

3. On August 19, 2013, the Department sent Claimant a Notice of Case Action denying the application based on MRT's finding of no disability.
4. On August 26, 2013, the Department received Claimant's timely written request for hearing.
5. On October 14, 2014, and May 22, 2014, SHRT found Claimant not disabled.
6. Claimant alleged physical disabling impairment due to diabetes, carpal tunnel syndrome and migraines.
7. Claimant alleged mental disabling impairments due to depression.
8. At the time of hearing, Claimant was 50 years old with [REDACTED] birth date; her records showed she was 5'8" in height and weighed 212 pounds.
9. Claimant completed the 11th grade and has an employment history of work as an auto factory worker/machine operator.
10. Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

Department policies are found in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Bridges Reference Tables (RFT).

MA-P and SDA benefits are available to disabled individuals. BEM 105 (January 2014), p. 1; BEM 260 (July 2013); BEM 261 (July 2013), p. 1. In order to receive MA benefits based upon disability, Claimant must be disabled as defined in Title XVI of the Social Security Act. 20 CFR 416.901. Disability for MA purposes 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).

In order to determine whether or not an individual is disabled, federal regulations require application of a five-step sequential evaluation process. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider (1) whether the individual is engaged in substantial gainful activity; (2) whether the individual's impairment is severe; (3) whether the impairment and its duration meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) whether the individual has the residual functional capacity to perform past relevant work; and (5) whether the individual has the residual functional capacity and vocational factors (based on age, education and work experience) to 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)

In general, the individual has the responsibility 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, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 20 CFR 416.913. 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, are insufficient to establish disability. 20 CFR 416.927(d).

Step One

As outlined above, the first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is substantial gainful activity (SGA), then the individual must be considered as not disabled, regardless of medical condition, age, education, or work experience. 20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Claimant has not engaged in SGA activity during the period for which assistance might be available. Therefore, Claimant is not ineligible under step 1 and the analysis continues to step 2.

Step Two

Under step 2, the severity of an individual's alleged impairment(s) is considered. If the individual does not have a severe medically determinable physical or mental impairment that meets the duration requirement, or a combination of impairments that is severe and meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 12 months. 20 CFR 416.922.

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 416.920(a)(4)(ii); 20 CFR 416.920(c). 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); see also *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples include (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b).

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. A disability claim obviously lacking in medical merit may be dismissed. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may 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). However, under the *de minimus* standard applied at Step 2, an impairment is severe unless it only is a slight abnormality that minimally affects work ability regardless of age, education and experience. *Higgs* at 862.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). In the present case, Claimant alleges physical disability due to carpal tunnel syndrome, migraines and diabetes.

██████████ Claimant was hospitalized for 3 days for intractable vomiting accompanied by epigastric pain. She was diagnosed with acute gastritis, most probably secondary to drinking alcohol, treated and released with a prognosis of fair.

██████████ Claimant had a total abdominal hysterectomy and bilateral salpingectomy due to a diagnosis of fibroid uterus. She was sent to the recovery room in stable condition.

██████████ chest x-ray showed lower lobe horizontal strands of atelectasis.

██████████ Claimant was seen at the hospital emergency department for abdominal pain. No significant abnormalities were found. Claimant's condition improved and she was released.

██████████ Claimant was seen at the hospital emergency department for a chief complaint of cough, with associated chest pain, chills and fever. Claimant was diagnosed with bronchitis. Claimant admitted she had run out of her diabetes medication. Additional diagnosis of uncontrolled diabetes was noted.

██████████ Claimant was seen at the hospital emergency department complaining of chest pain. A chest x-ray was normal. Claimant was released in improved condition.

██████████ Claimant was seen at the hospital emergency department complaining of a sore throat with accompanying headaches/dizziness. She was treated with a primary diagnosis of tonsillitis and secondary diagnosis of headaches and released in stable condition.

██████████ an EEG was performed on Claimant to rule out epileptic activity following Claimant's reported history of seizures. The results were normal, with no focal, lateralized or epileptiform features noted. To rule out seizure disorder, a repeat EEG with sleep deprivation was recommended. An MRI of Claimant's brain was also performed ██████████ with a finding of discrete 5 mm T2 hyperintense lesion without enhancement in the right frontal periventricular white matter and mild ill-defined T2 hyperintense signal changes in the left posterior temporal periventricular white matter, which were nonspecific and likely of chronic ischemic etiology.

██████████ ultrasound of Claimant's pelvis in response to pelvic pain showed unremarkable menopausal appearing ovaries with no evidence of pelvic mass.

██████████ Claimant was seen at the hospital emergency department complaining of left hip pain. Claimant informed the attending staff that she had surgery at the bottom of her left foot in June 2012 and still experienced pain there but her current limping was not due to foot pain. A hip x-ray and urine results were negative, and lab results showed no leukocytosis. Claimant was diagnosed with unspecified hip/thigh sprain/strain and discharged.

██████████ Claimant was seen at the hospital emergency department complaining of right knee pain after tripping and falling on the sidewalk. Claimant was examined and there was no infection, fluid in the knee joint, or tenderness. Claimant was able to flex and extend her knee more than 90 degrees and could bear weight on walking. A fracture was also ruled out. Claimant was diagnosed with a sprained knee and was sent home.

██████████ Claimant had surgery on her right wrist to address her de Quevain's tendonitis that had failed to respond to conservative measures.

██████████ Claimant's treating physician completed a medical examination report, DHS-49, listing Claimant's diagnosis as diabetes mellitus, hypertension, carpal tunnel syndrome, leg weakness, migraines, breast cyst, diabetic neuropathy and back pain. The doctor noted that Claimant had had hand surgery on her right hand in ██████████ and was under orthopedic care for that condition. The doctor noted no mental deficits. The doctor indicated that Claimant could sit less than 6 hours in an 8-hour day; could lift less than 10 pound frequently, 10 pounds occasionally, and never more than 10 pounds; could not use her right hand/arm for simple grasping, pushing/pulling and fine manipulating; and could not use her left feet/legs for operating foot and leg controls. The doctor indicated that Claimant was in stable condition.

██████████ Claimant's treating physician performed a physical exam. The doctor noted an enlarged thyroid. An examination of Claimant's lumbosacral spine showed that it had an abnormal appearance, tenderness upon palpation; abnormal flexion and decreased extension; normal rotation and later flexion to the right and left; no pain elicited by motion; and negative straight-leg test of both legs. Claimant's wrist appeared abnormal with visible swelling of the volar aspect of both wrists and visible swelling of the medial aspect of the right wrist. The doctor noted leg abnormalities, including tenderness localized in the tibial shaft and fibular shaft. Claimant could stand on heels and toes but had difficulty walking on toes. Peripheral neuropathy was noted. Claimant was diagnosed with esophageal reflux, symptomatic menopause, diabetes mellitus poorly controlled, carpal tunnel syndrome, migraine headaches, diabetic polyneuropathy and lumbar radiculopathy. The doctor noted that Claimant's diabetes was poorly controlled. The doctor ordered thyroid ultrasound, EMG of the bilateral lower extremities, and x-rays of the lumbosacral spine and left lower leg. The doctor ordered a quad cane to address Claimant's back and leg pain with weakness and diabetic neuropathy.

██████████ a carotid duplex-bilateral scan on Claimant in response to her complaints of dizziness showed a 1-39% diameter reduction range in the right and left internal carotid artery and bilateral antegrade vertebral artery flow.

██████████ ultrasounds and mammograms of Claimant's right breast were administered in connection with a right breast mass. The pathology results from the ██████████ right breast ultrasound guided biopsy concluded that the results were characterized as benign, and a surgical consultation was recommended to determine the need for excision. In a ██████████ surgical oncology report, the doctor evaluated Claimant for surgery in connection with a recent diagnosis of right breast intraductal papilloma and agreed to schedule her for a right breast wire localized excisional biopsy ██████████ Claimant underwent breast surgery ██████████ The surgery was described as technically successful. The final pathologic diagnosis reported ██████████ showed no malignancy. ██████████ surgical oncology report indicated that Claimant's incision was

described under listing 11.14 or the level of severity for an affective disorder under listing 12.04.

Listing 1.02 (major dysfunction of a joint due to any cause) was considered in connection with the medical evidence of carpal tunnel syndrome. While there was evidence that Claimant was unable to perform fine and gross movements effectively because of dysfunction of her wrist, to establish a listing under 1.02 a client must show findings on appropriate medically acceptable imaging of joint space narrowing, bony destruction, or ankylosis of the affected joint. No such medical evidence was presented in this case.

Accordingly, the evidence does **not** show that Claimant's impairments meet or are equal to the required level of severity of a listing to be considered as disabling without further consideration.

Residual Functional Capacity

If an individual's impairment does not meet or equal a listed impairment under Step 3, before proceeding to Step 4, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. Impairments, and any related symptoms, may cause physical and mental limitations that affect what a person can do in a work setting. 20 CFR 416.945(a)(1). RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s) and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4). The total limiting effects of all impairments, including those that are not severe, are considered. 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (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).

Limitations can be exertional, nonexertional, or a combination of both. 20 CFR 416.969a. If the limitations and restrictions imposed by the individual's impairment(s) and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b). To determine the exertional requirements, or physical demands, of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a).

Sedentary work.

Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 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. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the 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. 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. If someone can do light work, ... he or she can also do sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time.

Medium work.

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, ... he or she can also do sedentary and light work.

Heavy work.

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, ... he or she can also do medium, light, and sedentary work.

Very heavy work.

Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. If someone can do very heavy work, ... he or she can also do heavy, medium, light, and sedentary work.

20 CFR 416.967.

If an individual has limitations or restrictions that affect the ability to meet demands of jobs **other than** strength, or exertional, demands (i.e., sitting, standing, walking, lifting, carrying, pushing, or pulling), the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). 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 (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.*

When a person has a combination of exertional and nonexertional limitations or restrictions, the rules pertaining to the strength limitations provide a framework to guide the disability determination unless there is a rule that directs a conclusion that the individual is disabled based upon strength limitations. 20 CFR 416.969a(d).

In this case, Claimant has alleged both exertional and nonexertional limitations.

At the hearing, Claimant testified that she was depressed concerning her condition and lack of assistance. She sometimes forgot things but continued to have social interaction with her family. Claimant's treating physician's [REDACTED] medical exam report concluded that Claimant had no mental limitations. Accordingly, the record supports, at most, mild nonexertional limitations.

Claimant also testified concerning pain in her arms and legs. She stated that she experienced a sharp pain, like pins and needles, in her arms to her shoulder and numbness in her fingers. She also had pain in her legs that traveled from her toes up her calves and caused her legs to give out. She felt a burning sensation in her feet. She walked with a cane prescribed by her doctor but was only able to travel a block because of her leg pain and trembling. Her doctor suggested that she use a walker, but Claimant testified she could not afford the copay to purchase one.

She testified that she could stand for 20 minutes but would then have to sit. She could not sit for more than one hour at a time and then needed to stand to stretch. She could bend and squat as long as she had something to hold on to. She also testified that she could grasp items for a short while before losing her grip, and she could lift 10 pounds but could not hold it for too long. Claimant testified that prescribed medication helped control her diabetes pain but she could not afford it. Claimant also complained of pain in her back and constant headaches that varied in intensity but could be so severe that she would have to lie down.

Claimant testified that she lived with a roommate who did most of the cooking, laundry and shopping. She was able to take care of her personal hygiene herself, although she used a shower chair and sometimes her daughter helped her wash her back.

In the [REDACTED] medical examination report, Claimant's treating physician described Claimant's condition as stable but noted that she had the following limitations: she could lift less than 10 pound frequently, 10 pounds occasionally, and never more than 10 pounds; could not use her right hand/arm for simple grasping, pushing/pulling and fine manipulating; and could not use her left feet/legs for operating foot and leg controls. Because of the manner in which the form is written, it is unclear whether the doctor limited Claimant to standing less than two hours or up to two hours in an eight-hour day. However, he prescribed a quad-cane to assist her with her mobility and pain. The doctor's finding of peripheral neuropathy is consistent with Claimant's testimony on the record concerning her arm and leg pains. Consistent with the doctor's findings, the record also shows that Claimant has ongoing uncontrolled diabetes, and her testimony established that she was unable to afford treatment for her diabetes. Even though the doctor noted that Claimant had surgery on her right wrist to address de Quervain's tendonitis, he also noted that her wrist appeared abnormal with visible swelling of the volar aspect of both wrists and visible swelling of the medial aspect of the right wrist.

In light of Claimant's doctor's findings and limitations, and Claimant's testimony, it is found, based on Claimant's mental and physical conditions, that Claimant maintains the physical and mental capacity to perform sedentary work as defined by 20 CFR 416.967(a). Claimant's RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

Step Four

The fourth step in analyzing a disability claim requires an assessment of Claimant's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). 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). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920. 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).

As determined in the RFC analysis above, Claimant is limited to no more than sedentary work activities. Claimant's work history in the 15 years prior to the application consists of work as an assembly line worker (semi-skilled, light/medium). In light of the entire record and Claimant's RFC, it is found that Claimant is unable to perform past relevant work. Accordingly, Claimant cannot be found disabled, or not disabled, at step 4 and the assessment continues to step 5.

Step 5

In Step 5, an assessment of Claimant's RFC 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 this point in the analysis, the burden shifts from Claimant to the Department to present proof that Claimant has the RFC to obtain and maintain SGA. 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). If the individual can adjust to other work, then there is no disability. Disability is found if an individual is unable to adjust to other work. *Id.*

In this case, Claimant maintains the RFC for work activities on a regular and continuing basis to meet the physical and mental demands required to perform sedentary work as defined in 20 CFR 416.967(a). Her less-than-high-school education renders her skills *not* transferable. At the time of hearing, Claimant was 50 years old and, thus, considered to be a closely-approaching advanced-age individual for MA-P purposes. Accordingly, after review of the entire record and in consideration of Claimant's age, education, work experience, RFC, and using the Medical-Vocational Guidelines (20 CFR 404, Subpart P, Appendix II) as a guide, specifically Rule 201.10, Claimant is found disabled at Step 5.

A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program. BEM 261 (July 2013), p. 2.

In this case, Claimant is found disabled for purposes of the MA-P program and, therefore, disabled for purposes of SDA benefit program.

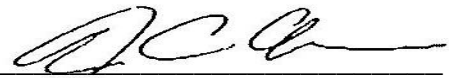
DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds Claimant disabled for purposes of the MA-P and SDA benefit programs.

Accordingly, the Department's determination is REVERSED.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Process Claimant's June 20, 2013, MA-P and SDA application to determine if all the other non-medical criteria are satisfied and notify Claimant of its determination;
2. Supplement Claimant for lost benefits, if any, that Claimant was entitled to receive if otherwise eligible and qualified;
3. Review Claimant's continued eligibility in July 2015.



Alice C. Elkin
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: June 19, 2014

Date Mailed: June 19, 2014

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

2013-66417/ACE

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

ACE/pf

cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]