

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-002399
Issue No.: 4009
Case No.: [REDACTED]
Hearing Date: September 2, 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 September 2, 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 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 SDA benefit recipient.
2. Claimant's only basis for 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 SDA eligibility (see Exhibits 1-2).
4. On [REDACTED], DHS terminated Claimant's eligibility for SDA benefits, effective 6/2014, and mailed a Notice of Case Action informing Claimant of the termination.
5. On [REDACTED], Claimant requested a hearing disputing the termination of SDA benefits.

6. On 6/19/14, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual, in part, by determining that Claimant cannot perform past relevant employment.
7. As of the date of the administrative hearing, Claimant was a 49-year-old female with a height of 5'5" and weight of 145 pounds.
8. Claimant's highest education year completed was the 12th grade.
9. Claimant alleged disability based on chronic obstructive pulmonary disease (COPD), attention deficit disorder (ADD), hand arthritis, diverticulitis, and a nerve ending growth.

CONCLUSIONS OF LAW

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).

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.

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for SDA eligibility without undergoing a medical review process (see BAM 815) which determines whether Claimant is a disabled individual. *Id.*, p. 3.

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 SDA benefit eligibility depends on whether Claimant was an applicant or an ongoing recipient. Once an individual has been found disabled for purposes of SDA 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 SDA recipient, based on a previous determination of disability.

In evaluating a claim for ongoing 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.

Hospital documents (Exhibits 74-82) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of nausea, diarrhea, and vomiting. A discharge diagnosis of viral acute gastritis was noted.

Hospital documents (Exhibits 60-73) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented with complaints of dyspnea. It was noted that Claimant was a half pack per day tobacco smoker. It was noted that a CT of Claimant's chest demonstrated a pulmonary nodule and minimal paraseptal emphysema; a recommendation of a 6-12 month follow-up was noted. It was noted that Claimant received various medications including an inhaler. Noted discharge diagnoses included COPD.

Hospital documents (Exhibits 55-59) from an encounter from 10/2013 were presented. It was noted that Claimant presented with complaints of persistent abdominal pain. It was noted that Claimant underwent laparoscopic cholecystectomy. A diagnosis of cholelithiasis was noted.

A mental health agency discharge summary (Exhibits 25-27) dated [REDACTED] was presented. It was noted that Claimant was discharged from continuing treatment due to her failure to attend scheduled therapy sessions. Claimant's GAF was noted to be 52 as of [REDACTED].

Hospital documents (Exhibits 39-55) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of moderate abdominal pain, ongoing for 3 days. Abdominal tenderness was noted. It was noted that radiology demonstrated multiple small pelvic abscesses. It was noted that Claimant received various medications. A discharge date was not apparent.

Treatment plan meeting documents (Exhibits 17-24) were presented. The documents were dated [REDACTED] and signed by a social worker. The document was not notable other than establishing Claimant's reengagement with therapy.

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 respiratory testing evidence.

Digestive disorder listings (Listings 5.00) were considered based on complaints of abdominal pain. Claimant presented insufficient evidence that she meets any listing.

A listing for affective disorder (Listing 12.04) was considered based on diagnoses of depression. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not established that Claimant required a highly supportive living arrangement, suffered repeated episodes of decompensation or that the residual disease process resulted in a marginal adjustment so that even a slight increase in mental demands would cause decompensation.

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.

An internal medicine examination report (Exhibits 241-247) dated [REDACTED] was presented. The report was completed by a consultative physician. It was noted that Claimant had no restricted ranges of motion. It was noted that Claimant had no restrictions in listed abilities (e.g. sitting, standing, lifting, carrying, bending, stooping...). An assessment of rheumatoid arthritis, back pain, and hypertension was noted. A mild limitation in physical activity was noted.

A mental status examination report (Exhibits 255-257) dated [REDACTED] was presented. An Axis 1 diagnosis of dysthymic disorder and a GAF of 55 was noted.

A Psychiatric Evaluation (Exhibits 13-16) dated [REDACTED]. The evaluation was noted as completed by a psychiatrist. Psychiatric hospitalizations from 2007 and 2009 were noted. Notable observations of Claimant included: appropriate appearance, good eye contact, soft speech, anxious, depressed, withdrawn, angry/hostile, logical thought process, limited insight, and fully oriented cognition. An Axis I diagnosis of bipolar disorder was noted. Claimant's GAF was noted to be 50.

Hospital documents (Exhibits 218-230) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented with complaints of left arm pain, nausea, and headache. A medical history of depression and rheumatoid arthritis were noted. It was noted that Claimant was hypertensive. It was noted that Claimant received various medications and was discharged.

Various mental health agency documents (Exhibits 135-212) from 2012 were presented. The documents noted ongoing treatment for bipolar disorder. Noted treatments included medication, group counseling, and individual counseling.

A State of Michigan Hearing Decision (Exhibits 123-129) dated [REDACTED] was presented. The decision determined that Claimant was unable to perform a full range of sedentary employment, and was therefore disabled because DHS failed to establish that Claimant had available sedentary employment opportunities. No analysis accompanied the findings though it was noted that Claimant had mild knee swelling, metacarpal tenderness, a mild limitation of physical activity, and back pain. It was also noted that Claimant was diagnosed with dysthymic disorder. A GAF of 50 from a treating psychiatrist was cited.

A mild restriction in physical activity along with psychological treatment would not preclude Claimant from several types of employment; nevertheless, the ALJ determined that Claimant was disabled. Despite debatably minimal support for the finding of disability, some health improvements were established.

Claimant's GAF slightly increased from 50 to 52 over the course of approximately 15 months. A GAF within the range of 51-60 is representative of someone with moderate symptoms or any moderate difficulty in social, occupational, or school functioning. A GAF within the range of 41-50 is representative of a person with "serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job)." The increase in GAF is consistent with improvement from "serious" psychological symptoms to "moderate".

The ALJ that determined Claimant to be disabled apparently relied on Claimant complaints of back pain and arthritis. Recent treatment for back pain or arthritis was not verified. Presumably, if Claimant had ongoing arthritis and/or back pain, medical treatment would have been sought. The failure to verify ongoing treatment for back pain and arthritis tends to establish that Claimant's health improved.

A Medical Examination Report (Exhibits 8-10) dated [REDACTED] was presented. The physician listed diagnoses of lumbar radiculopathy, COPD, hypertension, and cholelithiasis. A physical examination noted that Claimant was wheezing, coughing, and had an ovarian cyst.

Generally, a determination that a client is restricted to less than 2 hours of standing/walking is consistent with an inability to perform any employment. This consideration is consistent with finding that Claimant did not have health improvement. Reasons exist to question the physician's statement of restriction.

The form was completed by a physician with an unstated history of treating Claimant. It is difficult to defer to the statements of a treating physician when the physician's history with Claimant is unknown.

There is also no known basis to support the findings. Lumbar radiology was not presented. Respiratory testing was not presented. Diagnoses of COPD and radiculopathy, by themselves, can verify some degree of restriction, but not to the extent cited by the physician.

The overall 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.

Claimant's increase in GAF is sufficient to verify improvement in psychological function. Claimant's absence of back pain and arthritis treatment are sufficient to find that Claimant's improvements relate to the ability to ambulate and/or lift/carry. Improvements to work-related abilities were established and 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 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v Bowen*, 880 F2d 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).

The evidence was supportive in finding that Claimant has psychological restrictions due to dysthymic disorder. Claimant likely also has a degree of lifting/carrying and ambulation restriction due to COPD and lumbar pain. 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 she performed past employment as a waitress and hand packager. Claimant's testimony that she could not perform the lifting nor standing required of her waitress employment was consistent with presented diagnoses and restrictions. It is less clear that Claimant is unable to perform past employment as a packager.

A Social Security Administration hearing decision and correspondence (Exhibits 102-120) dated [REDACTED] was presented. The SSA decision concluded that Claimant's hand packager employment was performed at a light exertional level and that Claimant was capable of physically and psychologically performing the employment. For purposes of this decision, the SSA administrative judge findings will be disregarded and it will be found that Claimant is unable to perform past employment. Accordingly, 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.

On a Medical Examination Report (MER) dated [REDACTED], Claimant's physician opined that Claimant was restricted to less than 2 hours of standing/walking over an eight-hour workday. The physician also opined that Claimant was restricted to less than 10 pounds of occasional lifting/carrying, never 20 or more pounds. The physician restricted Claimant from performing repetitive pushing/pulling and repetitive operation of foot controls. The combination of restrictions was generally consistent with a finding that Claimant is unable to perform any type of employment.

Treating source opinions cannot be discounted unless the Administrative Law Judge provides good reasons for discounting the opinion. *Rogers v. Commissioner*, 486 F. 3d 234 (6th Cir. 2007); *Bowen v Commissioner*. In the present case, good reason exists for discounting Claimant's physician's stated restrictions.

The MER asks the physician what medical findings support any stated physical restrictions. Claimant's physician failed to cite any basis for the restrictions. Expected examples of support for restrictions would be back radiology for back pain complaints, Spirometry testing for breathing restrictions, or abnormal physical examination findings; none of these examples were submitted.

Diagnoses were established. Some medication treatment was verified. Generally, diagnoses and medication prescription are insufficient to establish that a person is unable to perform sit-down employment.

A hospital admission for cholelithiasis was established. A hospital treatment for gallstones is not suggestive of long-term restrictions that precludes the performance of

sedentary employment. Similarly, a hospital admission for pelvic abscesses was also not suggestive of recurring problems with abdominal pain.

Psychological records tended to establish that Claimant has some degree of moderate symptoms which may impact employment. Claimant's physician opined that Claimant has social and reading/writing difficulties (see Exhibit 10), though failed to provide details or a basis for the opinion. Claimant's psychological treatment history gives some credence for her physician's opinion concerning social interaction. Some degree of concentration and/or persistence restrictions can be inferred based on Claimant's relatively low GAF.

Claimant has a high school diploma. It is theoretically possible that a high school graduate has reading and/or writing difficulties. An unsupported and nonspecific physician statement of reading or writing difficulties is insufficient to verify the difficulties, let alone that the difficulties would restrict Claimant's employment opportunities.

It can be reasonably concluded that Claimant is restricted to performing simple sedentary employment requiring suboptimal social skills. Vocational evidence of the availability of such employment was not provided. The restrictions would likely erode Claimant's sedentary employment base, but not to the extent that adequate opportunities do not exist for Claimant.

Based on Claimant's exertional work level (sedentary), age (younger individual aged 45-49), education (high school), employment history (semi-skilled with no known transferrable skills), Medical-Vocational Rule 201.21 is found to apply. This rule dictates a finding that Claimant is disabled. Accordingly, it is found that DHS improperly 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 terminated Claimant's SDA benefit eligibility, effective 6/2014, based on a determination that Claimant is not disabled.

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

Christian Gardocki

Christian Gardocki

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

Date Signed: **10/2/2014**

Date Mailed: **10/2/2014**

CG / hw

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

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

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

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

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

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

Attention: MAHS Rehearing/Reconsideration Request

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

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

CC:



