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

IN THE MATTER OF:

[redacted]

Reg. No.: 14-018878
Issue No.: 2009
Case No.: [redacted]
Hearing Date: January 28, 2015
County: Wayne (19)

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 January 28, 2015, from Detroit, Michigan. Participants included the above-named Claimant. [redacted] testified and appeared 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 (see Exhibits 6-7).

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 10-11).

4. On [redacted], DHS denied Claimant's application for MA benefits and mailed a notice informing Claimant of the denial.

5. On [redacted], Claimant's AHR requested a hearing disputing the denial of MA benefits.

6. As of the date of Claimant's application and DHS denial date, Claimant was a 49 year old female.

7. Claimant has not earned substantial gainful activity since before the first month of benefits sought.

8. Claimant's highest education year completed was the 12th grade.

9. Claimant has a history of semi-skilled employment, with no known transferrable job skills.

10. Claimant alleged disability based on restrictions related to diagnoses of seizures, dizziness, headaches, and left-sided numbness.

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. Claimant's AHR's request was granted and the hearing was conducted accordingly.

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*. 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.

SGA means a person does the following: performs significant duties, 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 SGA. *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 CRF 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 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).

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 presented evidence.

Claimant was in a car accident in 2010 (see Exhibit 12). Claimant testified that she was hit by a car while she was walking (also see Exhibit 103). Claimant reported having seizures since (see Exhibit 12). Claimant describes them as “staring” seizures. Claimant reported that she was hospitalized in 12/2013 after she fell on some stairs (see Exhibit 12). Claimant testified that she has since suffered regular migraine headaches and left-sided numbness.

Hospital documents (Exhibits 97-112) from an admission dated [redacted] were presented. It was noted that Claimant presented with complaints of earache and left ear bleeding. Claimant reported a recent fall. It was noted that Claimant was admitted to ICU after an MRI demonstrated temporal lobe bleeding. It was noted that Claimant was treated with Dilantin. A discharge diagnosis of intracranial bleed was noted. Claimant’s discharge date appeared to be [redacted].

Hospital documents (Exhibits 113-127) from an admission dated [redacted] were presented. It was noted that Claimant presented with complaints of headache and resolved facial droop. It was noted that a brain MRI demonstrated a small hematoma and associated white matter edema. A discharge diagnosis of cerebral infarction was noted. Discharge instructions noted a follow-up with neurosurgery. Claimant’s discharge date appeared to be [redacted].

Physician office visit documents (Exhibits 64-65) dated [redacted] were presented. A complaint of decreased hearing and blurry vision was noted.

Ophthalmologist office visit documents (Exhibits 54-56) dated [redacted] were presented. An assessment of Bell’s Palsy was noted.

Physician office visit documents (Exhibits 62-63) dated [redacted] were presented. A complaint of chest pain and vaginal discharge was noted. A prescription of Mucinex was prescribed. A cardiology consult was recommended for heart palpitations.

Hospital documents (Exhibits 81-93) from an admission dated [redacted] were presented. It was noted that Claimant presented with complaints of headache and left-sided facial weakness, ongoing for 1 day. A CT of Claimant’s head and a brain MRI were noted to be negative. It was noted that Keppra was a continued medication. It was also noted that Claimant’s headache improved after treatment with Depakote, and Imitrex. COPD was noted following chest radiology and a uterine fibroid was noted following abdominal radiology. A discharge date of [redacted] was noted.

A physician office note (Exhibit 31) dated [redacted] was presented. It was noted that Claimant complained of chest pain, dyspnea, and palpitations. It was noted that Claimant was an active smoker. An irregular heartbeat was noted. A plan of cardiac testing was noted.

Physician office visit documents (Exhibits 59-60) dated [redacted] were presented. Ongoing treatment for seizures and headaches was noted. A complaint of mild right-side weakness was noted.

Hospital documents (Exhibits 94-96) from an encounter dated [redacted] were presented. It was noted that Claimant presented with complaints of headache. It was noted that Claimant was discharged after her headache diminished. Treatment details were not apparent.

A medication list (Exhibit 30) dated [redacted] was presented. Claimant's current medications included Levetiracetam, Divalproex sodium, Atorvastatin, tramadol, and sumatriptan. Levetiracetam and Divalproex sodium are understood to treat seizures. Sumatriptan is understood to treat migraine headaches. Tramadol is understood to be a narcotic pain reliever.

Physician progress notes (Exhibits 41) dated [redacted] were presented. It was noted that Claimant was recently diagnosed with hypertension by a cardiologist. An assessment of stroke syndrome without residual effects was noted.

Physician progress notes (Exhibits 39-40) dated [redacted] were presented. It was noted that Claimant reported recent left ear bleeding and headache. A prescription for baby mineral oil was noted.

Physician progress notes (Exhibits 39) dated [redacted] were presented. It was noted that Claimant reported no recent seizure activity.

Hospital documents (Exhibits C1-C27) from an admission dated [redacted] were presented. It was noted that Claimant presented with complaints of left-sided weakness and ambulation difficulties. It was noted that Claimant was positive for THC, alcohol, and cocaine. It was noted that x-rays of Claimant's chest were negative. It was noted that a CT of Claimant's head was negative. It was noted that an MRA and MRI of Claimant's brain noted various abnormalities. Left-sided upper and lower extremity weakness (4/5) was noted; the weakness was considered to be Claimant's baseline. The only noted discharge diagnosis was alcohol intoxication. A discharge date of [redacted] was noted.

A Medical Needs form (Exhibit 32) dated [redacted] was presented. The document was completed by a nurse practitioner with an unstated history with Claimant. Diagnoses of seizure and left-sided weakness were noted. Claimant's diagnoses were described as chronic. It was noted that Claimant requires assistance with shopping, laundry, and housework. A need for a cane was noted.

An internal medicine examination report (Exhibits 12-16; 19-23) dated [redacted] was presented. The report was noted as completed by a consultative physician. It was noted that Claimant complained of left-sided weakness and chronic headaches. It was noted

that Claimant reported that her last seizure was in 4/2014. Mild left side weakness in arm and legs (4.5/5) was noted. Tandem gait was noted as normal. Claimant's gait was described as slow. It was noted that Claimant drags her left leg but does not use a cane. It was noted that heel walk and toe walk could not be performed. An impression of headaches and left-sided weakness was noted.

Hospital documents (Exhibits B2-B15) from an encounter dated [redacted] were presented. It was noted that Claimant presented following a recent seizure where she bit her tongue. A CT of Claimant's head showed no acute process. It was noted that Claimant showed no signs of seizure while in the emergency room and that she was discharged.

Physician office visit documents (Exhibits A7-A10) dated [redacted] were presented. It was noted that Claimant reported a seizure from 2 weeks prior. Muscle strength was noted to be 5/5 in all extremities. Gait and coordination were noted to be normal.

Physician office visit documents (Exhibits A5-A6) dated [redacted] were presented. It was noted that Claimant complained of sore throat.

Physician office visit documents (Exhibits A4-A5) dated [redacted] were presented. It was noted that Claimant complained of sore throat.

Medical documents were somewhat suggestive of cardiac abnormalities. Cardiologist or hospital treatment for cardiac issues was not verified. Claimant failed to establish a severe impairment related to cardiac restrictions.

Claimant testified that she is restricted in standing, walking, and lifting. Presented documents verified abnormal brain radiology, a history of seizures, headaches, and left-sided weakness. It was consistently noted that Claimant had ambulation difficulties. The evidence further verified that Claimant's restrictions have lasted and/or will last for longer than 12 months.

As it was found that Claimant established significant impairment to basic work activities for a period longer than 12 months, it is found that Claimant established having a severe impairment. Accordingly, 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.

Claimant's most prominent restrictions appear to be stroke-related. The relevant SSA listing for cerebral infarction complications is Listing 11.04 which states that disability is established by the following:

11.04 *Central nervous system vascular accident.*
With one of the following more than *3* months post-vascular accident
A. Sensory or motor aphasia resulting in ineffective speech or communication; or
B. Significant and persistent disorganization of motor function in two extremities, resulting in sustained disturbance of gross and dexterous movements, or gait and station (see 11.00C).

There was no evidence that Claimant has ongoing difficulties with slurred speech. Thus, the analysis will focus on Part B.

Claimant testimony and some treatment documentation noted left-sided weakness. In 7/2014, a nurse practitioner recommended that Claimant use a cane. In 8/2014, a slow gait and left-sided weakness was noted in a consultative examination. This evidence could be construed as disorganization affecting Claimant's gait and dexterity. Subsequent documentation was less compelling.

The most recent physician notes indicated that Claimant's gait and muscle strength were normal. Documented treatment for a sore throat rather than left-sided weakness and/or seizures is suggestive of diminished stroke complications. A hospital encounter from 8/2014 noted that Claimant complained of a seizure, but evidence of seizure was not apparent. It is found that Claimant failed to establish ongoing symptoms related to a stroke sufficient to meet Listing 11.04(b).

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.

Cardiac-related listings (Listing 4.00) were considered based on Claimant's cardiac treatment history. Claimant failed to meet any cardiac listings.

A listing for non-convulsive epilepsy (Listing 11.03) was considered based on Claimant's seizure history. The listing was rejected due to a failure to document a detailed 3 month seizure history or seizures occurring weekly causing unconventional behavior or significant interference with daily activities, in spite of 3 months of prescribed treatment.

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 has past employment as a housekeeper, laundry housekeeper, packager, private duty nurse, and barista. Claimant testified that she is unable to perform the lifting and/or ambulation required of her past employment. Claimant's testimony was consistent with presented records. It is found that Claimant cannot perform past relevant employment and the disability analysis may proceed to the final step.

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 nonexertional 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 nonexertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

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

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

Physician statements of 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.*

A consultative examiner stated that Claimant can perform 23 different activities which included the following: sitting, standing, writing, and bending. Comments (which were not legible) appeared to suggest some degree of restriction in Claimant's ability to climb stairs, push/pull, and carry. The evidence was not highly indicative of an inability to perform sedentary employment.

Left-sided weakness of 4/5 was verified. A need for a cane was highly suggested. This evidence is indicative of an inability to perform the standing and lifting required of light employment. The evidence is not highly indicative of an inability to perform sedentary employment.

Claimant testified that she is right-handed. Left-sided weakness was verified. Generally, weakness to a non-dominant side is less intrusive than dominant hand restrictions. For example, Claimant should have no restrictions to writing, a common sedentary work requirement.

It is somewhat notable that Claimant's hospital encounters in the year following her stroke were uneventful concerning stroke concerns. A hospital treatment for headache and seizure resolved without a need for hospital admission. The only verified hospital admission following stroke concerned alcohol abuse. Claimant's hospital treatment history was suggestive of occasional setbacks, but not enough to restrict Claimant's employment.

As noted in Step 3 of the analysis, recent physician treatment was not highly indicative that Claimant is unable to perform sedentary employment. The most compelling evidence that Claimant is unable to perform sedentary employment came from a nurse practitioner who stated that Claimant needs assistance with ADLs. SSR 63-02p states that nurse practitioners are not "acceptable medical sources." It is found that Claimant is capable of performing sedentary employment.

Based on Claimant's exertional work level (sedentary), age at time of application through DHS denial (younger individual aged 45-49), education (less than high school), employment history (unskilled), Medical-Vocational Rule 201.21 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that DHS properly found Claimant to be not disabled for purposes of MA benefits.

It should be noted that Claimant turned 50 years old since the DHS denial of MA benefits. If Claimant reapplied for disability benefits (with DHS or SSA), a finding of disability may be appropriate based on the change in age.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied Claimant's MA benefit application dated [redacted], including retroactive MA benefits from 12/2013, based on a determination that Claimant is not disabled.

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

Christian Gardocki

Christian Gardocki
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **2/26/2015**

Date Mailed: **2/26/2015**

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: [redacted]