

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-006689
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: November 5, 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, an in-person hearing was held on November 5, 2014, from Taylor, Michigan. Participants included the above-named Claimant. [REDACTED] testified and appeared, via telephone, 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 Medical Assistance (MA) eligibility for the reason that Claimant is not a disabled individual.

FINDINGS OF FACT

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

1. On [REDACTED], Claimant applied for MA benefits, including retroactive MA benefits from 12/2013.
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], an administrative hearing was held.
7. During the hearing, Claimant and DHS waived the right to receive a timely hearing decision.
8. During the hearing, the record was extended 30 days to allow Claimant to submit Medical Examination Reports and treating physician documents; an Interim Order Extending the Record was subsequently mailed to both parties.
9. On [REDACTED] Claimant submitted additional documents (Exhibits B1-B5, C1-C16 and D1-D9).
10. As of the date of the administrative hearing, Claimant was a 59 year old female.
11. Claimant has no known relevant history of alcohol or illegal substance abuse.
12. Claimant's highest education year completed was the 12th grade, via general equivalency degree.
13. As of the date of the administrative hearing, Claimant was an ongoing Healthy Michigan Plan recipient, since 5/2014.
14. Claimant alleged disability based on impairments and issues including peripheral artery disease (PAD), foot deformity, loss of hearing, and ocular migraines.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

Prior to a substantive analysis of Claimant's hearing request, it should be noted that Claimant's AHR noted special arrangements in order to participate in the hearing; specifically, a 3-way telephone hearing was requested. An in-person hearing was conducted and Claimant's AHR appeared by telephone. Claimant's AHR testified that he was satisfied with the hearing arrangements.

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 32-45) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented with complaints of dizziness and cough, ongoing for a few days. It was noted that a chest x-ray demonstrated no acute process. A discharge diagnosis of acute bronchitis was noted.

Hospital documents (Exhibits 46-49) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of chest pain (pain level 4/10). Physical examination findings included no heart murmur, normal breath sounds, and no respiratory distress. A normal chest x-ray was noted.

Hospital documents (Exhibits 50-61) from an admission dated [REDACTED] were presented. It was noted that Claimant was anxious after running out of Ativan. A stress test was noted as unremarkable. Final impressions of hypertensive distress and DM were noted.

A treating physician office visit document (Exhibits 14; 66) dated [REDACTED] was presented. It was noted that Claimant reported pain in her right foot. It was noted that Claimant was hospitalized three previous times due to dizziness and light-headedness. It was also noted that 2 of 3 hospital encounters coincided with Claimant running out of HTN meds. It was implied that Claimant's symptoms were caused by carbon monoxide poisoning as it was noted that Claimant's symptoms resolved after a furnace repair. Diabetes and HTN were noted as controlled.

A treating physician office visit document (Exhibits 13; 65) dated [REDACTED] was presented. It was noted that Claimant reported pain in her right foot. An x-ray report (Exhibits 16; 62) dated [REDACTED] noted no acute fracture.

A treating physician office visit document (Exhibits 12; 64) dated [REDACTED] was presented. It was noted that Claimant was hard of hearing (both ears). Assessments of

HTN, chronic situational anxiety, leg cramps (controlled with magnesium, potassium, and calcium), and GERD were noted.

A treating physician office visit document (Exhibits 11; 63) dated [REDACTED] was presented. It was noted that Claimant appeared for a blood pressure check. Claimant's blood pressure was 160/78. Claimant's medications were adjusted and a 2-4 week follow-up appointment was scheduled.

Hospital documents (Exhibits 22-25) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented with complaints of sinus headache, ongoing for 3 days. A diagnosis of acute sinusitis was noted. Antibiotics were noted as prescribed.

Hospital documents (Exhibits 17-21; 26-31) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented with complaints of chest pain, left arm pain, and left shoulder pain. Following a chest x-ray, an impression of a normal examination was noted. No abnormalities were found following a physical examination.

Physician office visit documents (Exhibit A3) dated [REDACTED] were presented. It was noted that Claimant complained of hip pain and thigh ache. Moderate-to-severe hearing loss was noted; it was noted that Claimant wore hearing aids. A plan to prescribe lorazepam was noted.

Otolaryngology treating documents (Exhibits B1-B6) dated [REDACTED] were presented. It was noted that cerumen completely blocked both of Claimant's ear canals. It was noted that Claimant underwent auditory testing. An assessment of bilateral hearing loss was noted. It was noted that Claimant's hearing would likely improve to "severe loss" after wax was removed from her ears.

A treating physician office visit document (Exhibit A2) dated [REDACTED] was presented. Claimant's blood pressure was noted to be 130/60. It was noted that Claimant presented for earwax cleaning. A plan to prescribe Cerumenex drops was noted.

Otolaryngology treating documents (Exhibits B7-B10) dated [REDACTED] were presented. It was noted that Claimant reported definite improvement in hearing after ear canals were cleaned, though significant ongoing problems persisted. Significant bilateral hearing loss was noted. It was also noted that hearing aids would likely improve Claimant's hearing.

Physician office visit documents (Exhibits D5-D9) dated [REDACTED] were presented. It was noted that Claimant reported foot pain. It was noted that Claimant had long and painful ingrown toenails. It was noted that Claimant reported recurring foot cramping. No diminished neurological sensation was noted. Claimant's muscle strength was noted as 5/5 in all extremities. Tinel's sign was negative. DP and PT arteries were each noted to be ¼ bilaterally diminished. It was noted that x-rays revealed various foot abnormalities including increased a heel spur and bilateral degenerative changes. Assessments of

nail onychomycosis, PVD, controlled DM, and bone/joint deformity were noted. Recommendation of better foot hygiene, better foot support, and increased exercise were noted.

Physician office visit documents (Exhibits C6-C11) dated [REDACTED] were presented. Assessment of DM, HTN, hyperlipidemia, peripheral vascular disease, bipolar disorder, arthritis, GERD, and hearing impairment were noted. It was noted that Claimant had a full range of motion in joints.

A treating physician office visit document (Exhibit B19) dated [REDACTED] was presented. A problem list of peripheral vascular disease and bone and joint deformity was noted.

Physician office visit documents (Exhibits D1-D4) dated [REDACTED] were presented. Pronation was noted in Claimant's stance and gait. PVD testing noted no change.

Physician office visit documents (Exhibits C12-C14) dated [REDACTED] were presented. It was noted that Claimant presented with a complaint of chest pain. Assessments of upper respiratory infection, GERD, DM, and bilateral foot pain were noted. Physical examination findings noted no abnormalities, including normal heart rate and rhythm.

Eye clinic documents (Exhibits B1-B5) dated [REDACTED] were presented. Claimant's vision was noted as 20/25 in each eye. A diagnosis of ophthalmic migraine was noted.

Physician office visit documents (Exhibits C15-C16) dated [REDACTED] were presented. It was noted that foot testing revealed diminished sensations and diminished strength. Assessments of DM, PVD, and arthritis were noted. It was noted that Claimant should not walk barefoot because neuropathy diminished her foot sensation.

A radiological report (Exhibits C1-C2) dated [REDACTED] was presented. It was noted that Claimant underwent a bilateral mammogram. An impression noted no evidence of malignancy.

Claimant's AHR seeks a determination of disability from 12/2013. Claimant went to the hospital twice that month. The first visit, Claimant was diagnosed with acute sinus problems. The second visit, Claimant complained of chest pain, but was not admitted; a diagnosis was not made. Subsequent documents did not verify persistent ongoing chest pain. Claimant's failed to verify any severe impairment related to 12/2013 hospitalizations.

Claimant alleged disability, in part, due to hearing loss. Hearing loss was verified. It was also verified that Claimant's hearing improved with ear cleaning. It was also noted that Claimant would benefit from hearing aids. Claimant's hearing loss would cause Claimant to have listening problems affecting her ability to perform some types of employment.

Physician documents from 3/2014 noted hip and thigh pain complaints which could restrict Claimant's employment opportunities. Radiology and diagnoses were not apparent. The lack of treatment and radiology supports a finding that Claimant failed to verify a severe impairment related to hip or thigh pain.

In 10/2014, stronger support for severe impairments began. Recurring foot cramping, ingrown toenails, and diminished artery flow could each contribute to ambulation restrictions. Neuropathy was diagnosed the following month; another possible contributor to ambulation restrictions.

It is found that Claimant established significant impairment to basic work activities for a period longer than 12 months. Accordingly, it is found that Claimant established having a severe impairment and the disability analysis may move to step three.

The third step of the sequential analysis requires a determination whether the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920 (a)(4)(iii). If Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

A listing for 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 hearing loss (Listing 2.10) was considered. The listing was rejected due to a failure to establish required hearing thresholds for average air conduction and average bone conduction.

Cardiac-related listings (Listing 4.00) were considered based on a diagnosis for peripheral vascular disease. Claimant failed to meet any cardiac listings.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity (RFC) and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if it is determined that a claimant can perform past relevant work. *Id.*

Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical

and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

Claimant testified that she only worked for 3 months in the past 15 years. Claimant testified that she packed groceries in 2004 for a department store.

Claimant testified that she is unable to perform the required lifting of her past employment. Claimant's testimony is consistent with documents from 10/2014, but not with documents prior to 10/2014. The only chronic condition verified before 10/2014, was hearing loss.

Some hearing loss might make the performance of such employment more difficult, but not improbable. Following an ear cleaning and with use of a hearing aid, Claimant's appears capable of performing grocery packing employment despite some hearing loss.

Consideration was given to inferring that ingrown toenails, neuropathy, and foot deformities (all verified in 10/2014) likely restricted Claimant's ambulation before 10/2014. Though it is possible that such problems existed before 10/2014, the lack of treatment justifies finding that such problems did not exist before 10/2014.

Accordingly, it is found that Claimant could perform past relevant employment through 9/2014 and that DHS properly denied Claimant's MA application. A disability determination may continue to determine whether Claimant is eligible for MA benefits beginning 10/2014.

Claimant's conditions likely restrict her ambulation to the point where a mostly standing job like grocery packing is improbable. Accordingly, it is found that Claimant cannot perform past employment (beginning 10/2014) 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 medium employment. Social Security Rule 83-10 states that the full range of light work requires standing or walking, off and on, for a total of approximately 6 hours of an 8-hour workday. Medium employment requires comparable standing and walking standards, but with a heavier lifting requirement than light employment.

Physician statements of Claimant restrictions were not presented. Restrictions can be inferred based on presented documents.

Given diagnoses of neuropathy, foot deformity, PVD, and a heel spur, it is improbable that Claimant could perform the 50 pound lifting required of medium employment. It is also unlikely that Claimant could perform the standing and/or ambulation required of any employment higher than sedentary employment. It is found that Claimant is not capable of performing light employment (beginning 10/2014).

For MA eligibility beginning 10/2014, based on Claimant's exertional work level (sedentary), age (advanced age), education (high school with no direct entry into skilled employment), employment history (unskilled), Medical-Vocational Rule 201.04 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 denied Claimant's MA benefit eligibility through the month of 9/2014, based on a determination that Claimant is not disabled. The actions taken by DHS are **PARTIALLY AFFIRMED**.

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

- (1) reinstate Claimant's MA benefit application dated [REDACTED];
- (2) evaluate Claimant's eligibility for benefits subject to the finding that Claimant is a disabled individual, **effective 10/2014**;
- (3) initiate a supplement for any benefits not issued as a result of the improper application denial; and
- (4) schedule a review of benefits in one year from the date of this administrative decision, if Claimant is found eligible for future benefits.

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



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

Date Signed: **1/2/2015**

Date Mailed: **1/2/2015**

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 48909-8139

CC:

