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

IN THE MATTER OF:

[redacted]

Reg. No.: 2013-69594
Issue No.: 2009
Case No.: [redacted]
Hearing Date: April 17, 2014
County: Wayne (19)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, an in-person hearing was held on April 17, 2014, from Inkster, Michigan. Participants included [redacted] as Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (DHS) included [redacted], Medical Contact Worker.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) for the reason that Claimant is not a disabled individual.

FINDINGS OF FACT

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

1. On [redacted], Claimant applied for MA benefits, including retroactive MA benefits from [redacted].

2. Claimant's only basis for MA benefits was as a disabled individual.

3. On [redacted], the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 5-6).

4. On [redacted], DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action (Exhibits 119-121) informing Claimant of the denial.

5. On [redacted], Claimant's AHR requested a hearing disputing the denial of MA benefits.

6. On [redacted], Claimant died (see Exhibit A4).

7. On [redacted], SHRT determined that Claimant was not a disabled individual, in part, by application of Medical-Vocational Rule 203.13.

8. On [redacted] Claimant's AHR obtained Letters of Authority (Exhibits A1) verifying Claimant's AHR's status as Claimant's special personal representative.

9. On [redacted], an administrative hearing was held.

10. Claimant's AHR presented new medical documents (Exhibits A1-A12) at the hearing.

11. During the hearing, Claimant's AHR waived the right to receive a timely hearing decision.

12. During the hearing, Claimant and DHS waived any objections to allow the admission of additional documents considered and forwarded by SHRT.

13. On [redacted], an updated hearing packet was forwarded to SHRT and an Interim Order Extending the Record for Review by State Hearing Review Team was subsequently issued which extended the record 90 days from the date of hearing.

14. On [redacted], SHRT determined that Claimant was not disabled, in part, by application of Medical-Vocational Rule 203.13.

15. On [redacted], the Michigan Administrative Hearings System received the hearing packet and updated SHRT decision.

16. At the time of his death, Claimant was a 55-year-old male.

17. Claimant has a relevant history of alcohol abuse.

18. Claimant alleged disability based on impairments and issues including neuropathy.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

Prior to a substantive analysis of Claimant's hearing request, it should be noted that Claimant's AHR noted special arrangements in order to participate in the hearing; specifically, an in-person hearing was requested. Claimant's AHR's request was granted and the hearing was conducted accordingly.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 (10/2010), p. 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id*. Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id*. AMP is an MA program available to persons not eligible for Medicaid through the SSI-related or FIP-related categories though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

Disability for purposes of MA benefits is established if one of the following circumstances applies:

- by death (for the month of death);
- the applicant receives Supplemental Security Income (SSI) benefits;
- SSI benefits were recently terminated due to financial factors;
- the applicant receives Retirement Survivors and Disability Insurance (RSDI) on the basis of being disabled; or
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances).
  BEM 260 (7/2012) pp. 1-2

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for Medicaid eligibility without undergoing a medical review process which determines whether Claimant is a disabled individual. *Id*. at 2.

Generally, state agencies such as DHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally defined as the inability to do any substantial gainful activity (SGA) by reason of any medically

determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905. A functionally identical definition of disability is found under DHS regulations. BEM 260 (7/2012), p. 8.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id*. at 9.

Significant duties are duties used to do a job or run a business. *Id*. They must also have a degree of economic value. *Id*. The ability to run a household or take care of oneself does not, on its own, constitute substantial gainful activity. *Id*.

The person claiming a physical or mental disability has the burden to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CRF 413.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. "Current" work activity is interpreted to include all time since the date of application. The 2013 monthly income limit considered SGA for non-blind individuals is $1,040.

Generally, the best evidence to establish a lack of SGA is a client's testimony. Generally, when a client fails to testify concerning SGA, a client cannot pass step one of the disability analysis. Claimant cannot present any SGA testimony because of death. Finding that a claimant is not disabled (other than the month of death), because a dead claimant failed to testify concerning a lack of SGA would create an immensely unjust outcome. When a client is unable to testify due to death, it is appropriate to consider other evidence to determine whether the client performed SGA at any time after applying for MA benefits.

A Medical-Social Questionnaire (Exhibits 10-12) dated [redacted] was presented. The form was completed by a self-described Medicaid Advocate. Presumably the advocate completed the form after discussions with Claimant. The form included Claimant's work

history which noted that Claimant last worked in 2011. This evidence is supportive in finding that Claimant has not been employed since at least [redacted], the earliest month of MA benefits requested.

DHS present Claimant's Worknumber history (Exhibits 2-1 – 2-2). Worknumber is an online database which tracks employment information for the employees of participating employers. The Worknumber showed no employment history for Claimant. This is supportive in finding that Claimant has not worked since at least [redacted].

Based on the presented information, it is found that Claimant did not perform SGA since the date of requested MA. Accordingly, the analysis may proceed to step two.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the 12 month duration requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id*.

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or
- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v Bowen,* 880 F2d 860, 862 (6th Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1st Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirement is intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1st Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining

whether Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with a summary of the relevant submitted medical documentation.

Radiology reports (Exhibits 30-32) dated [redacted] were presented. It was noted that Claimant underwent an echo cardiogram. It was noted that the study was technically poor. Claimant's ejection fraction was noted to be 55%. Mild hypokinesis was noted.

Hospital documents (Exhibits 16-29; 33; 82-99) dated [redacted] were presented. It was noted that Claimant presented with a facial laceration. It was noted that Claimant's face was scratched by scissors in an assault from two days prior. It was noted that Claimant was wheezing. A diagnosis of COPD was noted. It was noted that Claimant underwent breathing treatment. It was noted that views were taken of Claimant's chest; an impression of no acute pulmonary abnormality was noted. It was noted that views of Claimant's face were taken; an impression of "negative facial bones" was noted. It was noted that hospital admission was attempted but that Claimant left against medical advice.

Hospital documents (Exhibits 35-76; 100-101) from an admission dated [redacted] were presented. It was noted that Claimant reported a recent loss of consciousness following a fall; increasing lethargy, back pain and confusion were also noted as reported complaints. It was noted that Claimant reported daily drinking of one 40 ounce beer, though it was noted that it was suspected that Claimant drinks more alcohol than reported. It was noted that Claimant smoked one pack of cigarettes each day. It was noted that Claimant remains on couch and has frequent falls. Claimant's medical history noted: alcohol abuse, pancreatitis, hepatitis C, GERD, anxiety, asthma and diaphragmatic hernia. In order, Claimant's discharge diagnoses were the following: altered mental status / toxic metabolic encephalopathy, hepatic encephalopathy, alcohol abuse, alcohol withdrawal, alcohol hepatitis, alcoholic liver disease with jaundice, electrolyte imbalance, hepatitis C, alcohol related seizures, fever secondary to alcohol hepatitis, severe peripheral neuropathy (secondary to alcohol abuse), and mild pancreatitis. It was noted that Claimant received various medications and fluids. It was noted that Claimant was weak but was improving.

Physician documents (Exhibits 80-82; 112-114) dated [redacted] were presented. It was noted that Claimant presented with complaints of numerous falls during a recent hospitalization. It was noted that Claimant had 5/5 strength in all extremities. It was noted that deep tendon reflexes were +2/4 bilaterally. An assessment of a one-time seizure, possibly related to EtOH was noted. It was noted that Claimant reported forgetfulness; an assessment of elevated blood ammonia was noted.

A radiology report (Exhibits 78-79) dated [redacted] was presented. It was noted that an MRI of Claimant's cervical spine was performed. A history of a 1996 fractured neck was noted. It was noted that bulging discs occurred at multiple levels.

A treating physician document (Exhibit 103) dated [redacted] was presented. The document was accompanied by lab results and other documents (Exhibits 104-111) from the prior 30 days. A severely high ammonia level was noted.

Hospital documents (Exhibits A5-A12) from an admission date [redacted] were presented. It was noted that Claimant was found by his roommate to be unresponsive. It was noted that Claimant's blood sugar was 23. A chest x-ray was performed; an impression of upper lobe infiltrates secondary to pneumonia was noted. It was noted that Claimant received IV fluids and that Claimant's blood sugar and condition improved.

A Certificate of Death (Exhibit A4) was presented. The certificate verified that Claimant died on [redacted].The listed cause of death was alcohol hepatitis.

Claimants have the burden of proof to establish disability. SSR 13-2p. When drug and/or alcohol abuse (DAA) is applicable, SSA applies the steps of the sequential evaluation a second time to determine whether the claimant would be disabled if he or she were not using drugs or alcohol. *Id.* It is a longstanding SSA policy that the claimant continues to have the burden of proving disability throughout the DAA materiality analysis. *Id.* Noted considerations made by SSA concerning drug materiality include the following:

- Does the claimant have DAA?
- Is the claimant disabled considering all impairments, including DAA?
- Is DAA the only impairment?
- Is the other impairment disabling by itself while the claimant is dependent upon or abusing drugs and/or alcohol?
- Does the DAA cause or affect the claimant's medically determinable impairments?
- Would the other impairments improve to the point of non-disability in the absence of DAA

The presented medical records strongly suggested that Claimant gradually drank himself to death. The presented evidence was strongly suggestive that Claimant had numerous impairments that would have diminished or disappeared had Claimant stopped drinking alcohol. For purposes of a disability determination, it must be determined what impairments Claimant would have had, if he stopped drinking alcohol.

Seizures, pancreatitis, falls, and losses of consciousness appeared attributable to Claimant's alcohol abuse; at least the evidence was not sufficient to establish that the impairments would have been significant if Claimant stopped drinking. For each of these problems, alcohol abuse is found to be material.

A diagnosis of COPD was verified. COPD would likely cause Claimant breathing difficulties, particularly with exertion. COPD is not likely to be exacerbated by alcohol consumption. Tobacco abuse can exacerbate COPD. Medical records noted that Claimant was a smoker. Insufficient evidence was presented to suggest that Claimant's presumed breathing difficulties would have existed if Claimant did not smoke. Thus, Claimant's smoking is found to be material to any restrictions caused by COPD.

Claimant was also diagnosed with neuropathy and cervical spine pain. Neck pain and neuropathy would likely cause some degree of walking and lifting restrictions. Neuropathy is of such a nature, that "severe" neuropathy is likely to cause walking and lifting restrictions even if Claimant ceased using alcohol. Neck pain and severe neuropathy are likely not material to Claimant's tobacco or alcohol abuse. It is found that Claimant has significant impairments to performing basic work activities.

Claimant's impairments likely existed since [redacted] and would have continued through Claimant's death even if Claimant's alcohol use ceased. It is found that Claimant had severe impairments and the analysis may proceed to step three.

The third step of the sequential analysis requires a determination whether the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920 (a)(4)(iii). If Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

A listing for peripheral neuropathies (Listing 11.14) was considered based on a documented diagnosis. The listing was rejected due to a failure to establish significant and persistent disorganization of motor function in two extremities.

A listing for respiratory function (Listing 3.02) was considered based on Claimant's complaints of dyspnea. The listing was rejected due to a lack of respiratory testing evidence.

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's cervical spine abnormalities. This listing was rejected due to a lack of evidence and a failure to establish a spinal disorder resulting in a compromised nerve root.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity (RFC) and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if it is determined that a claimant can perform past relevant work. *Id*.

Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

A list of Claimant's past employment (Exhibit 11) was presented. The list was completed by a Medicaid Advocate.

Claimant's listed past employment included construction work. Construction work typically involves heavy lifting and long periods of standing. It is improbable that a person with severe neuropathy and multiple bulging neck vertebrae discs could perform construction work.

Claimant's past employment included retail sales. It was noted that Claimant's employment lasted for 3 years. It was noted that Claimant made $1600/month in commission. Retail sales employment is interpreted to be the equivalent of "light employment". The determination of whether Claimant could have performed light employment will be reserved for step five.

For purposes of this decision, it is found that Claimant cannot perform past relevant employment. Accordingly, the analysis may proceed to step five.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b) Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.*

An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.*

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.*

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id*.

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform light employment. Social Security Rule 83-10 states that the full range of light work requires standing or walking, off and on, for a total of approximately 6 hours of an 8-hour workday.

In step 2 of the analysis, it was determined that Claimant had lifting and standing restrictions due to diagnoses of neuropathy, COPD, and neck pain. It was further determined that Claimant's restrictions would exist even if Claimant ceased alcohol and tobacco use.

Presented medical records noted that Claimant had full extremity strength. Deep tendon reflexes were noted as normal. This evidence is suggestive that Claimant could perform light employment.

The use of "severe" to describe peripheral neuropathy tends to be evidence suggesting that Claimant would unlikely be able to walk for extended periods. There are no known standardized degrees of neuropathy, but use of the term "severe" tends to imply neuropathy causing a high amount of pain, paresthesia, and/or nerve damage. Though neuropathy is treatable, it is not irreversible. Presumably, severe neuropathy is harder to treat than neuropathy not described as severe. It is plausible that Claimant could have performed a mostly-standing job with proper medical treatment, though it is improbable. This is particularly true when factoring diagnoses of COPD and multiple disc bulges in the cervical spine. It is found that Claimant would be restricted to performing sedentary employment.

Based on Claimant's exertional work level (sedentary), age (approaching advanced age), education (limited), employment history (unskilled), Medical-Vocational Rule 201.09 is found to apply. This rule dictates a finding that Claimant is disabled. Accordingly, it is found that DHS improperly found Claimant to be not disabled for purposes of MA benefits.

DECISION AND ORDER

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

(1) reinstate Claimant's MA benefit application dated [redacted], including retroactive MA benefits from [redacted];
(2) evaluate Claimant's eligibility for MA benefits subject to the finding that Claimant is a disabled individual; and
(3) initiate a supplement for any benefits not issued as a result of the improper application denial.

The actions taken by DHS are **REVERSED**.

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

Date Signed: 6/27/2014

Date Mailed: 6/27/2014

NOTICE OF APPEAL: The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

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

CG/hw

cc: [redacted]