

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

IN THE MATTER OF:

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████████████████████

Reg. No.: 14-018883
Issue No.: 2009
Case No.: ██████████
Hearing Date: March 04, 2015
County: WAYNE-DISTRICT 17
(GREENFIELD/JOY)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a 4 way hearing was held on March 4, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. ██████████ also appeared. Participants on behalf of the Department of Human Services (Department) included ██████████, Assistance Payments Worker.

ISSUE

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) and/or State Disability Assistance (SDA) benefit programs?

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 September 19, 2013, the Claimant submitted an application for public assistance seeking MA-P and a retro application for June 2013
2. On October 16, 2014 the Medical Review Team ("MRT") found the Claimant not disabled.
3. The Department notified the Claimant of the MRT determination on October 20, 2014.
4. On December 19, 2014, the Department received the Claimant's timely written request for hearing.

5. The Claimant has alleged mental disabling impairments of bipolar disorder.
6. The Claimant alleges physical disabling impairments due to Parkinson's disease with hand tremors, COPD, Leukopenia, Sclerosis of the Liver due to overuse of Tylenol, Hepatitis B and C, left knee replacement with chronic pain and use of mechanical knee brace, chronic pain in spine and requires use of a walker and mechanical knee brace when walking. The Claimant is also obese with a BMI of 48.46
7. At the time of hearing, the Claimant was ■ years old with a ■ birth date. Claimant is 5'2" tall in height; and weighed 265 pounds.
8. The Claimant completed 9th grade. The Claimant can read and write as well as do basic math but cannot multiply and divide. The Claimant also completed a GED.
9. The Claimant's work experience included performing cashiering work at a convenience store, housekeeping for a motel. The Claimant last worker in ■
10. The Claimant's impairments have lasted or are expected to last 12 months or longer.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

Disability is defined as the inability to do any substantial gainful activity 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). The person claiming a physical or mental disability has the burden to establish it 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). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and, (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (e.g., age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a) (4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from Step 3 to Step 4. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to

perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Claimant is not involved in substantial gainful activity and, therefore, is not ineligible for disability benefits under Step 1.

The severity of the claimant's alleged impairment(s) is considered under Step 2. The claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and dealing with changes in a routine work setting.

Id.

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a claimant's age, education, or work experience, the

impairment would not affect the claimant's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

The Claimant has alleged mental disabling impairments of bipolar disorder.

The Claimant alleges physical disabling impairments due to Parkinson's disease with hand tremors, COPD, Leukopenia, Sclerosis of the Liver due to overuse of Tylenol, Hepatitis B and C, left knee replacement with chronic pain and use of mechanical knee brace, chronic pain in spine and requires use of a walker and mechanical knee brace when walking. The Claimant is also obese with a BMI of 48.46

A summary of the medical evidence provided follows.

On [REDACTED] the Claimant was admitted to the hospital for respiratory failure requiring Bpap with acute dyspnea. The surgical history noted Hepatitis B and C, leukopenia, and arthritis, cirrhosis, knee scope, hernia repair and bladder sling. The Claimant was admitted, placed on a nebulizer and Bipap and given steroids. The records noted COPD exacerbation severe. The claimant presented with breath sounds, and wheezes with rapid, shallow and labored breathing. At the time the records note Claimant had quit smoking. Edema in extremities was noted as acute exacerbation of asthmatic bronchitis. Home oxygen was noted and the Claimant's stay lasted 7 days and the discharge diagnoses were acute exacerbation of COPD, acute hypoxic respiratory failure, patient was active smoker advised to quit, and hypertension and obesity.

The Claimant was seen [REDACTED] with complaints of bladder pain. The Claimant exhibited outburst and drug seeking behavior was suspected with multiple narcotic scripts filled by multiple doctors in the past week. The Claimant had dysuria with complaints of pain and bladder sling insertion noted.

The Claimant was also seen and admitted for 5 days on [REDACTED] for shortness of breath with assessment of acute hypoxic respiratory failure. The Assessment was dyspnea due to COPD exacerbating and chest pain. Claimant was placed on a nebulizer, and given steroids. The Claimant was again focused on narcotics and receiving pain meds. The Claimant was discharged home in stable condition. Pulse oximetry was 66%.

The Claimant had a total knee replacement on [REDACTED], left knee arthroplasty. The onset of knee complaints began [REDACTED] when Claimant was seen in the ER. Complications arose when Claimant fell out of bed day after surgery. The Claimant was discharged to sub-acute rehab on [REDACTED]. Thereafter in physical therapy Claimant was injured after being dropped by a nurse in transfer position and needed new hardware in her knee due to injury. An MRI conducted on [REDACTED] noted post-operative changes at L5-S1 and no evidence of recurrent disc protrusion, spinal canal stenosis or neural foraminal stenosis.

The Claimant had left lower lobe pneumonia and admitted on [REDACTED] and discharged home the following day. The Claimant had pain in left chest and trouble breathing.

On [REDACTED] the Claimant had a CT of her spine and abdomen. The CT of spine noted severe disc disease at lumbosacral junction and left pedicel crews are present at L5 and S1.

The Claimant was seen and kept overnight with complaints of abdominal pain and blood in her urine. A CT was performed and no bowel or urinary tract obstruction was found.

The Claimant was seen for shortness of breath and abdominal pain on [REDACTED] and was treated and released. Notes indicate a full workup was completed 12 hours prior with complete workup including CAT scan of abdomen and pelvis. No diverticulitis or colitis at that time. The CT noted persistent and ill-defined nodular opacities in the lung bases bilaterally most likely due to inflammatory or infectious etiology with recommended CT of the chest. No acute diverticulitis. She was discharged in stable condition.

As previously noted, the Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, the Claimant has presented objective medical evidence establishing that he does have some physical limitations on his ability to perform basic work activities. Accordingly, the Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, the Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The claimant has alleged physical disabling impairments which include Parkinson's disease with hand tremors, COPD, Leukopenia, Sclerosis of the Liver due to overuse of Tylenol, Hepatitis B and C, left knee replacement with chronic pain and use of mechanical knee brace, chronic pain in spine and requires use of a walker and mechanical knee brace when walking. The Claimant is also obese with a BMI of 48.46. The Claimant has alleged mental disabling impairments including bipolar disorder; however, no medical evidence regarding this condition was presented.

It must be noted that there was no medical evidence submitted regarding Parkinson's disease, hand tremors, and bipolar disorder; thus, the Listings regarding these conditions were not consulted.

The Listings for COPD, 3.02 Chronic Pulmonary Insufficiency; and Listing 1.04, Disorders of the Spine were consulted. Although the Claimant has COPD there was no pulmonary function test contained in the Medical Evidence. The Listing for Asthma 3.03 was also consulted but the required number of admissions demonstrating 6 admissions in a year was also not demonstrated. The Listing at 3.00 Respiratory System - Adult E notes that:

Impairments caused by chronic disorders of the respiratory system generally produce irreversible loss of pulmonary function due to ventilator impairments, gas exchange abnormalities, or a combination of both. The most common symptoms attributable to these disorders are dyspnea on exertion, cough, wheezing, sputum production, hemoptysis, and chest pain.

Clearly the records demonstrated that the Claimant had some of these symptoms but the requisite medical evidence did not support a Listing in 3.00 being met.

Listing 1.04 Disorders of the spine was also considered regarding the Claimant's chronic complaints of back pain and previous laminectomy; however, the MRI evidence that was available and referenced above did not demonstrate the requisite severity of the spinal disorder to meet the listing as stenosis and nerve impingement was absent. As no Listings were demonstrated as met, the Claimant is deemed not disabled or disabled at Step 3, and thus a Step 4 analysis is necessary under 20 CFR 416.905(a).

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 he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). 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 are 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.

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967.

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 additional 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 (exertional requirements, e.g., sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity to the demands of past relevant work must be made. *Id.* If an individual can no longer do past relevant work, the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty function 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 (e.g., 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.*

At the hearing the Claimant testified that she can stand for 10-15 minutes and sit for 20 to 30 minutes but must then lie down and prop up her leg. The Claimant can walk about 200 feet and then experiences shortness of breath which causes her to stop and recover. The Claimant can shower with a shower chair. The Claimant can bend at the waist, but cannot touch her toes and uses shoes which fasten with Velcro. With pain medications the Claimant's level of pain is a 6 to 8. The Claimant suffers from insomnia. The Claimant also indicated that her legs were weak and her feet become swollen due to nerve damage and currently she uses a walker and a knee brace. The Claimant thought she could carry 10 pounds but has tremors in her hands. The Claimant has difficulty writing and drops things such as glasses.

The Claimant's prior work history consists of employment as a cashier in a convenience store and housekeeping for a motel. The Claimant last worked in [REDACTED] and described both of these jobs as requiring standing all day. The Claimant also was required to lift 30 to 50 pounds stocking goods for the store. As regards housekeeping duties, the Claimant had to make numerous beds, remove garbage, remove and carry linens and vacuuming. The Claimant testified that she cannot stand all day because of her back pain and knee replacement, the Claimant can no longer do either of these jobs. The Claimant also wears a knee brace and currently uses a walker. In light of the Claimant's testimony and records, and in consideration of the Occupational Code, the Claimant's prior work is classified as unskilled medium work and these skills are not transferable. It is determined that the claimant can no longer do such work as the Claimant's COPD, back pain, ambulation problems and severe obesity with a BMI of 48.9 would limit her from doing this type of strenuous work.

If the impairment or combination of impairments does not limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In consideration of the Claimant's testimony, medical records, and current limitations, it is found that the Claimant is not able to return to past relevant work; due in large part the lifting requirements and standing and shortness of breath episodes that have resulting critical respiratory distress. Thus, the fifth step in the sequential analysis is required.

In Step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). The Claimant is 52 years old and, thus, is considered to be a person approaching advanced age for MA purposes. The Claimant has an 9th grade education and a GED. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Claimant to the Department to present proof that the Claimant has the residual capacity to substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). 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).

In this case, the evidence reveals that the Claimant has medical impairments due to hypertension, chronic back pain, COPD and knee replacement with mechanical knee brace and extreme obesity. The Claimant is receiving ongoing treatment. As regards the claimant's obesity, also considered is the effects this obesity has on her COPD and asthma. The Listing notes for Respiratory disease in adults the following: Effects of obesity. Obesity is a medically determinable impairment that is often associated with disturbance of the respiratory system, and disturbance of this system can be a major cause of disability in individuals with obesity. The combined effects of obesity with respiratory impairments can be greater than the effects of each of the impairments considered separately. Therefore, when determining whether an individual with obesity has a listing-level impairment or combination of impairments, and when assessing a claim at other steps of the sequential evaluation process, including when assessing an individual's residual functional capacity, adjudicators must consider any additional and cumulative effects of obesity. Listing 3.00 I, Category of Respiratory System Adults.

Based upon the foregoing objective medical evidence, evidence of severe COPD, difficulties with ambulating, obesity and knee replacement, when taken in combination would clearly support that the Claimant is capable of no more than sedentary work. Additionally, although references were made to opioid prescription abuse it is determined that drugs are not material to the Claimant's current conditions and physical impairments.

This Administrative Law Judge does take into account Claimant's complaints of pain and that the diagnoses do support the claims. Subjective complaints of pain where there are objectively established medical conditions that can reasonably be expected to produce the pain must be taken into account in determining a claimant's limitations. *Duncan v Secretary of HHS*, 801 F2d 847, 853 (CA6, 1986); 20 CFR 404.1529 416.929.

A review of the Claimant's medical records and Claimant's own testimony has established limitations which would compromise her ability to perform light work activities on a regular and continuing basis.

In consideration of the foregoing and in light of the objective limitations, it is found that the Claimant does retain the residual functional capacity for work activities on a regular and continuing basis to meet at the physical and mental demands required to perform sedentary work. In addition, it is determined that Claimant's limited work skills do not

provide direct entry into other jobs. After review of the entire record, the Findings of Fact and Conclusions of Law, and in consideration of the Claimant's age, education, work experience and residual functional capacity, it is found that the Claimant is disabled for purposes of the MA-P program at Step 5 pursuant to Rule 201.02.

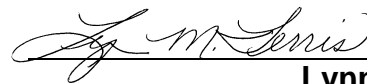
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant disabled for purposes of the MA and/or SDA benefit program.

DECISION AND ORDER

Accordingly, the Department's determination is REVERSED.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. The Department shall process the Claimant's MA-P application dated September 19, 2013 and retro application to June 2013 to determine whether all non-medical eligibility requirements are met.
2. A review of this case shall be conducted in April 2016.
3. The Department shall provide notice of its eligibility decision to the Claimant and the Claimant's AHR, [REDACTED].



Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **4/3/2015**

Date Mailed: **4/3/2015**

LMF / cl

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]