated a sense of entitlement and mild grandiosity. He emphasized his financial need and perceived exploitation by past employers. He was egocentric and reported no empathy for anyone with whom he interacts regularly. He consistently externalized responsibility. His responses were generally goal directed and rarely detailed, except when describing perceived victimization. Mild grandiosity was evident. His mood was slightly irritable and his affect was full range. The psychologist opined that Claimant presented as narcissistic. There were no signs of depression or anxiety. His complaints of seizures were atypical. Diagnosis: Axis I: No Diagnosis: Axis II: Narcissistic Personality Disorder; Axis IV: Inadequate Finances, Inadequate social system and inadequate health insurance. Prognosis: Claimant does not appear to be motivated to change. The psychologist indicated that Claimant is able to understand and implement simple, moderately complex, and some if not most complex instructions. His retention of them and ability to acquire new learning is not as clear; he may need more written directions as direction complexity increases. Attention and concentration skills are within normal limits. Safety awareness is egocentric. Problem-solving and decision-making skills are intact but may be compromised by his narcissism. Social skills are egocentric. He has a history of poor conflict resolution skills.

On March 22, 2013, Claimant underwent a medical evaluation for left shoulder pain, seizures and neuropathy. Claimant stated he began having seizures in 2011. He stated he can have up to 4 seizures a month and believed he has had up to 20 seizures in the last 12 months. He was not on any medication at the time of the exam, but three months earlier he had been taking Phenobarbital. Claimant stated he has left shoulder pain and an MRI showed he had a bone spur. He has had injections and physical therapy which did not help. Claimant was not taking any prescription medication at the time of review. He denied drinking alcohol or smoking. Claimant initially had a mild limp when he was ambulating, which was not consistent after having him ambulate for some time and having observed him while he was walking to his car and retrieving a report for the examiner. He had a normal gait and station without any ataxic component. He had appropriate insight and judgment. His hands had full grip and full digital dexterity. His left shoulder did have some decreased range of motion. He did have some difficulty with the Apley's Scratch test, but not with the Empty Can Test. There was no atrophy of the musculature.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Claimant has presented some limited medical evidence establishing that he does have some physical limitations on his ability to perform basic work activities. The medical

evidence has established that Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. Claimant has alleged physical disabling impairments due to chronic alcoholism, seizure disorder, peripheral neuropathy, hypertension and a bone spur impinging on his left rotator cuff.

Listing 1.00 (musculoskeletal system), 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, 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, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (e.g., can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi). If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

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

Claimant testified that he is able to walk short distances and can lift/carry approximately 20 pounds. The objective medical evidence notes no limitations. If the impairment or combination of impairments does not limit an individual's physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In consideration of Claimant's testimony, medical records, and current limitations, Claimant cannot be found able to return to past relevant work. Accordingly, Step 5 of the sequential analysis is required.

In Step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of hearing, the Claimant was 42 years old and was, thus, considered to be a younger individual for MA-IP purposes. Claimant has a high school degree and was trained in welding. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis,



the burden shifts from the 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 F 2d 321, 323 (CA 6, 1978). Medical-Vocational guide lines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983). The age for younger individuals (under 50) generally will not seriously affect the ability to adjust to other work. 20 CFR 416.963(c). Where an individual has an impairment or combination of impairments that results in both strength limitations and non-exertional limitations, the rules in Subpart P are considered in determining whether a finding of disabled may be possible based on the strength limitations alone, and if not, the rule(s) reflecting the individual's maximum residual strength capabilities, age, education, and work experience, provide the framework for consideration of how much an individual's work capability is further diminished in terms of any type of jobs that would contradict the non-limitations. Full consideration must be given to all relevant facts of a case in accordance with the definitions of each factor to provide adjudicative weight for each factor.

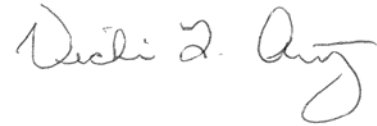
In this case, the evidence reveals that Claimant suffers from chronic alcoholism, seizure disorder, peripheral neuropathy, hypertension and a bone spur impinging on his left rotator cuff. The objective medical evidence notes no limitations. In light of the foregoing, it is found that Claimant maintains 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 II] 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.

### **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 benefit programs.

Accordingly, it is ORDERED:

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



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

Date Signed: July 15, 2013

Date Mailed: July 16, 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

2013-16416/VLA

VLA/las

cc:

