

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

IN THE MATTER OF:



Reg. No.: 14-007715
Issue No.: 4009
Case No.: [REDACTED]
Hearing Date: November 12, 2014
County: Wayne (57)

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 November 12, 2014, from Detroit, Michigan. Participants included the above-named Claimant. [REDACTED], Chaplin for the [REDACTED], testified and appeared as Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (DHS) included [REDACTED], specialist, and [REDACTED], medical contact worker.

ISSUE

The issue is whether DHS properly terminated Claimant's State Disability Assistance (SDA) 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 SDA benefits (see Exhibits 88-117).
2. Claimant's only basis for SDA 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 SDA benefits and mailed a Notice of Case Action informing Claimant of the denial.
5. On [REDACTED] Claimant requested a hearing disputing the denial of SDA benefits.

6. As of the date of the administrative hearing, Claimant was a 44 year old female with a height of 5'2 $\frac{3}{4}$ " and weight of 206 pounds.
7. Claimant has no known relevant history of alcohol or illegal substance abuse.
8. Claimant's highest education year completed was the 11th grade.
9. Claimant alleged disability based on restrictions related to diagnoses of carpal-tunnel syndrome (CTS), schizophrenia, bipolar disorder, hypertension (HTN), and poor memory.

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. As noted above, SDA eligibility is based on a 90 days period of disability.

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 2014 monthly income limit considered SGA for non-blind individuals is \$1,070.

Claimant credibly denied performing any employment since the date of the SDA 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 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 12 month durational period is applicable to SSA and MA benefits; as noted above, SDA eligibility requires only a 90 day duration of disability.

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 discharge instructions (Exhibits 56-57) from 5/2012 were presented. A surgery for gastroesophageal reflux disease was noted.

A Psychiatric Evaluation (Exhibits 21-22, 24-25) dated [REDACTED] (from a [REDACTED] evaluation) was presented. The evaluation was performed by a treating psychiatrist. Claimant's treatment history duration was not specified though it was noted that Claimant regularly attended monthly appointments. It was noted that Claimant reported hearing voices and feeling paranoid despite medication compliance; Claimant's symptoms were noted to be improving. Observations of Claimant included the following: coherent, restricted affect, depressed, no mood swings (observed or reported), marginal insight, orientation x3, and marginal judgment. An Axis I diagnosis of schizoaffective disorder was noted. Claimant's GAF was noted to be 50. A plan to continue outpatient therapy and medical evaluations was noted. A fair prognosis for community living with family was noted.

Orthopaedic specialist documents (Exhibits 53-54) from 1/2014 were presented. Two appointments to treat left shoulder pain were noted.

Various hospital documents (Exhibits 58-65) dated [REDACTED] were presented. It was noted that Claimant underwent left shoulder arthroscopy.

An Intake Assessment (Exhibits 30-45) dated [REDACTED] as presented. The assessment was signed by a licensed counselor. It was noted that Claimant attended psychiatric treatment “for the past few years”. It was noted that Claimant reported absences of hearing voices, paranoia, and depression; it was later noted that Claimant heard voices (see Exhibit 32). It was noted that Claimant reported that medications helped. Notable observations of Claimant included the following: orientation x3, intact memory, alert, fair judgment, unremarkable thought process, normal stream of mental activity, and unremarkable presentation. A risk of homicidal ideation was noted. It was noted that Claimant reported that her daughter assists her with all of the following due to shoulder problems: dressing, bathing, grooming, ambulation, and daily chores. It was also noted that Claimant’s daughter assists Claimant with taking medication, financial management, and decision making.

A Treatment Plan Meeting (Exhibits 26-29; 46-51) dated [REDACTED] was presented. The form was unsigned but is presumed to have been completed by treating mental health agency staff. It was noted that Claimant reported hearing voices. Goals of reducing anger outbursts, journalizing feelings, and continuing therapy were noted.

A prescription (Exhibit 55) dated [REDACTED] was presented. Claimant physician prescribed physical therapy for Claimant’s left shoulder. The duration of therapy was four weeks (3 times per week).

A Medication Review Note (Exhibit 23) dated [REDACTED] was presented. Marginal sleeping and fair appetite were noted. Claimant’s symptoms were noted as slowly improving.

A Medical Examination Report (Exhibits 18-20) dated [REDACTED] was presented. The form was completed by a family practice physician with an unspecified history of treating Claimant. Claimant’s physician listed diagnoses of asthma and bipolar disorder (a third diagnosis was illegible). Physical examination findings noted reduced left shoulder motion. An impression was given that Claimant’s condition was deteriorating. It was noted that Claimant could not meet household needs.

A Mental Residual Functional Capacity Assessment (MRFCA) (Exhibits 11-12) dated [REDACTED] was presented. The form was noted as “completed with Claimant”. The assessment was noted as completed by a case manager. This form lists 20 different work-related activities among four areas: understanding and memory, sustained concentration and persistence, social interaction and adaptation. A therapist or physician rates the patient’s ability to perform each of the 20 abilities as either “not significantly limited”, “moderately limited”, “markedly limited” or “no evidence of limitation”. Marked restrictions were noted for each of the following abilities:

- Carrying out simple 1-2 step directions.
- Carrying out detailed instructions
- Maintaining concentration for extended periods

- Performing activities within a schedule and maintaining attendance and punctuality
- Working in coordination or proximity to other without being distracting
- Making simple work-related decisions
- Completing a normal workday without psychological symptom interruption
- Interacting appropriately with the general public
- Accepting instructions and responding appropriately to criticism
- Getting along with others without exhibiting behavioral extremes
- Responding appropriately to changes in the work setting
- Traveling to unfamiliar places including use of public transportation
- Setting realistic goals or making plans independently of others.

Claimant alleged disability, in part, due to carpal-tunnel syndrome (CTS). Claimant testified that in 2008, she had a nerve removed to address CTS. Claimant presented no evidence of a CTS diagnosis or nerve removal related to CTS. Claimant failed to establish a severe impairment related to CTS.

Claimant alleged disability, in part, due to shoulder pain. Claimant testified that she has lingering left shoulder pain despite previous surgery. Claimant testified that she was supposed to have physical therapy after surgery but could not afford to go. Claimant's testimony did not explain her failure to attend therapy since 7/2014, the month she was eligible for HMP benefits. Claimant also testified that she was scheduled for right-side rotator cuff surgery in 1/2015, though this was not verified. The evidence sufficiently verified some degree of restriction due to shoulder pain.

Claimant alleged disability, in part, due to psychological problems. Presented document verified multi-year treatment for schizophrenia. The evidence was sufficient to presume some degree of restriction in concentration, memory, and performance of ADLs.

It is found that Claimant established a severe impairment. Accordingly, the analysis may proceed 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.

Claimant alleged disability, in part, based on schizoaffective disorder. The SSA listing for schizoaffective disorders reads as follows

12.03 Schizophrenic, paranoid and other psychotic disorders:

Characterized by the onset of psychotic features with deterioration from a previous level of functioning. The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

- A. Medically documented persistence, either continuous or intermittent, of one or more of the following:
1. Delusions or hallucinations; or
 2. Catatonic or other grossly disorganized behavior; or
 3. Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
 - a. Blunt affect; or
 - b. Flat affect; or
 - c. Inappropriate affect; OR
 4. Emotional withdrawal and/or isolation;
- AND
- B. Resulting in at least two of the following:
1. Marked restriction of activities of daily living; or
 2. Marked difficulties in maintaining social functioning; or
 3. Marked difficulties in maintaining concentration, persistence, or pace; or
 4. Repeated episodes of decompensation, each of extended duration;
- OR
- C. Medically documented history of a chronic schizophrenic, paranoid, or other psychotic disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:
1. Repeated episodes of decompensation, each of extended duration; or
 2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
 3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

A diagnosis of schizoaffective disorder and a lengthy history of psychological treatment and audio hallucinations were verified. The evidence was fairly suggestive that Claimant meets Part A of the above listing.

A MRFCAs was highly suggestive that Claimant has numerous marked restrictions. The MRFCAs was completed by Claimant's counselor. A counselor is not what SSA considers to be an acceptable medical source. The evidence can be given some weight, but cannot be simply taken at face value, particularly when factoring that Claimant assisted in completion of the form.

A psychiatric evaluation noted that Claimant has no history of psychiatric hospitalizations (see Exhibit 22). Generally, an absence of psych-related hospitalizations is consistent with not meeting SSA psychological disorder listings.

Presented evidence was suggestive that medication compliance decreased Claimant's psychotic/paranoid symptoms. Presented records failed to verify notable instances of hallucinations or paranoia since Claimant became medication compliant. This consideration supports finding that Claimant does not meet listing requirements.

A long history of psychological treatment was referenced in presented records. Generally, a lengthy history of schizophrenia treatment is consistent with marked restrictions to concentration, daily activity performance, and/or concentration. Details of treatment history were not verified. Details are crucial because it cannot be determined whether drug use and/or medication noncompliance were material to reported psychological obstacles. The severity of past obstacles also cannot be determined.

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.

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 stated that she has zero work history from the past 15 years. Claimant's testimony was credible and un rebutted. Without any work history, it can only be determined that Claimant cannot return to performing past relevant employment and the analysis may proceed to step five.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P,

Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

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

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

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

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

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

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

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR

416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

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

Claimant testified that she is unable to clean or do laundry because of shoulder pain. Claimant testified that she requires her daughter's assistance for dressing and bathing. Claimant's testimony was consistent with what she reported to her counselor (see Exhibit 34). Claimant's testimony was indicative of an inability to perform any type of employment.

On a Medical Examination Report dated [REDACTED], Claimant's physician opined that Claimant was incapable of performing any lifting/carrying. Claimant's physician opined that Claimant was restricted from performing all listed repetitive actions including the following: simple grasping, reaching, pushing/pulling, fine manipulating, and "operating food [sic]/leg controls". The physician's findings were consistent with finding that Claimant is unable to perform any level of employment.

Physician statements of restrictions were provided. 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*.

Presented evidence verified that Claimant underwent left shoulder arthroscopy in 1/2014 and that Claimant did not attend post-surgery therapy following surgery. An arthroscopy is not a particularly invasive surgery. It is not particularly indicative of a severe and/or incurable shoulder problem, even when physical therapy does not follow. Generally, an arthroscopy is expected to improve shoulder motion. Claimant's medical history is not highly indicative of a total restriction on lifting/carrying or repetitive shoulder movements.

Looking at Claimant's psychological impairments, a GAF of 50 was verified. The Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM IV) states that 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)."

Claimant's GAF was given before psychological improvement was noted. Presumably, Claimant's GAF increased following medication treatment. It is probable that medication

did not magically cure Claimant. It is reasonable to presume that marked restrictions may have lessened to moderate restrictions.

Based on presented evidence, it is found that Claimant would have moderate difficulties maintaining concentration and working with others due to schizo-affective symptoms. Claimant should have the ability to perform simple and non-social type of employment. Claimant's shoulder problems, though not disabling, when combined with Claimant's psychological symptoms would render Claimant likely unable to sustain any type of employment. Accordingly, Claimant is a disabled individual and it is found that DHS improperly denied Claimant's SDA application.

DECISION AND ORDER

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

- (1) reinstate Claimant's SDA benefit application dated [REDACTED];
- (2) evaluate Claimant's eligibility subject to the finding that Claimant is a disabled individual;
- (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 **REVERSED**.



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

Date Signed: **12/5/2014**

Date Mailed: **12/5/2014**

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 48909-8139

CC:

