

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

**IN THE MATTER OF:**



Reg. No.: 14-001497  
Issue No.: 2009; 4009  
Case No.: [REDACTED]  
Hearing Date: August 20, 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 20, 2014, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Medical Contact Worker.

**ISSUE**

The issue is whether DHS properly terminated Claimant's eligibility for Medical Assistance (MA) and State Disability Assistance (SDA) 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. Claimant was an ongoing MA and SDA benefit recipient.
2. Claimant's only basis for MA and SDA eligibility was as a disabled individual.
3. On [REDACTED], the Medical Review Team (MRT) determined that Claimant was not a disabled individual for purposes of MA and SDA eligibility (see Exhibits 1-2).
4. On [REDACTED], DHS terminated Claimant's eligibility for MA and SDA benefits, effective for an unspecified month, and mailed a Notice of Case Action informing Claimant of the termination.

5. On [REDACTED], Claimant requested a hearing disputing the termination of MA benefits.
6. On [REDACTED], the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual, in part, by reliance on an unfavorable SSA determination of disability (Exhibits 129-147)
7. As of the date of the administrative hearing, Claimant was a 48-year-old male.
8. Claimant's highest education year completed was the 10<sup>th</sup> grade.
9. Claimant alleged disability based on right shoulder pain, chronic headaches, COPD, right eye blindness, hypertension (HTN), back pain, and narcolepsy.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). DHS (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the 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).

The analysis of Claimant's MA benefit eligibility depends on whether Claimant was an applicant or an ongoing recipient. Once an individual has been found disabled for purposes of MA benefits, continued entitlement is periodically reviewed in order to make a current determination or decision as to whether disability remains in accordance with the medical improvement review standard. 20 CFR 416.993(a); 20 CFR 416.994. Claimant was an ongoing MA recipient, based on a previous determination of disability.

In evaluating a claim for ongoing MA benefits, federal regulations require a sequential evaluation process be utilized. 20 CFR 416.994(b)(5). The review may cease and benefits continued if sufficient evidence supports a finding that an individual is still unable to engage in substantial gainful activity. *Id.* Prior to deciding if an individual's disability has ended, the department will develop, along with the Claimant's cooperation, a complete medical history covering at least the 12 months preceding the date the individual signed a request seeking continuing disability benefits. 20 CFR 416.993(b).

The department may order a consultative examination to determine whether or not the disability continues. 20 CFR 416.993(c).

The below described evaluation process is applicable for clients that have not worked during a period of disability benefit eligibility. There was no evidence stated that Claimant received any wages since receiving disability benefits.

The first step in the analysis in determining the status of a claimant's disability requires the trier of fact to consider the severity of the impairment(s) and whether it meets or equals a listed impairment in Appendix 1 of subpart P of part 404 of Chapter 20. 20 CFR 416.994(b)(5)(i). If a listing is met, an individual's disability is found to continue and no further analysis is required. This consideration requires a summary and analysis of presented medical documents.

Physician office visit documents (Exhibits 15-17) dated [REDACTED] were presented. It was noted that Claimant complained of back and neck pain. It was noted that Claimant reported pain despite taking pain medication. Right hip tenderness was noted. Assessments of COPD, HTN, back pain, tobacco abuse, hyperlipidemia, hypothyroidism, and visual field defect were noted. Numerous medications were noted as prescribed.

Physician office visit documents (Exhibits 18-20) dated [REDACTED] were presented. It was noted that Claimant complained of headaches and shoulder pain. It was noted that Claimant had lumbar tenderness to palpitation. A decreased range of motion was noted in Claimant's shoulder. Right hip tenderness was noted. It was noted that a stress test was recently performed though results were not cited.

Physician office visit documents (Exhibits 21-28) dated [REDACTED] were presented. It was noted that Claimant's medications were adjusted based on lab work. No new findings were noted.

Physician office visit documents (Exhibits 29-31) dated [REDACTED] were presented. It was noted that Claimant reported that his right ring finger was caught and/or twisted; painful range of motion was noted.

Physician office visit documents (Exhibits 32-33) dated [REDACTED] were presented. It was noted that Claimant presented for right ring finger pain. It was noted that an x-ray was taken. A primary assessment of finger fracture was noted.

An x-ray report of Claimant's hand (Exhibit 11) dated [REDACTED]. The report specifically did not identify whether the x-ray was of Claimant's right or left hand. A negative impression was noted.

Physician office visit documents (Exhibits 34-36) dated [REDACTED] were presented. It was noted that Claimant presented for follow-up and medication refills. No notable new information was provided.

Physician office visit documents (Exhibits 37-39) dated [REDACTED] were presented. It was noted that Claimant presented for a one month follow-up. Various medication changes were noted. It was noted that Claimant should continue to reduce cigarette smoking. Musculoskeletal physical examination findings noted a full range of motion. A positive straight leg raising test was noted. Lumbosacral tenderness was noted. Scattered wheezes were noted in Claimant's lungs.

Physician office visit documents (Exhibits 40-42) dated [REDACTED] were presented. It was noted that Claimant presented for his regular check-up. It was noted that Claimant was doing well as long as he does not push himself too hard. It was noted that Claimant's pain was well controlled with medications. A physical examination noted no wheezes and full range of motion.

Physician office visit documents (Exhibits 43-45) dated [REDACTED] were presented. It was noted that Claimant presented for his regular check-up. No notable new information was provided.

Physician office visit documents (Exhibits 46-48) dated [REDACTED] were presented. It was noted that Claimant presented for his 1 month follow-up. No notable new information was provided.

Lab results (Exhibits 12-13) dated [REDACTED] were presented. It was noted that Claimant's hemoglobin level was out of normal range.

A Medical Examination Report (Exhibits 8-10) dated [REDACTED] was presented. The form was completed by an internal medicine physician with an approximate 3 year history of treating Claimant. Claimant's physician listed diagnoses of COPD, HTN, upper back pain, lower back pain, stent replacement, hyperlipidemia, stroke, and hypothyroidism. An impression was given that Claimant's condition was improving concerning HTN, but deteriorating concerning back pain. It was noted that Claimant can meet household needs. Physical examination findings noted that Claimant had no restricted ranges in motion. A loss of peripheral vision was noted. Claimant's physician opined that Claimant could frequently lift/carry 10 pounds. Claimant's physician opined that Claimant was restricted from repetitively operating leg and foot controls.

A listing for joint dysfunction (Listing 1.02) was considered based on Claimant's complaints of shoulder pain. The listing was rejected due to a failure to establish that Claimant is unable to perform fine and gross movements with both upper extremities.

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 visual acuity (Listing 2.02) was considered based on complaints of poor eyesight. This listing was rejected due to a failure to establish a corrected eyesight of worse than 20/200 in Claimant's worst eye.

A listing for chronic pulmonary insufficiency (Listing 3.02) was considered based on Claimant's complaints of dyspnea. The listing was rejected due to a lack of recent respiratory testing evidence.

It is found that Claimant does not meet a SSA listing and the analysis may proceed to step two.

The second step of the analysis considers whether medical improvement occurred. CFR 416.994(b)(5)(ii). Medical improvement is defined as any decrease in the medical severity of the impairment(s) which was present at the time of the most favorable medical decision that the individual was disabled or continues to be disabled. 20 CFR 416.994(b)(1)(i). The analysis will begin with a summary of medical documents that were the basis of the finding that Claimant was a disabled individual.

A Spirometry report (Exhibits 72-73) dated [REDACTED] was presented. Claimant's best post-med FVC was noted to be 3.14, 67% of predicted capacity. Claimant's best post-med FEV1 was noted to be 0.78, 20% of predicted value.

An x-ray report of Claimant's chest (Exhibit 14) dated [REDACTED]. An impression of no acute cardiopulmonary process was noted.

Various physician treatment documents and lab results and radiology reports (Exhibits 78-110) from 2011 were presented. Various complaints of joint pain, chest pain, wheezing, and coughing were noted. Diagnoses comparable to current diagnoses were noted.

Myoview stress test results (Exhibit 77) dated [REDACTED] was presented. Impressions of ejection fraction of 45% and scarring from a previous myocardial infarction were noted.

A Hearing Decision (Exhibits 111-115; 148-156) dated [REDACTED] was presented. The decision was written by an administrative law judge from the State of Michigan who determined that Claimant was a disabled individual for purposes of MA eligibility.

A consultative examination report dated [REDACTED] was cited in the State of Michigan administrative decision. The examination report restricted Claimant to less than 10 pounds of lifting/carrying. As of 3/2014, Claimant was capable of lifting/carrying of 10 pounds.

Claimant's physician also noted in 3/2014 that Claimant had no restrictions in ranges of motion. The consultative examination report cited in the State of Michigan administrative decision noted that Claimant had restricted lumbar motions.

Claimant's respiratory function was verified by Spirometry testing to be exceptionally poor. Claimant's breathing was so bad that it meets SSA listing levels. Subsequent testing results were not presented. There was no evidence of hospitalizations or major complaints related to dyspnea. Overall, the evidence was very suggestive of improved respiratory function.

The evidence sufficiently verified that Claimant experienced medical improvement. Accordingly, the analysis may proceed to step three.

The third step of the analysis considers medical improvement and its effect on the ability to perform SGA. Medical improvement is not related to the ability to work if there has been a decrease in the severity of the impairment(s) present at the time of the most recent favorable medical decision, but *no* increase in functional capacity to do basic work activities. 20 CFR 416.994(b)(1)(ii). If there has been any medical improvement, but it is not related to the ability to do work and none of the exceptions applies, benefits will be continued. *Id.* If medical improvement is related to the ability to do work, the process moves to step five.

In step two of the analysis, it was determined that Claimant had improved lumbar function and a smaller lifting/carrying restriction. It was also found that Claimant's breathing improved. The improvements are related to Claimant's functional capacity to perform employment. Accordingly, the analysis may proceed to step five.

Step five of the analysis considers whether all the current impairments in combination are severe. 20 CFR 416.994(b)(5)(v). When the evidence shows that all current impairments in combination do not significantly limit physical or mental abilities to do basic work activities, these impairments will not be considered severe and the claimant will not be considered disabled. *Id.* If the impairments are considered severe, the analysis moves to step six. *Id.*

The impairments must significantly limit a person's basic work activities. 20 CFR 416.921 (a). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921 (b). 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. (*Id.*)

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).

Sufficient evidence was presented that Claimant has exertional restrictions caused by lumbar pain and COPD. Medical history of cardiac problems would also likely restrict Claimant's exertional levels. Limited right eye vision and right shoulder dysfunction were also verified. The impairments were verified to have persisted since Claimant was approved for disability. It is found that Claimant has severe impairments and the analysis may proceed to step six.

The sixth step in analyzing a disability claim requires an assessment of the Claimant's RFC and past relevant employment. 20 CFR 416.994(b)(5)(vi). 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 past employment required him to spray lawns. Claimant testified that he is unable to drive to customer's houses due to poor vision. As an illustration, Claimant testified that he was fired in 2011 when he was in five car accidents while attempting to perform his job. Claimant also testified that he is unable to perform the lifting/carrying of his past employment. Claimant's testimony was credible and consistent with presented evidence. It is found that Claimant cannot perform his past employment and the analysis may proceed to step seven.

In the final step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

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

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

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.*

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform sedentary employment. For sedentary employment, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Social Security Rule 83-10.

Physician statements of specific restrictions were presented. In a medical Examination Report from 3/2014, Claimant's physician opined that Claimant could walk/stand for at least 2 hours of standing, and sit for less than 6 hours. The restriction is consistent with an ability to perform sedentary employment. The cited lifting/carrying restriction of 10 pounds is also consistent with an ability to perform sedentary employment.

Claimant's loss of vision might restrict Claimant from performing employment requiring extensive driving. A loss of sight in one eye would not likely cause significant restriction of sedentary employment opportunities.

Claimant also complained of headaches and back pain. Neither head nor back pain were cited as a basis to prevent Claimant from performing any functions. Claimant's headaches were not verified as having any known cause. As of 12/2013, Claimant's pain was noted to be controlled through medications. It is found that Claimant is capable of performing sedentary employment.

Based on Claimant's exertional work level (sedentary), age (younger individual aged 45-49), education (limited), employment history (semi-skilled with no transferrable skills), Medical-Vocational Rule 201.19 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that DHS properly terminated Claimant's MA eligibility on the basis of a finding that Claimant is not disabled.

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. DHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. DHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Claimant's hearing request did not specify a dispute for SDA. DHS testimony noted that Claimant was an ongoing SDA recipient. DHS graciously volunteered to add Claimant's SDA eligibility as part of the hearing dispute. Claimant also wanted to add SDA as a disputed program. The wishes of the parties will be honored due to the relative inconvenience in determining disability for SDA when disability for MA is determined.

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 (1/2013), p. 4. The goal of the SDA program is to provide financial assistance to meet a disabled person's basic personal and shelter needs. *Id.* To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 (1/2012), p. 1.

A person is disabled for SDA purposes if he/she:

- receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- resides in a qualified Special Living Arrangement facility, or
- is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or
- is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).

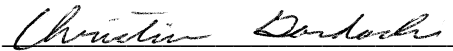
*Id.*

It has already been found that Claimant was no longer disabled for purposes of MA benefits based on application of Medical-Vocational Rule 201.19. The analysis and finding applies equally for Claimant's SDA benefit eligibility. It is found that Claimant is not a disabled individual for purposes of SDA eligibility and that DHS properly terminated Claimant's SDA eligibility.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly terminated Claimant's MA and SDA benefit eligibility 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: 9/12/2014

Date Mailed: 9/12/2014

**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:

