

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014 32970
Issue Nos.: 2009
Case No.: [REDACTED]
Hearing Date: July 30, 2014
DHS County: Wayne County (18)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 three way telephone hearing was held on July 30, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant, [REDACTED], the Claimant's Authorized Hearing Representative also appeared. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Medical Contact Worker.

ISSUE

Whether the Department properly determined that the Claimant was not disabled for purposes of the Medical Assistance ("MA-P) 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 24, 2013, the Claimant submitted an application for public assistance seeking MA-P and retro MA-P benefits (June 2013).
2. On December 11, 2013, the Medical Review Team ("MRT") found the Claimant not disabled. (Exhibit 1)
3. The Department notified the Claimant's AHR of the MRT determination on December 18, 2013.

4. On March 17, 2014, the Department received the Claimant's written request for hearing.
5. On May 23 2014, the State Hearing Review Team ("SHRT") found the Claimant not disabled. (Exhibit 2)
6. An Interim Order was issued August 7, 2014. The new evidence was received by the undersigned and reviewed.
7. The Claimant alleges physical disabling impairments due to reflex sympathetic dystrophy (RSD) in his right hand small finger, and ring finger. The Claimant has been treated for chronic pain from October 2012 to April 2014.
8. At the time of hearing, the Claimant was 32 years old with an [REDACTED] birth date; Claimant is now 33. Claimant is 6' 2" in height; and weighed 185 pounds.
9. The Claimant completed a GED. The Claimant's past work was performing roofing work, including tear off and shingling. The Claimant also delivered office supplies, but no longer drives due to his pain medications.
10. The Claimant has not alleged any mental disabling impairments.

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 413.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and, (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (e.g., age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a) (4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If impairment does not

meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from Step 3 to Step 4. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

As outlined above, the first step looks at the individual's current work activity. In the record presented, 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 916.920(a)(4)(ii); 20 CFR 916.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment; and

5. Responding appropriately to supervision, co-workers and usual work situations; and 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).

The Claimant alleges physical disabling impairments due to reflex sympathetic dystrophy (RSD) in his right hand small finger, and ring finger. The Claimant has treated for chronic pain from October 2012 to April 2014.

A summary of the medical evidence follows.

The Claimant was assigned as part of his rehabilitation after injury of his hand to attend a [REDACTED]'s program for work evaluation. Claimant attended for three days in September 2011. He was assigned material handling with his non-injured hand as well as various assembly tasking for a three-hour period. His work speed was below competitive employment standards. Over the three-day evaluation, the Claimant reported he experienced sharp throbbing and burning pain in his injured hand. At that point the evaluation was discontinued.

On April 29, 2014, the Claimant was discharged as a patient by his then treating pain doctor and the [REDACTED]'s. The Claimant was discharged due to violating the terms of the pain control contract that he had signed as a patient, for not taking his pain medications as prescribed. The Claimant had been a patient since June 2013.

The Claimant was seen in the hospital on June 18 and 19, 2014 due to hemoptysis. At the time, the impression was left lower low densities likely of infectious basis, CT recommended. At the time the Claimant had reported to the hospital for a cough.

The Claimant was seen on April 21, 2014 for refills of his pain medications noting previously had ganglion blocks with minimal relief. Lyrica was helpful for the pain.

The Claimant was seen January 20, 2014 by his pain physician and has noted that pain had worsened since cold weather. At that time the Claimant was switched to Norco pain medication.

On August 28, 2013, the Claimant was seen for an evaluation of the right little finger and ring finger of the right hand. The doctor reports that the history indicates a severe laceration causing multiple tendon lacerations to both digits occurred in 2011. Based on history, the flexor and extensor tendons of the little finger were lacerated. His tendons were repaired. After surgery, post-operative staph infection required a new incision and drainage. During that procedure, the Claimant reported he suffered severe nerve damage. The Claimant, by way of history, attended a rehabilitation program and developed severe RSD symptoms. Most recently, the Claimant while mowing the lawn developed significant swelling and his little finger turned into a sausage. He presented to the emergency room and was admitted for intravenous antibiotics. At the time of the examination, the Claimant had returned to baseline hand function from a range of motion standpoint and sensation standpoint. The examiner noted that the Claimant had significant skin changes over the little finger of the right hand that are consistent with RSD. The symptoms were hypersensitivity with light tactile stimulation, bending of the skin, loss of hair and hyperhidrosis of the hand, with tactile stimulation of the finger. Loss of flexion increases and extension creases of the digit and smoothing of his languor lines. Also noted, the Claimant had proximal interphalangeal joint flexion contractures of the ring and little fingers. Palpation of the digit is quite painful. No painful masses were noted. It was noted that the patient was functioning quite well for a severe case of our RSD. He uses multiple gloves for padding and attempts loading activities with the hand as tolerated.

The Claimant was seen by his general practitioner on June 23, 2014. At that time, a CT of the chest noted infiltrative changes in the left lower lobe, possibly infectious etiology. The Claimant had been out of the state of Michigan from June 3 through June 15, and then June 16 through the 20, 2014.

On June 18, 2014, the Claimant was seen again by his treating Doctor. At that time, he was seen for coughing up bright red blood for four days. He continues to smoke. A history of hemoptysis is reported and urinary urgency, with potbellied bloating over lower abdomen. No gastrointestinal symptoms were found.

The Claimant was seen by his doctor in November 2013. At the time, he complained of pain due to the dorsum of the left foot after a fall down the stairs. The exam determined no deformity of the left foot or ankle, with no swelling or bruising, or loss of range of motion. However, the Claimant had a limping gait. At that time, the Claimant was referred to psychotherapy due to depression relative to separation from his girlfriend.

In September 2013, the Claimant was seen due to complaints of sores on his right foot. No lesions or sores were noted. The assessment noted probable tinea pedis. X-rays were taken and revealed no bony abnormalities or evidence of fractures or dislocations. The Claimant also had a stitchery moved from the left fifth digit of his finger, which had been there for two years. No cellulitis was noted.

On September 9, 2013, the Claimant was seen for a general exam and noted that he had seen a hand specialist regarding flexion contracture of the right fifth digit, and was told that nothing could be done. At that time, he exhibited soft tissue, mildly swelling of the dorsum of the right third and fourth toes. He may continue antifungal topicals he has at home, and was referred for further evaluation. On August 26, 2013, the Claimant was seen regarding a right foot soft tissue infection and had been at the hospital with IV anti-biotics and discharged on Cipro.

The Claimant was seen in the emergency room on August 12, 2013 and had an infectious disease consultation. The Claimant was seen at Oakwood Hospital for a sudden sausage like swelling of the right fifth digit. He sustained an injury to the digit while cutting grass the day before the finger swelled up. He was admitted to the hospital for a four-day stay, with pain and swelling in the right fifth finger. The Claimant was given antibiotic therapy and noted that Lyrica and Elavil were also prescribed. The impression was cellulitis rate fifth finger possible abscess. For the use of the right hand, an x-ray was obtained and were compared with a previous examination and x-ray in January 2012. The impression was no osseous abnormality is apparent. The Claimant was discharged and given continuing antibiotics, and warm compresses were prescribed

The Claimant was seen on May 22, 2013 for a reevaluation of incision and drainage of cyst abscess on the proximal left forearm. The wound was examined and was about a third of an inch. The area of the wound was still considerably tender. No active infection was perceived. Claimant also was seen on April 30 for the same cyst abscess.

The Claimant was seen on November 6, 2012 with a glove on his right hand due to chronic right hand pain ongoing for over one and half year, after an operation to attach the flex or tendon to the right fourth and fifth digits, with repeat surgery after developing infection. He has been complaining of chronic pain since then, and wearing a glove to keep the hand warm, as cold aggravates the hand pain. The doctor notes adequate fourth and fifth digit range of motion. The assessment was chronic neurology, right fourth and fifth digits, ulnar aspect of the right hand, and glove to keep hand warm against cold exacerbation of chronic neuralgia.

The Claimant was seen on March 20, 2012 in the emergency room, and admitted for a one-day stay due to history of bloody diarrhea and abdominal pain. Upon discharge, the patient was alert and oriented back to his baseline.

As previously noted, the Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, the Claimant has presented objective medical evidence establishing that he does have some physical limitations on his ability to perform basic work activities. Accordingly, 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 Claimant asserts disabling impairments due to reflex sympathetic dystrophy (RSD) in his right hand small finger and ring finger. The Claimant has treated for chronic pain from October 2012 to April 2014. Listing 1.02 Major Dysfunction of a Joint and 1.05 Amputation due to any cause were consulted, Listing 1.05 requires both hand amputation. Listing 1.02 requires: Involvement of one major peripheral joint in each upper extremity (i.e., shoulder, elbow, or wrist-hand), resulting in inability to perform fine and gross movements effectively, as defined in 1.00B2c. Both listings require the disabling impairment exist in both hands or upper peripheral joint extremities.

Ultimately, it is found that the Claimant suffers from some medical conditions; however, the Claimant's impairments do not meet the intent and severity requirement of either Listing 1.02 or 1.05. A careful review of the medical evidence was made and it was found that the listing was not met. Therefore, Claimant cannot be found disabled, or not disabled, at Step 3. Accordingly, the Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a).

The fourth step in analyzing a disability claim requires an assessment of the 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 are not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s) and any related symptoms, such as pain,

which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967.

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

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

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.* Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.* Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands (exertional requirements, e.g., sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity to the demands of past relevant work must be made. *Id.* If an individual can no longer do past relevant work, the same residual functional capacity assessment along with an individual's age, education, and work

experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty 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 (e.g., can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi). If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

The Claimant's prior work history consists of employment performing roofing work including roof tear off and installing shingles, as well as driving a delivery truck. Both these jobs required heavy lifting of shingles and packages which the Claimant can no longer do. In light of the Claimant's testimony and records, and in consideration of the Occupational Code, the Claimant's prior work is classified as unskilled medium and heavy work.

The Claimant testified to following abilities. He is able to walk about a mile. The Claimant testified that he could not bend at the waist, he could perform a squat, could not tie his shoes. The Claimant can shower and dress himself with assistance. The Claimant further testified that the heaviest weight he could carry was between 30 and 8 pounds with the left hand, but a glass of milk with the right hand. The Claimant could sit for at least an hour. The Claimant testified he gets dizzy when standing. None of the Claimant's doctor's evaluated his physical abilities.

If the impairment or combination of impairments does not limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In consideration of the Claimant's testimony, medical records, and current limitations, it is found that the Claimant is not able to return to past relevant work; due in large part the lifting requirements and dizziness, as well as inability to use the right hand. Thus, the fifth step in the sequential analysis is required.

In Step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). The Claimant is 32 years old and, thus, is considered to be an individual of younger age for MA purposes. The Claimant went through school to the 11th grade and has a GED. 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 reveals that the Claimant has a medical impairment due to reflex sympathetic dystrophy (RSD) in his right hand and small finger, and ring finger. The Claimant has treated for chronic pain from October 2012 to April 2014.

Based upon the foregoing objective medical evidence, there is no evidence that the Claimant would have difficulty performing work while sitting or standing and has the use of his left hand. Sedentary work requires lifting 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.

This Administrative Law Judge does take into account Claimant's complaints of pain in that the diagnoses do support the claims. Subjective complaints of pain where there are objectively established medical conditions that can reasonably be expected to produce the pain must be taken into account in determining a Claimant's limitations. *Duncan v Secretary of HHS*, 801 F2d 847, 853 (CA6, 1986); 20 CFR 404.1529 416.929.

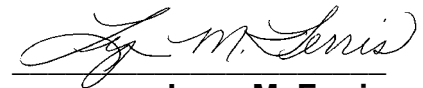
After a review of the Claimant's medical records, reports from treating physicians, and Claimant's own testimony, Claimant has failed to establish limitations which would compromise his ability to perform one-handed light work activities on a regular and continuing basis. See Social Security Ruling 87-11C. The loss or loss of use of a hand or arm is not disabling *per se*. Federal case law has held that an individual who has lost, or has lost the use of, an arm or hand can still engage in substantial gainful activity. See *Knott v Califano*, 559 F2d 279 (5th Cir, 1977). Claimant undisputedly has the full use of his left hand and arm. Substantial evidence in the whole record supports the position that, even though limited to the use of his left hand and arm, Claimant can perform a substantial number of jobs in the national economy.

In consideration of the foregoing and in light of the objective limitations, it is found that the Claimant does retain the residual functional capacity for work activities on a regular and continuing basis to meet at the physical and mental demands required to perform sedentary work pursuant to Rule 201.27. After review of the entire record, the Findings of Fact and Conclusions of Law, and in consideration of the Claimant's age, education, work experience and residual functional capacity, it is found that the Claimant is not disabled for purposes of the MA-P program at Step 5.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant not disabled for purposes of the MA-P benefit program.

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



Lynn M. Ferris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: October 27, 2014

Date Mailed: October 28, 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.

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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

LMF/tm

cc:

