

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-14641  
Issue No(s): 2009, 4009  
Case No.: [REDACTED]  
Hearing Date: March 25, 2014  
County: Cass

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

**HEARING DECISION**

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on March 25, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] the Claimant, and [REDACTED], roommate. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Family Independence Manager, and [REDACTED], Caseworker.

During the hearing, Claimant waived the time period for the issuance of this decision, in order to allow for the submission of additional medical evidence. The evidence was received, reviewed, and forwarded to the State Hearing Review Team ("SHRT") for consideration. The SHRT found Claimant not disabled. This matter is now before the undersigned for a final determination.

**ISSUE**

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

**FINDINGS OF FACT**

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

1. On April 26, 2013, Claimant applied for Medicaid (MA-P).
2. On July 25, 2013, Claimant applied for SDA.
3. On November 14, 2013, the Medical Review Team (MRT) found Claimant not disabled.
4. On October 23, 2013, the Department notified Claimant of the MRT determination.
5. On October 28, 2013, the Department received Claimant's timely written request for hearing.

6. On February 6, 2014, and August 6, 2014, the State Hearing Review Team (SHRT) found Claimant not disabled.
7. Claimant alleged disabling impairments including bladder cancer, pancreatitis, fibromyalgia, head trauma, gall stones, dizzy episodes, liver damage, hypothyroidism, COPD, herniated discs in thoracic spine, cervical spondylosis, loss of concentration, memory loss, anxiety, and depression.
8. At the time of hearing, Claimant was 42 years old with a [REDACTED], birth date; was 5'7" in height; and weighed 230 pounds.
9. Claimant completed the 8<sup>th</sup> grade and has a work history including retail, telemarketing, and cashier.
10. Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

### **CONCLUSIONS OF LAW**

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

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

Disability is defined as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make

appropriate mental adjustments, if a mental disability is alleged. 20 CFR 416.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

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

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

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Claimant is not involved in substantial gainful activity. Therefore, Claimant is not ineligible for disability benefits under Step 1.

The severity of the Claimant's alleged impairment(s) is considered under Step 2. The Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.

*Id.*

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a Claimant's age, education, or work experience, the impairment would not affect the Claimant's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, Claimant alleges alleged disabling impairments including bladder cancer, pancreatitis, fibromyalgia, head trauma, gall stones, dizzy episodes, liver damage, hypothyroidism, COPD, herniated discs in thoracic spine, cervical spondylosis, loss of concentration, memory loss, anxiety, and depression.

A May 16, 2013, brain MRI showed no evidence of intracranial mass or mass effect and non-specific scattered white matter T2 hyperintense foci.

A July 17, 2013, cervical spine MRI showed mild cervical spondylosis.

An August 1, 2013, MRA of the head showed: stable findings of the brain with scattered white matter hyperintensities, most likely microvascular ischemic changes; fetal origin of

the right posterior cerebral artery; and mild atherosclerotic stenoses of the proximal internal carotid arteries bilaterally.

An August 12, 2013, CT of the abdomen showed no evidence of bowel obstruction, pericolonic inflammation, acute pancreatitis, or acute upper urinary tract obstruction. Urinary tract was unremarkable, no stones.

An August 15, 2013, DHS-49E Mental Residual Functional Capacity Assessment indicated only moderate limitation with 5 of the 20 listed areas. No significant limitation was marked for the remaining 15 areas. A DHS-49 D Psychiatric/Psychological Examination Report indicated diagnoses of depressive disorder and personality disorder with a Global Assessment of Functioning (GAF) of 54. This was the first time the provider examined Claimant.

An August 21, 2013, MRI thoracic spine showed left posterior T8-9 and T9-10 disc protrusion with mild contouring of the thecal sac. An August 21, 2013, MRI of the lumbar spine was unremarkable.

An August 31, 2013, consultative medical examination indicated neck and back pain. On exam, there did not appear to be any evidence of nerve root impingement. Claimant was known to walk normally, did not require an assistive device, did not have difficulty with orthopedic maneuvers, and had full use of her hands. It was noted that Claimant has a history of tremor, but no tremor was noted during the large portion of the exam, just on occasion a non-sustained fine tremor involving the head. A history of gastroesophageal reflux and abdominal discomfort was reported, but at that time abdominal exam was benign.

A September 16, 2013, physical therapy evaluation indicated Claimant presented with postural deviations related to scoliosis as well as previous traumatic injury sustaining blows to the head on the left side of her skull with a persistent head tremor, soft tissue shortening and aggravated trigger points in the cervicothoracic region. Claimant also had numbness and burning sensation following the path of C7 and C8 on her left upper extremity. Claimant's insurance only covered the evaluation, not any further sessions.

October 8, 2013, mental health treatment records indicated intake assessment diagnoses of mood disorder, agoraphobia without history of panic disorder, and polysubstance dependence in full sustained remission. Claimant's Global Assessment of Functioning (GAF) was 43, indicating serious symptoms or any serious impairment in social, occupational, or school functioning.

October 16, 2013, audiology records indicated normal findings.

Claimant was hospitalized February 7-8, 2014, for acute pancreatitis, obesity, cholecystectomy, and chronic stable abdominal pain.

On January 3, 2014, Claimant underwent cystourethroscopy, bilateral retrograde pyelogram, and bladder biopsy. The biopsy was negative except for inflammation.

A March 25, 2014, medical history overview indicated diagnosis and treatment for multiple conditions, including migraine, fibromyalgia, constipation, history of gall stones, anxiety problem, mood problem, arthritis, disorder of thyroid gland, pancreas inflammation, allergy, acid reflux disease, infrequent menses, heavy periods, high cholesterol, underactive thyroid, high blood pressure, and chronic airway obstruction.

An April 7, 2014, DHS-49 Medical Examination Report from the OB/GYN documented a diagnosis of vulvar lesion biopsy January 31, 2014. Lesion pathology and problems with dysplasia were noted. There were no limitations regarding these conditions.

An April 8, 2014, DHS-49 Medical Examination Report from the general surgeon documented diagnoses of GERD and chronic constipation. The page addressing exam findings and limitations was not included. Office visit records indicated active problems of chronic constipation, COPD, GERD and panic attack. A CT of the abdomen and pelvis regarding pancreatitis indicated mild low attenuation in the pancreatic head may be due to edema/pancreatitis.

An April 9, 2014, DHS-49 Medical Examination Report from the neurologist documented diagnoses of tremor, chronic pain, and dizziness. Limitations were not assessed.

An April 17, 2014, DHS-49 Medical Examination Report from the urologist documented a diagnosis of gross hematuria. There were no limitations regarding this condition. Treatment records through January 2014 were provided.

A May 7, 2014, left shoulder x-ray report showed no visible acute boney or joint abnormality.

A May 15, 2014, DHS-49 Medical Examination Report from the family practice doctor documented diagnoses of fibromyalgia, generalized anxiety disorder, COPD, and GERD. Limitations were not addressed.

A document regarding medical equipment of supplies was submitted, but information inducing the date and specific supplies/equipment for Claimant was not legible.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Claimant has presented medical evidence establishing that she does have some limitations on the ability to perform basic work activities. The medical evidence has established that the Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments have lasted, or can be expected to last, continuously for twelve months; therefore, the Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The evidence confirms recent diagnosis and treatment of multiple conditions, including mild cervical spondylosis, left posterior T8-9 and T9-10 disc protrusion with mild contouring of the thecal sac, fibromyalgia, COPD, GERD, acute pancreatitis, obesity, gross hematuria, tremor, chronic pain,

dizziness, chronic constipation, migraine, history of gall stones, arthritis, disorder of thyroid gland, underactive thyroid, generalized anxiety disorder, depressive disorder, personality disorder, mood disorder, agoraphobia without history of panic disorder, and polysubstance dependence in full sustained remission.

Based on the objective medical evidence, considered listings included: 1.00 Musculoskeletal System, 3.00 Respiratory System, 11.00 Neurological, and 12.00 Mental Disorders. However, the medical evidence was not sufficient to meet the intent and severity requirements of any listing, or its equivalent. Accordingly, the Claimant cannot be found disabled, or not disabled, at Step 3; therefore, the Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a).

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

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b). Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.* Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.* Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.* Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands (exertional requirements, i.e. sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the

individual's residual functional capacity with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty to function due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi). If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

The evidence confirms recent diagnosis and treatment of multiple conditions, including mild cervical spondylosis, left posterior T8-9 and T9-10 disc protrusion with mild contouring of the thecal sac, fibromyalgia, COPD, GERD, acute pancreatitis, obesity, gross hematuria, tremor, chronic pain, dizziness, chronic constipation, migraine, history of gall stones, arthritis, disorder of thyroid gland, underactive thyroid, generalized anxiety disorder, depressive disorder, personality disorder, mood disorder, agoraphobia without history of panic disorder, and polysubstance dependence in full sustained remission. Claimant's testimony indicated she can walk 20 minutes, stand 15 minutes, sit 10 minutes, and cannot lift a gallon of milk. Claimant's testimony regarding her limitations is not fully supported by the medical evidence and found only partially credible. The majority of Claimant's treating providers either did not assess her limitations or indicated there were no limitations regarding the conditions they treated. The objective medical evidence mostly indicated mild abnormal findings regarding Claimant's physical conditions. The mental health records were somewhat inconsistent. The October 2013 intake assessment records indicate serious symptoms or impairment(s). However, the provider for the August 15, 2013, examination indicated Claimant's mental health condition was not as severe. The DHS-49E Mental Residual Functional Capacity Assessment indicated only moderate limitation with 5 of the 20 listed areas. No significant limitation was marked for the remaining 15 areas. The records may indicate Claimant's mental health condition may have worsened between the two assessments. After review of the entire record it is found, at this point, that Claimant maintains the residual functional capacity to perform limited light work as defined by 20 CFR 416.967(b) on a sustained basis. Limitations would include unskilled work.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity ("RFC") and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for



the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3).

Claimant has a work history including retail, telemarketing, and cashier. As described by Claimant: the telemarketing was only part time (about 20 hours per week); the retail work involved unloading trucks and setting up store displays with lifting an unknown amount of weight as well as standing and walking; and the cashier work at Walmart and other stores involved standing, walking and making sure her area was clean. The telemarketing was not full time work, the retail truck unloading and display set up may have involved lifting more than the requirements for light work, and the cashier work would include some skills, using the cash register. In light of the entire record and Claimant's RFC (see above), it is found that Claimant is not able to perform her past relevant work. Accordingly, the Claimant cannot be found disabled, or not disabled, at Step 4; therefore, the Claimant's eligibility is considered under Step 5. 20 CFR 416.905(a).

In Step 5, an assessment of Claimant's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of hearing, Claimant was 42 years old and, thus, considered to be a younger individual for MA-P purposes. Claimant completed the 8<sup>th</sup> and has a work history including retail, telemarketing, and cashier. 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).

The evidence confirms recent diagnosis and treatment of multiple conditions, including mild cervical spondylosis, left posterior T8-9 and T9-10 disc protrusion with mild contouring of the thecal sac, fibromyalgia, COPD, GERD, acute pancreatitis, obesity, gross hematuria, tremor, chronic pain, dizziness, chronic constipation, migraine, history of gall stones, arthritis, disorder of thyroid gland, underactive thyroid, generalized anxiety disorder, depressive disorder, personality disorder, mood disorder, agoraphobia without history of panic disorder, and polysubstance dependence in full sustained remission. As noted above, Claimant maintains the residual functional capacity to perform limited light work as defined by 20 CFR 416.967(b) on a sustained basis. Limitations would include unskilled work. Even considering these limitations, significant jobs would still exist in the national economy.

After review of the entire record, and in consideration of the Claimant's age, education, work experience, RFC, and using the Medical-Vocational Guidelines [20 CFR 404,

Subpart P, Appendix II] as a guide, specifically Rule 202.18, Claimant is found not disabled at Step 5.

In this case, the Claimant is also found not disabled for purposes SDA benefits as the objective medical evidence also does not establish a physical or mental impairment that met the federal SSI disability standard with the shortened duration of 90 days. In light of the foregoing, it is found that Claimant's impairments did not preclude work at the above stated level for at least 90 days.

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

**DECISION AND ORDER**

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



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

Date Signed: December 23, 2014

Date Mailed: December 23, 2014

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

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

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

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

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

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

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

CL/hj

cc:

