

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-005166  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: October 29, 2014  
County: Wayne (35)

**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 October 29, 2014 from Detroit, Michigan. Participants included the above-named Claimant. [REDACTED] of L&S Associates testified and appeared as Claimant's legal counsel / authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Hearings Facilitator.

**ISSUE**

The issue is whether DHS properly denied Claimant's Medical Assistance (MA) eligibility 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 12/5/13, Claimant applied for MA benefits, including retroactive MA benefits from 9/2013 (see Exhibits 9-10).
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 12/20/13, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 12-13).
4. On 5/8/14, DHS denied Claimant's application for MA benefits and mailed An Application Eligibility Notice informing Claimant's AHR of the denial.

5. On 6/19/14, Claimant's AHR requested a hearing disputing the denial of MA benefits.
6. On 7/14/14, SHRT determined that Claimant was not a disabled individual, in part, by reliance on a Disability Determination Explanation (Exhibits 302-317) and application of Medical-Vocational Rule 201.24.
7. As of the date of the administrative hearing, Claimant was a 44 year old male with a height of 5'8" and weight of 250 pounds.
8. On an unspecified date, DHS approved Claimant for Medicaid beginning 1/2014.
9. Claimant alleged disability based on impairments and issues including a-fib and cardiac problems.

### **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 three-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.

It was not disputed that DHS determined that Claimant was disabled, beginning 1/2014. Claimant's AHR only disputed the issue of disability for the months of 9/2013-12/2013.

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 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> 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 (1<sup>st</sup> 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 (1<sup>st</sup> 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 188-189) from an encounter dated 12/3/12 were presented. It was noted that Claimant underwent a stress test, which was ended early due to knee arthritis. An impression of a negative stress echo was noted.

Hospital documents (Exhibits A16-A43) from an admission dated 7/17/13 were presented. It was noted that Claimant underwent emergency cardiac catheterization which demonstrated 100% occlusion of the ostial and proximal segment of the left anterior descending artery. Noted discharge diagnoses included myocardial infarction. A discharge date of 7/19/13 was noted. Cardiac rehabilitation was recommended.

Hospital documents (Exhibits 43-47) from an encounter dated 9/5/13 were presented. It was noted that Claimant presented with complaints of back and abdominal pain, ongoing for more than 2 days. An impression of a 7 mm mass which may represent a stone was noted.

Hospital documents (Exhibits 39-42) from an encounter dated 9/9/13 were presented. It was noted that Claimant presented with complaints of abdominal pain. An impression of a 2 mm calculus in the right kidney was noted following radiology.

Hospital documents (Exhibits 30-33) from an encounter dated 9/20/13 were presented. It was noted that Claimant presented with complaints of recurring back pain. A physical examination noted no range of motion problems. An ultrasound of Claimant's kidneys was unremarkable.

Hospital documents (Exhibits 34-38) from an encounter dated 10/9/13 were presented. It was noted that Claimant presented with complaints of abdominal pain. Following radiology, an impression of a probable small right renal stone was noted.

Hospital documents (Exhibits 149-167) from an encounter dated 10/16/13 were presented. It was noted that Claimant complained of flank pain after falling and being unable to stand. An impression of severe hepatic steatosis was noted following a CT of Claimant's abdomen and pelvis. It was noted that Claimant received medications and was discharged.

Hospital documents (Exhibits 26-29) from an encounter dated 10/28/13 were presented. It was noted that Claimant presented with complaints of abdominal pain and nausea, ongoing for 2 days. It was noted that radiology verified a 4 mm right renal calculus. Inflammatory bowel disease and diabetes were noted as significant medical issues. Evidence for a urinary tract infection was noted.

Hospital documents (Exhibits 258-266) from an admission dated 11/7/13 were presented. It was noted that Claimant presented with complaints of nausea and emesis. An impression of a 4mm stone was noted following abdominal radiography. It was noted that urology "did go in there and take it".

Physician progress notes (Exhibit 257) dated 11/13/13 were presented. It was noted that Claimant had a kidney stone extracted on 11/8/13. It was noted that Claimant nearly dies after he stopped breathing twice on the operating table.

Hospital documents (Exhibits A44-A132) from an admission dated 11/16/13 were presented. It was noted that Claimant presented with complaints of chest pain. It was noted that Claimant underwent cardiac catheterization. Noted discharge diagnoses were chest pain and ST elevation (MI).

Hospital documents (Exhibits A7-A15) from an admission dated 11/29/13 were presented. It was noted that Claimant presented with complaints of chest pressure and nausea. It was noted that Claimant underwent left-heart catheterization and selective left and right angiography. A discharge date of 12/1/13 was noted.

A hospital document (Exhibits 187) from an encounter dated 12/5/13 was presented. An Echo Doppler study suggested ischemic heart disease and class I diastolic dysfunction. An EF of 45% was noted.

Hospital documents (Exhibits 168-186; 190-192) from an encounter dated 12/11/13 were presented. It was noted that Claimant presented with complaints of chest pain, comparable to chest pain that he experienced during previous myocardial infarctions. It was noted that Claimant quit smoking 3 weeks earlier. An assessment of chest pain and coronary artery disease was noted. A plan to continue Plavix and aspirin was noted.

Hospital documents (Exhibits 193-212) from an encounter dated 12/18/13 were presented. It was noted that Claimant presented after a walk when sudden hip pain (pain level 10/10) caused him to fall. It was noted that Claimant's pain was controlled with Valium and Dilaudid. It was noted that pelvic x-rays were unremarkable. Mild stenosis in L4-L5 was noted following lumbar MRI.

Hospital documents (Exhibits 213-234) from an encounter dated 1/1/14 were presented. It was noted that Claimant presented with complaints of chest pain (pain level 10/10), ongoing for 2 hours. It was noted that Dilaudid reduced Claimant's pain. No new changes on an EKG were noted. It was noted that Claimant tried to remain active by swimming; Claimant denied chest pain while swimming.

Hospital documents (Exhibits 235-256) from an encounter dated 1/15/14 were presented. It was noted that Claimant reported right leg pain. It was noted that Claimant's pain reduced with Dilaudid. A discharge prescription of Norco was noted. A

discharge diagnosis of urinary tract infection was noted. A catheterization dated 1/10/14 was noted; documentation implied that a urinary tract infection was caused by catheterization.

Hospital documents (Exhibits 79-99) from an encounter dated 2/6/14 were presented. It was noted that Claimant presented with complaints of right-sided flank pain and emesis. A history of Crohn's disease and transient ischemic attack was noted. Lab work was noted as unremarkable. Zofran and Dilaudid were noted as prescribed. Claimant was described as stable during his ER stay.

Hospital documents (Exhibits 100-129) from an encounter dated 2/23/14 were presented. It was noted that Claimant presented with complaints of chest pain (4/10 pain level). Two catheterizations, from 12/2013 and 1/2014, were noted (see Exhibits 124). It was noted that Claimant was stable and discharged. Follow-up with a cardiologist was noted in a discharge plan.

Hospital documents (Exhibits 130-148; A1-A2) from an encounter dated 3/11/14 were presented. It was noted that Claimant reported right flank pain and chest pain. A reported history of 7 heart attacks and multiple TIAs were noted. It was noted that Claimant hadn't worked since 7/2013 due to heart problems. It was noted that Claimant had a 7mm right renal stone. Discharge diagnoses of unstable angina, chest pain, CHF, and kidney stone (among others) were noted.

Hospital physician consultation documents (Exhibits A3) dated 3/17/14 were presented. It was noted that a small right renal calculi was not the cause of recurring back pain. An impression of mild cholelithiasis was noted.

A mental status examination report (Exhibits 52-57) dated 4/1/14 was presented. The report was completed by a consultative psychiatrist. It was noted that Claimant reported depression. It was noted that Claimant's mother died a year prior. Diagnoses of depressive disorder due to another medical condition and bereavement were noted. A fair prognosis was noted. It was noted that Claimant needed to be in mental health treatment. Moderate impairments were noted with social interactions. Moderate impairments were noted with Claimant's ability to understand and carry out tasks. It was noted that Claimant had mild impairments with concentration and persistence.

An internal medicine examination report (Exhibits 59-66) dated 4/1/14 was presented. The report was noted as completed by a consultative physician. It was noted that Claimant reported a history of four heart attacks in 2013. Reported symptoms included dyspnea and chest pain upon exertion (e.g. walking 200 feet). Restricted lumbar and knee flexion motions were noted. It was noted that Claimant had a 25% EF as of 1/10/14 and that he needed a defibrillator. It was noted that Crohn's disease was currently controlled. An assessment noted that Claimant was not capable of physical work.

Hospital documents (Exhibits 269-298) from an encounter dated 4/9/13 were presented. It was noted that Claimant was brought by ambulance after experiencing chest pain. A reported history of 7 heart attacks and multiple stents was noted. An assessment of non-cardiac chest pain was noted. Diffuse hepatic steatosis was noted following abdominal radiology.

Presented documentation verified numerous hospital encounters by Claimant over the period of 9/2013-12/2013. Claimant's encounters from 9/2013 through 11/13/13 primarily involved kidney stone treatment and flank pain. Restrictions related to the kidney stone can be found to have occurred beginning 9/2013 simply based on six hospital encounters from 9/2013 and 10/2013 and an extraction in 11/2013.

Though a kidney stone was not a disabling condition after its extraction, the evidence was sufficient to infer that Claimant had significant basic activity restrictions due to the kidney stone for the months of 9/2013-11/2013.

As it happened, Claimant's cardiac problems started en masse beginning 11/2013. Claimant stated that he had two heart attacks in 11/2013 and four in 12/2013. Not all of the heart attacks were verified, though at least 2 heart attacks and significant cardiac treatment was verified for 11/2013 and 12/2013. The months of 9/2013-12/2013 can be linked to the already established disability beginning 1/2014. Thus, severe impairments were established beginning 9/2013 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 joint dysfunction (Listing 1.02) was considered based on Claimant's complaints of knee pain. The listing was rejected due to a failure to establish that Claimant is unable to ambulate effectively.

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's LBP complaints. This listing was rejected due to a failure to establish a spinal disorder resulting in a compromised nerve root.

A listing for chronic heart failure (Listing 4.02) was considered based on Claimant's low ejection fraction testing. The listing was rejected because of the absence of evidence of the following: inability to perform an exercise test, three or more episodes of acute congestive heart failure or a conclusion that an exercise test poses a significant risk to Claimant's health.

Cardiac-related listings (Listing 4.00) were considered based on Claimant's cardiac treatment history. Claimant failed to meet any cardiac listings.



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 he performed past employment as a chimney sweep, vehicle reposessor, and furniture installer. Given Claimant's medical history, it is improbable that he could have performed the lifting required of past jobs. It is also improbable that Claimant could have sustained the required concentration for each of his jobs. This finding is consistent with Claimant's testimony that he had to stop employment in 7/2013 because of physical problems. It is found that Claimant cannot 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 Claimant restrictions were not presented. Restrictions can be inferred based on presented documents.

Claimant's hospital encounter history was staggering. The history is found to be highly indicative of an inability to work, in part, based on the sheer number of encounters, and the close proximity to extremely serious heart problems (e.g. critically low ejection fraction).

The encounter history is particularly compelling when factoring that Claimant did not have access to health insurance at that time. Typically, persons without health insurance do not seek out medical treatment out of concern for incurring substantial medical expenses.

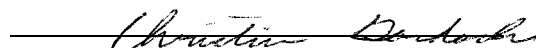
It is found that Claimant was incapable of performing any employment as of 9/2013. Accordingly, it is found that DHS improperly denied MA benefits to Claimant for the months of 9/2013-12/2013.

### **DECISION AND ORDER**

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

- (1) reinstate Claimant's MA benefit application dated 12/5/13, including retroactive MA benefits from 9/2013;
- (2) evaluate Claimant's eligibility for benefits subject to the finding that Claimant is a disabled individual;
- (3) initiate a supplement for any benefits not issued as a result of the improper application denial; and
- (4) schedule a review of benefits in one year from the date of this administrative decision, if Claimant is found eligible for future benefits.

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



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

Date Signed: **11/17/2014**

Date Mailed: **11/17/2014**

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:



