

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-003204
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: September 17, 2014
County: Wayne (15)

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, a telephone hearing was held on September 17, 2014, from Detroit, Michigan. Participants included the above-named Claimant, [REDACTED], Claimant's spouse, testified on behalf of Claimant. [REDACTED] testified and appeared as Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (DHS) included Shaton Mason, 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 10/2013.
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 1-2).
4. On [REDACTED] DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On [REDACTED], Claimant's AHR requested a hearing disputing the denial of MA benefits.
6. On [REDACTED] SHRT determined that Claimant was not a disabled individual, in part, by reliance on a Disability Determination Explanation (Exhibits 58-70) which relied on Medical-Vocational Rule 202.21.
7. On [REDACTED], an administrative hearing was held.
8. During the hearing, Claimant and DHS waived the right to receive a timely hearing decision.
9. During the hearing, the record was extended 30 days to allow Claimant to submit a Medical Examination Report, treatment records, and counseling records; an Interim Order Extending the Record was subsequently mailed to both parties.
10. On [REDACTED], Claimant submitted additional documents (Exhibits B1-B4).
11. As of the date of the administrative hearing, Claimant was a 43 year old female with a height of 5'7" and weight of 170 pounds.
12. Claimant's highest education year completed was the 12th grade.
13. As of the date of the administrative hearing, Claimant received privately obtained health insurance since 4/2014.
14. Claimant alleged disability based on impairments related to dyspnea and psychological disorders.

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, a 3-way telephone 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.*, p. 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.*, p. 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 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).

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.

Claimant credibly denied performing any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Based on the presented evidence, it is found that Claimant is not performing SGA and has not performed SGA since the date of MA application. Accordingly, the disability 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 F.2d 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.

Hospital documents (Exhibits 26-46; A96-A110; A11-A123) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of headache, ongoing for 3 weeks, and fatigue. It was noted that a CT of Claimant's brain revealed a cyst which was unchanged from 2006 radiology. An impression of symptomatic iron deficiency anemia was noted. It was noted that Claimant received a packed red cell transfusion. It was noted that Claimant was psychologically examined; an Axis I diagnosis of depression was noted. A recommendation of outpatient therapy was recommended. Noted discharge diagnoses included cephalgia and major depression. Discharge medications included Flagyl, Imitrex, Zanaflex, and Feosol. A discharge date of [REDACTED] was noted.

Physician office visit documents (Exhibits A70-A71) dated [REDACTED] were presented. It was noted that Claimant presented for follow-up. It was noted that Claimant had "a great response" to iron.

A CT report of Claimant's neck and chest x-ray report (Exhibits 48-49; A94-A95) dated [REDACTED] were presented. An impression of enlarge nodes with an undetermined etiology was noted; sarcoidosis was noted as a consideration. Upper lobe air space changes consistent with infection or bronchiectasis was noted.

Physician office visit documents (Exhibits A4-A6) dated [REDACTED] were presented. It was noted that Claimant presented with complaints of menorrhagia. A 5cm uterine fibroid was noted. Follow-up thyroid testing and a pap smear were noted.

Hospital documents (Exhibits 11-24) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented with complaints of an itchy arm rash. It was noted

that Claimant did not take any medications. It was noted that Claimant reported taking iodine recently. An impression of allergic reaction was noted.

Physician office visit documents (Exhibits A47-A50) dated [REDACTED] were presented. It was noted that Claimant's recent headaches have resolved. Cardiopulmonary symptoms were noted as denied. A primary ongoing assessment of thyroid goiter was noted.

Physician office visit documents (Exhibits A17-A22) dated [REDACTED] were presented. It was noted that Claimant presented with abnormal chest x-ray results. It was noted that Claimant was asymptomatic and had no activity restrictions. Diagnoses of lymphadenopathy, bronchiectasis and dyspnea were noted. A plan of bronchoscopy was noted.

A mammography report (Exhibits A86-A87) dated [REDACTED] was presented. An impression of no malignancy was noted.

A left breast ultrasound report (Exhibits A88-A89) dated [REDACTED] was presented. A differential diagnosis of non-malignant cyst or fibroadenoma was noted.

Physician office visit documents (Exhibits A51-A53) dated [REDACTED] were presented. It was noted that Claimant's mood improved with Lexapro.

Pulmonary testing documents (Exhibits A30-A34; A58-A62) dated [REDACTED] and [REDACTED] were presented. Spirometry test results noted predicted values of FVC and FEV1 that exceeded 100%. It was noted that Claimant was a smoker. An interpretation of minimal obstructive lung defect was noted.

An ultrasound report (Exhibit A10; A56-A57) of Claimant's thyroid dated [REDACTED] was presented. An impression of thyroid goiter was noted.

Physician office visit documents (Exhibits A7-A9) dated [REDACTED] were presented. It was noted that Claimant presented with complaints of menorrhagia, accompanied by dizziness, dyspnea, and palpitations. A prescription of leupron was noted.

Physician office visit documents (Exhibits A23-A27) dated [REDACTED] were presented. It was noted that Claimant presented for pulmonary follow-up to an abnormal CT scan. Diagnoses of enlarged lymph nodes and bronchiectasis were noted. A plan of an annual lung test and continuing meds (Ventolin and cyproheptadine) was noted. A physical examination noted normal lymph nodes and no abnormalities.

A mental status examination report (Exhibits 55-57; A1-A3) dated [REDACTED] was presented. The form was completed by a consultative psychiatrist. It was noted that Claimant reported ongoing stress, in part, related to her coffee shop business. It was noted that Claimant's stress began affecting her ability to function. It was noted that

Claimant took Lexapro since 2013. Reported ongoing symptoms included the following: poor sleep, distraction with problems, loss of interest in activities, helplessness, hopelessness, non-specified anxiety, and panic attacks. Noted observations of Claimant included the following: fair hygiene and grooming, depressed mood, displaying shortness of breath, normal gait, in touch with reality, normal psychomotor activity, poor motivation, good insight, well organized slow and logical speech, constricted affect, orientation x3, and adequate memory. An Axis I diagnosis of major depressive disorder was noted. Claimant's GAF was noted to be 45. A guarded prognosis was noted.

Physician office visit documents (Exhibits A42-A44) dated [REDACTED] were presented. It was noted that Claimant reported some bad days despite taking Lexapro for depression. It was noted that Claimant was positive for hair loss and forearm rash. It was noted that Lexapro, Ventolin, and Cyprohepatadine were refilled.

A chest radiology report (Exhibit A46) dated [REDACTED] was presented. An impression of a "relatively stable" condition was noted. A diagnosis of sarcoidosis was suggested.

Physician office visit documents (Exhibits A39-A41) dated [REDACTED] were presented. It was noted that Claimant felt well physically and emotionally. Assessments of lymphadenopathy, thyroid goiter, anxiety, and dermatitis were noted.

Hospital documents (Exhibits A124-A151) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented with sudden breathing difficulty. A physical examination revealed no breathing abnormalities. An impression of sarcoidosis was noted following chest radiography. It was noted that Claimant's condition improved following O2 saturation.

Claimant testified that she remains stressed from her time as a small business owner. Claimant stated that she was consumed and obsessed with her business and that it took a great toll on her physical health and psyche.

Presented records tended to verify that Claimant's physical health was at its worse in 10/2013. Following medical treatment which included a blood transfusion and iron supplements, Claimant's health appeared to significantly improve, though some problems lingered.

Claimant testified that she remains restricted in ambulation due to breathing restrictions. Claimant's testimony is consistent with medical records which verified ongoing dyspnea treatment, possibly due to sarcoidosis. Medical records also verified a degree of psychological restrictions, particularly in concentration and ability to handle stress. Claimant's impairments were verified to have begun no later than 10/2013, the first month of MA benefits sought. It is found that Claimant has a severe impairment 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 affective disorder (Listing 12.04) was considered based on diagnoses of depression. Some evidence of marked restrictions was verified.

Claimant's GAF was 45 as of 3/2014. The Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM IV) states that a GAF within the range of 41-50 is representative of a person with "serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job)."

Claimant credibly testified that her focus and ability to withstand stress have significantly diminished. When factored with a guarded prognosis, it could be reasonably found that Claimant's concentration and social skills were restricted sufficiently to meet SSA affective disorder listing requirements. Claimant's testimony would have been more compelling with verification of psychological counseling; evidence of psychological counseling was not verified.

A GAF is a reflection of a person's abilities at one point in time. Claimant failed to present medical documentation verifying continuing psychological restrictions other than taking anti-depressant medication. Thus, it is not known with certainty how significantly restricted Claimant was following the examination.

Overall, medical documentation was inadequate to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not sufficiently established that Claimant required a highly supportive living arrangement, suffered repeated episodes of decompensation or that the residual disease process resulted in a marginal adjustment so that even a slight increase in mental demands would cause decompensation.

A listing for chronic pulmonary insufficiency (Listing 3.02) was considered based on Claimant's complaints of dyspnea. The listing was rejected due to Spirometry test results failing to meet any listing requirements.

A listing for chronic skin infections (Listing 8.04) was considered based on treatment for a rash. The listing was rejected due to a failure to establish extensive fungating or extensive ulcerating skin lesions that persist for at least 3 months despite continuing prescribed treatment.

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.

Claimant testified that she spent her last few years fulfilling her dream of a coffee shop owner. Claimant testified that she and her husband were involved in all aspects of the business including security, serving, bookkeeping, and marketing. Claimant credibly testified that the stress of employment was what began her physical and psychological problems. It would be unreasonable to expect Claimant to return to the employment that was the source of many of her difficulties.

Claimant testified that she worked for several years as a grant writer. Claimant stated that her work involved writing and phone work. Claimant testified that she lacks the focus to perform her previous employment. For purposes of this decision, Claimant's testimony will be accepted. It is found that Claimant is unable to perform past relevant employment and 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 sedentary employment. For sedentary employment, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Social Security Rule 83-10.

Physician statements of specific restrictions were not presented. Specific restrictions can be inferred based on the presented medical evidence.

Claimant testified she is restricted to one block of ambulation before experiencing chest pain. Claimant also testified that she sometimes uses a cane when walking longer distances. Claimant's testimony was somewhat contradictory. It is not clear how Claimant was restricted to short distances due to chest pain yet chest pain did not prevent walking a lengthier distance.

Spirometry testing verified "mild" breathing problems. A mild breathing problem is consistent with an ability to perform the ambulation required of sedentary employment.

Treatment documents tended to imply that Claimant has sarcoidosis. Sarcoidosis is known to be an incurable disease that can cause fatigue, organ damage, rashes, and immune system breakdown. Sarcoidosis symptoms which would be most consistent with a finding of disability include weight loss, vision loss, and/or permanent organ damage; Claimant did not allege to have any such symptoms.

Presented evidence verified only mild pulmonary restriction. A degree of fatigue and joint pain can be inferred based on testing consistent with sarcoidosis. Such symptoms would not prevent the performance of sedentary employment.

Based on presented evidence, Claimant is capable of performing relatively low-stress sedentary employment. Vocational evidence of the availability of such employment was not presented though it is presumed that ample opportunities exist.

Based on Claimant's exertional work level (sedentary), age (younger individual between 18-44), education (high school), employment history (skilled with no known transferrable skills), Medical-Vocational Rule 201.28 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that DHS properly 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 properly denied Claimant's MA benefit application dated [REDACTED], including retroactive MA benefits from 10/2013, based on a determination that Claimant is not disabled. The actions taken by DHS are **AFFIRMED**.



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

Date Signed: **11/19/2014**

Date Mailed: **11/19/2014**

CG / hw

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

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

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

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

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

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

Attention: MAHS Rehearing/Reconsideration Request

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

cc:

