

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-23704  
Issue No(s): 2009, 4009  
Case No.: [REDACTED]  
Hearing Date: May 8, 2014  
County: Alpena-Alcona County DHS

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

**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; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on May 8, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] the Claimant, and [REDACTED], Attorney. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Assistance Payments Supervisor and Hearing Facilitator, and [REDACTED], Eligibility Specialist.

**ISSUE**

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) and State Disability Assistance (SDA) benefit programs?

**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 October 28, 2013, Claimant applied for Medicaid (MA-P), retroactive MA-P, and SDA.
2. On December 11, 2013, the Medical Review Team (MRT) found Claimant not disabled.
3. On December 13, 2013, the Department notified Claimant of the MRT determination.
4. On January 24, 2014, the Department received Claimant's timely written request for hearing.
5. On April 15, 2014, the State Hearing Review Team (SHRT) found Claimant not disabled.

6. Claimant alleged physical disabling impairments due to spina bifida occulata, scoliosis, degenerative disc disease lumbar spine, pain and obesity.
7. Claimant alleged mental disabling impairments due to bi-polar disorder and ADHD.
8. At the time of hearing, Claimant was 21 years old with a [REDACTED] birth date; was 5'7" in height; and weighed 175 pounds.
9. Claimant obtained his GED and has no history of full time employment.
10. Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

### **CONCLUSIONS OF LAW**

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

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, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. 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.

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 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, 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 (i.e. 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 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 three to step four. 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 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 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, the Claimant is not involved in substantial gainful activity and therefore is not ineligible for disability benefits under Step 1.

The severity of the Claimant's alleged impairment(s) is considered under Step 2. The Claimant 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 416.920(a)(4)(ii); 20 CFR

416.920(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 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(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 spina bifida occulata, scoliosis, degenerative disc disease lumbar spine, pain, obesity, bi-polar disorder and ADHD.

A February 6, 2012, x-ray of Claimant's lumbar spine showed posterior fusion at L5S1 with an interbody bone plug and mild scoliosis of the thoracolumbar spine convex to the left.

A January 8, 2013 office visit note from Claimant's family physician indicated Claimant was being seen for a medication review and refills. In part, it was noted that Claimant was doing well, mood good, attention/focus good with medications, but had been unable to get a prescribed knee brace for bilateral patella instability/hypermobility. Claimant was 66.75 inches in height and weighed 214 pounds. The assessment indicated depression, ADHD, seborrhea capitis and patellar hypermobility. Medications included concerta.

An April 2, 2013, x-ray of Claimant's lumbosacral spine showed postoperative changes with laminectomy at L5/S1, posterior fusion, discectomy and interbody fusion as well as mild degenerative disease of a diffuse nature.

An April 11, 2013 office visit note from Claimant's family physician indicated Claimant was being seen for a review of medications and the neurosurgeon would no longer be prescribing hydrocodone. In part, it was noted that the ADD was doing well; Claimant reported the surgeon still trying to see if the lumbar/bone was healing with cement placed, not really improving much and pain little better; and Claimant reported previously being told he has low testosterone but nothing was ever done about it, he is tired most of the time, and has had a hard time losing weight despite watching his weight. Claimant was 66.75 inches in height and weighed 218 pounds. The assessment indicated obesity, depression, ADD, lumbago, seborrhea capitis/psoriasis scalp, chronic fatigue, pubertal/developmental delay and testicular hypofunction. Prescribed medications included hydrocodone-acetaminophen and concerta.

A June 13, 2013 letter from an orthopaedic doctor addressed an examination of Claimant for bilateral knee pain. It appeared Claimant had patellofemoral syndrome, which was probably aggravated by the issues with Claimant's back. There was extensive tightness in Claimant's hamstrings, which may be a result of inactivity from back surgery. A benign-appearing distal bone lesion was also noted. The exam report was also included. In part, the plan recommended physical therapy and work on extensive stretching of hamstrings to strengthen quadrant and core muscles. It was noted that it may take a very long time for symptoms to improve since it has been occurring for years.

An July 11, 2013 office visit note from Claimant's family physician indicated Claimant was being seen for a medication review. In part, Claimant reported ongoing back issues and being told the bone graft was not taking well; extensive labs were all normal; mood doing well, sleeping well, no suicidal or homicidal ideations, and no racing thoughts. Claimant was 66.75 inches in height and weighed 211 pounds. The assessment indicated obesity, depression, ADD, lumbago, chronic back pain, knee pain, question of bone cyst, and chronic fatigue. Prescribed medications included hydrocodone-acetaminophen and concerta.

On July 17, 2013 Claimant's family doctor completed a DHS-49 Medical Examination Report. Musculoskeletal abnormalities were noted. Physical limitations included lifting up to 20 pounds occasionally and unable to use feet/legs for repetitive actions. Due to a spacing issue with the check boxes on this version of the DHS-49 Medical Examination Report form addressing standing/walking limitations, it is unclear if the doctor marked whether Claimant could stand or walk less than 2 hours in an 8 hour work day or at least 2 hours in an 8 hour work day. It was also marked that Claimant had no mental limitations.

On November 8, 2013, Claimant's neurosurgeon completed a Physical Medical Source Statement. Diagnoses included lumbago, mood disorder, depression and ADHD. The doctor indicated Claimant could sit a total of less than 2 hours in an 8 hour work day, stand/walk a total of less than 2 hours in an 8 hour work day, and would need to be able

to shift positions at will from sitting, standing or walking. It was marked that Claimant must walk for at least 5 minutes every 20 minutes, would need to take unscheduled breaks of 10-15 minutes hourly during a working day due to muscle weakness and pain/parasthesias, numbness. It was marked that Claimant would be limited to lifting less than 10 pounds rarely, could not crouch/squat or climb ladders, and rarely would be able to twist, stoop, or climb stairs. Limitations of 10% of the time during an 8 hour work day were indicated with using hands, fingers, and arms. It was estimated Claimant would likely be absent from work about three days per month. It was also noted that Claimant would be off task 25% or more of a typical work day, even with simple work tasks due to ADHD.

On March 7, 2014, Claimant attended a consultative examination for examination of spina bifida and bulging disc. Contrary to the assertion in Claimant's Supplemental Hearing Memorandum, it is noted that this report is signed by the examining DO on page 5 of 5. However, Claimant also contested the accuracy of this report and testified that during the exam he did not complete testing and activities specified in the report. For example, Claimant stated he was not asked to pick up anything or to grip/grasp anything during this exam. It is also noted that the exam report itself contains inconsistencies. For example, the introductory paragraph states "the patient currently controls the pain with pain medications and Neurontin" then in the medications section on the same page it states "he does not take any medications at this time." Accordingly, little weight can be given to this consultative examination report.

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 medical evidence establishing that he does have some limitations on his ability to perform basic work activities. The medical evidence has established that the 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, the 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 Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The evidence confirms recent treatment/diagnosis of: lumbago, depression, ADHD, patellofemoral syndrome, patellar hypermobility, obesity, chronic back pain, knee pain, and chronic fatigue.

Listings 1.00 Musculoskeletal System, which also directs evaluation under 14.09 Inflammatory arthritis for scoliosis, were considered in light of the objective medical evidence. The evidence was not sufficient to establish an inability to ambulate effectively as defined in 1.00B2b. Specifically, the treating neurosurgeon estimated Claimant could walk one block, could climb stairs rarely, and would need to walk for five minutes every 20 minutes during an 8 hour work day.

Listings 12.00 Mental Disorders, were considered in light of the objective evidence. While the neurosurgeon noted some limitations related to ADHD, it appears Claimant's mental impairments were actually being treated by his family doctor. The office notes

from the family doctor showed monitoring, review of symptoms and prescriptions for medications related to Claimant's mental impairments. Accordingly, the family doctor's opinion regarding mental impairments is given greater weight. It is noted that on the July 17, 2013 DHS-49 Medical Examination Report, Claimant's family doctor marked that Claimant had no mental limitations. This is consistent with the office visit notes indicating Claimant's ADD/ADHD was doing well with medication, mood was good, sleeping well, no suicidal or homicidal ideations, and no racing thoughts.

Ultimately, the objective medical records establish some physical and mental impairments; however, the evidence does not meet the intent and severity requirements of a listing, or its equivalent. Accordingly, the Claimant cannot be found disabled, or not disabled, at Step 3; therefore, the Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a).

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

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 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 (exertional requirements, i.e. 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 with the demands of past relevant work. *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 to function 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 this case, evidence confirms recent treatment/diagnosis of: lumbago, depression, ADHD, patellofemoral syndrome, patellar hypermobility, obesity, chronic back pain, knee pain, and chronic fatigue. The treating neurosurgeon's opinion on the November 8, 2013 physical medical source statement was consistent with Claimant's testimony regarding his physical limitations. Further, Claimant's need for hourly breaks lasting 10-15 minutes during a typical work day due to muscle weakness and pain/parasthesias, numbness as well as the likelihood of Claimant having to be absent three days per month would preclude competitive employment. While the neurosurgeon's opinion is more restrictive than the physical limitations indicated by the family doctor on the July 17, 2013 DHS-49 Medical Examination Report, the neurosurgeon's opinion regarding physical limitations is given greater weight because it is the most current for this application date and this is the specialist that has been treating Claimant's spinal impairments since September 2011.

After review of the entire record it is found, at this point, that Claimant does not maintain the residual functional capacity to perform at least sedentary work as defined by 20 CFR 416.967(a).

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 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 is not considered. 20 CFR 416.960(b)(3).



Claimant had no history of employment. In light of the entire record and Claimant's RFC (see above), it is found that Claimant is not be able to perform past relevant work. Accordingly, Claimant cannot be found disabled, or not disabled, at Step 4.

In Step 5, an assessment of Claimant's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of hearing, Claimant was 21 years old and, thus, considered to be a younger individual for MA-P purposes. Claimant obtained his GED but has no employment history. 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 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).

In this case, the evidence confirms recent treatment/diagnosis of: lumbago, depression, ADHD, patellofemoral syndrome, patellar hypermobility, obesity, chronic back pain, knee pain, and chronic fatigue. As noted above, after review of the entire record it is found, at this point, that Claimant does not maintain the residual functional capacity to perform at least sedentary work as defined by 20 CFR 416.967(a).

After review of the entire record, and in consideration of the Claimant's age, education, work experience, and RFC, Claimant is found disabled at Step 5.

The SDA program, which provides financial assistance for disabled persons, was established by 2004 PA 344. DHS administers the SDA program pursuant to MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. Department policies are found in BAM, BEM, and RFT. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal SSI disability standards for at least ninety days. Receipt of SSI or RSDI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness (MA-P) automatically qualifies an individual as disabled for purposes of the SDA program.

In this case, the Claimant is found disabled for purposes SDA benefits as the objective medical evidence also establishes a physical or mental impairment that met the federal SSI disability standard with the shortened duration of 90 days. In light of the foregoing, it is found that Claimant's impairments did preclude work at the above stated level for at least 90 days.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant disabled for purposes of the MA and SDA benefit programs.

**DECISION AND ORDER**

Accordingly, the Department's determination is **REVERSED**.

THE DEPARTMENT IS ORDERED TO INITIATE 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. Initiate a review of the application dated October 28, 2013, if not done previously, to determine Claimant's non-medical eligibility. The Department shall inform Claimant of the determination in writing. A review of this case shall be set for July 2015.
2. Issue the Claimant any supplement he may thereafter be due.



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Colleen Lack  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: June 26, 2014

Date Mailed: June 26, 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.

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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

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

CL/hj

cc:

A large black rectangular redaction box covers the names and email addresses of the recipients listed under the 'cc:' field.