

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-000598
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: August 6, 2014
County: Wayne (18)

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 August 6, 2014, from Detroit, Michigan. Participants included the above-named Claimant. [REDACTED], Claimant's guardian and mother, testified on behalf of Claimant. [REDACTED] appeared and testified as Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (DHS) included [REDACTED] 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 12/2013 (see Exhibits 20-21).
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 application of Medical-Vocational Rule 204.00.
7. As of the date of administrative hearing, Claimant was a 36 year old male with a height of 5'9" and weight of 140 pounds.
8. Claimant has a relevant history of alcohol abuse.
9. Claimant's highest education year completed was the 8th grade.
10. As of the date of the administrative hearing, Claimant was an ongoing Healthy Michigan Plan recipient since 4/2014.
11. Claimant alleged disability based on impairments and issues related to a closed-head injury.

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).

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 5-10; 25-358) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with a skull fracture after being assaulted. Claimant testified that he was hit in the head with a chair; medical records implied that Claimant was involved in a bar brawl. It was noted that Claimant underwent emergency left temporal craniotomy for repair of depressed skull. It was noted that Claimant uses alcohol excessively, around 4 times per week. A Glasgow Coma Score of 15 was noted; a score of 15 is consistent with a minor brain injury. On [REDACTED] it was noted that Claimant was combative and was monitored for alcohol withdrawal; it was also noted that Claimant required close neuro-monitoring for seizures or stroke. It was regularly noted that Claimant had full muscle strength but abnormal reflexes. On [REDACTED], it was noted that Claimant developed pneumonia. It was noted that left elbow x-rays were negative. On [REDACTED], it was noted that Claimant was on a feeding tube. Psychiatric treatment notes stated that Claimant increased his drinking and felt more depressed since losing employment in 4/2013. Noted discharge diagnoses included altered mental status, intracranial hemorrhage, skull fracture, pneumonia, and left elbow pain. A discharge date of [REDACTED] was noted.

A Medical Examination Report (Exhibits 18-19) dated [REDACTED] was presented. The form was completed by a neurologist with an 8 day history of treating Claimant. The physician provided a diagnosis of intracranial hemorrhage, Physical examination findings noted the following: elevated blood pressure, weakness, coordination issues, speech issues, understanding issues, and debilitated mental capacity. It was noted that Claimant was unable to perform ADLs. It was noted that Claimant was bed bound and there was concern for atrophy. An impression was given that Claimant's condition fluctuated between deteriorating and remaining stable. It was noted that Claimant would require a walking assistance device in the future- when he stopped being bedridden. It was noted that Claimant would need extensive therapy to attempt to return to baseline. Noted observations of Claimant included the following: severely agitated, confused, and combative. It was noted that Claimant was clear from alcohol withdrawal and that he did not recognize family members due to possible brain damage.

A physician treatment document (Exhibits 359-362) dated [REDACTED] was presented. It was noted that Claimant complained of chest pain, ongoing for 2-3 days. It was noted that Claimant reported a morning seizure. It was noted that Claimant had been heavily drinking in the last several days. It was noted that Claimant began having seizures since a head injury caused by a table leg. It was noted that Claimant was positive for coordination problems, headaches, seizures, back pain, muscle weakness, excessive alcohol consumption, chest pain, and fatigue.

A letter (Exhibits A1, A2) dated [REDACTED]. The letter was signed by a registered nurse and physician with an unspecified history of treating Claimant. It was noted that Claimant has refractory seizures and was unable to drive for 6 months. It was opined that Claimant was unable to work.

Physician progress Notes (Exhibits A3-A4) dated [REDACTED] were presented. It was noted that Claimant complained of left-side headaches, worsened by sound or light. It was noted that Claimant reported he had a seizure the day before appointment. It was noted that Claimant was doing well but still suffers seizures. It was noted that Claimant had normal gait and full strength in all extremities. It was noted that further surgery and imaging was not warranted.

Claimant testified that as of the date of hearing, he drank about 6 beers every 2-3 days. Claimant's continued alcohol consumption must be factored into the disability analysis.

Claimants have the burden of proof to establish disability. SSR 13-2p. When drug and/or alcohol abuse (DAA) is applicable, SSA applies the steps of the sequential evaluation a second time to determine whether the claimant would be disabled if he or she were not using drugs or alcohol. *Id.* It is a longstanding SSA policy that the claimant continues to have the burden of proving disability throughout the DAA materiality analysis. *Id.* Noted considerations made by SSA concerning drug materiality include the following:

- Does the claimant have DAA?
- Is the claimant disabled considering all impairments, including DAA?
- Is DAA the only impairment?
- Is the other impairment disabling by itself while the claimant is dependent upon or abusing drugs and/or alcohol?
- Does the DAA cause or affect the claimant's medically determinable impairments?
- Would the other impairments improve to the point of non-disability in the absence of DAA

Claimant's AHR downplayed the materiality of alcohol by noting that Claimant only began experiencing seizures when suffering a closed-head injury in 1/2014. That Claimant only began experiencing seizures when suffering a closed-head injury is not insightful in determining whether Claimant's alcohol consumption is a factor in causing ongoing seizures.

Physician documentation from 4/3/14 specifically noted that Claimant's reported seizure was likely EtOH related. The physician also noted that Claimant did not have seizures while taking Depakote. The evidence was highly suggestive that any seizures that Claimant experiences are caused by alcohol.

A subsequently written physician letter noted that Claimant has refractory seizures and that Claimant is disabled. Refractory seizures are understood to be uncontrolled seizures for which treatment is relatively unhelpful. The letter was highly indicative of serious seizure problems.

The letter completely ignored Claimant's alcohol abuse. The letter was also not a medical document; it was written solely for the purpose of assisting in Claimant's claim of disability. The letter was also not supported by any persuasive evidence that Claimant's seizures are essentially untreatable.

Based on the presented evidence, it is found that Claimant may have seizures, but that the seizures are primarily caused by Claimant's alcohol consumption. Claimant's seizures are still a significant impairment, as are Claimant's psychological symptoms.

Claimant seeks a determination of disability from 12/2013. No basis for disability from 12/2013 exists. Claimant's claim of disability rests squarely on his closed-head injury suffered in 1/2014. Accordingly, Claimant is not disabled for 12/2013 and the analysis may proceed for disability from 1/2014.

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.

Claimant's most prominent impairment appears to be functioning difficulties related to a closed-head injury. Listing 12.02 covers organ brain disorders and reads:

12.02 Organic mental disorders: Psychological or behavioral abnormalities associated with a dysfunction of the brain. History and physical examination or laboratory tests demonstrate the presence of a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities. The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

- A. Demonstration of a loss of specific cognitive abilities or affective changes and the medically documented persistence of at least one of the following:
1. Disorientation to time and place; or
 2. Memory impairment, either short-term (inability to learn new information), intermediate, or long-term (inability to remember information that was known sometime in the past); or
 3. Perceptual or thinking disturbances (e.g., hallucinations, delusions); or
 4. Change in personality; or
 5. Disturbance in mood; or
 6. Emotional liability (e.g., explosive temper outbursts, sudden crying, etc.) and impairment in impulse control; or
 7. Loss of measured intellectual ability of at least 15 I.Q. points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., Luria-Nebraska, Halstead-Reitan, etc.;

AND

- B. Resulting in at least two of the following:
1. Marked restriction of activities of daily living; or
 2. Marked difficulties in maintaining social functioning; or

3. Marked difficulties in maintaining concentration, persistence, or pace; or
 4. Repeated episodes of decompensation, each of extended duration;
- OR
- C. Medically documented history of a chronic organic mental disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:
1. Repeated episodes of decompensation, each of extended duration; or
 2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
 3. Current history of one or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

Presented psychological documentation was underwhelming. Most evidence of psychological obstacles came from Claimant's and his mother's testimony.

Claimant's mother testified that she is Claimant's guardian because Claimant is low-functioning. As an example of Claimant's difficulties, Claimant's mother testified on the day before the hearing, Claimant mistakenly walked into a home that was not his. Claimant's mother also testified that Claimant may be more susceptible to brain damage because, as a child, Claimant was in a coma due to a head injury. None of the testimony was documented within Claimant's medical history.

Though initial documentation was indicative of serious brain dysfunction (e.g. not recognizing family members), subsequent documents were less compelling. Two physician appointments following the month of hospitalization were presented. In 4/2014, Claimant's physician blamed Claimant's seizures on alcohol consumption. Treatment documents from 6/2014 noted that Claimant had normal fund of knowledge and fluent speech; no psychological abnormalities were noted. The presented medical evidence was not indicative of significant psychological restrictions.

It should be noted that Claimant has had access to insurance benefits since 4/2014. If Claimant had notable psychological restrictions, it is presumed that Claimant would have pursued psychological treatment. No evidence of psychological treatment was presented.

Listings for epilepsy (Listings 11.02 and 11.03) were considered based on evidence of ongoing seizures. The listings were rejected due to Claimant's failure to follow prescribed treatment by not abstaining from alcohol. A detailed seizure history was also not documented.

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 his previous employment was for an auto action and for a medical supply company. Claimant also testified that his previous employment required driving which he can no longer perform due to seizures. Claimant's testimony was credible and consistent with presented evidence. It is found that Claimant is unable to perform past 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.

Claimant testified that he cannot stand for longer than 10 minutes before his legs hurt. Claimant also testified that his coordination is so poor that it takes him a long time to get

dressed. Claimant's testimony was suggestive of an inability to perform sedentary employment.

Claimant's testimony concerning daily activity performance was not well supported by presented documents. Medical documents from 1/2014 verified numerous serious problems. In 4/2014, fewer physical problems were noted. The most recently submitted physician treatment record noted that Claimant had full strength and normal gait; and this was only six months after Claimant suffered injury. It is found that Claimant can perform the requirements of sedentary employment.

Based on the severity of Claimant's prognosis from 1/2014, some degree of psychological restrictions can be presumed. It is likely that Claimant may have some reduction in memory and/or difficulty with concentration. The absence of medical evidence documenting restrictions makes it probable that Claimant can perform simple and repetitive employment. It is presumed that such employment is adequately available for Claimant.

Based on Claimant's exertional work level (sedentary), age (younger individual aged 18-44) education (less than high school), employment history (semi-skilled with no transferrable skills), Medical-Vocational Rule 201.25 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 12/2013, 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: 8/28/2014

Date Mailed: 8/28/2014

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:

