

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

**IN THE MATTER OF:**



Reg. No.: 2014-21145  
Issue No.: 2009, 4009  
Case No.: [REDACTED]  
Hearing Date: April 2, 2014  
County: Wayne (17)

**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 April 2, 2014, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Specialist.

**ISSUE**

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA) for the reason that Claimant is not a disabled individual.

**FINDINGS OF FACT**

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

1. On an unspecified date, Claimant applied for SDA benefits.
2. On [REDACTED], Claimant applied for MA benefits, including retroactive MA benefits from 6/2013.
3. Claimant's only basis for MA and SDA benefits was as a disabled individual.

4. On [REDACTED], the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 20-21) for purposes of SDA eligibility.
5. On [REDACTED], DHS denied Claimant's application for SDA benefits and mailed a Notice of Case Action informing Claimant of the denial.
6. On [REDACTED], the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 18-19) for purposes of MA eligibility.
7. On [REDACTED] Claimant requested a hearing disputing the denial of SDA benefits and the anticipated denial of MA benefits.
8. On [REDACTED], DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action (Exhibits 13-15) informing Claimant of the denial.
9. On [REDACTED], SHRT determined that Claimant was not a disabled individual, in part, by reliance on a Disability Determination Explanation (Exhibits 109-121).
10. On [REDACTED], an administrative hearing was held.
11. Claimant presented new documents (Exhibits A1-A8) at the hearing.
12. As of the date of the administrative hearing, Claimant was a 42-year-old male with a height of 6'0" and weight of 196 pounds.
13. Claimant has no known relevant history of alcohol or illegal substance abuse.
14. Claimant's highest education year completed was the 12<sup>th</sup> grade, via general equivalency degree.
15. As of the date of the administrative hearing, Claimant had no medical coverage but receives free physical therapy.
16. Claimant alleged disability based on impairments and issues including back pain and neck arthritis.

### **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).

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 (10/2010), p. 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* AMP is an MA program available to persons not eligible for Medicaid through the SSI-related or FIP-related categories though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

Disability for purposes of MA benefits is established if one of the following circumstances applies:

- by death (for the month of death);
- the applicant receives Supplemental Security Income (SSI) benefits;
- SSI benefits were recently terminated due to financial factors;
- the applicant receives Retirement Survivors and Disability Insurance (RSDI) on the basis of being disabled; or
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances).

BEM 260 (7/2012) pp. 1-2

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for Medicaid eligibility without undergoing a medical review process which determines whether Claimant is a disabled individual. *Id.* at 2.

Generally, state agencies such as DHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally defined as the inability to do any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905. A functionally identical definition of disability is found under DHS regulations. BEM 260 (7/2012), p. 8.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id.* at 9.

Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute substantial gainful activity. *Id.*

The person claiming a physical or mental disability has the burden to establish a disability through the use of competent medical evidence from qualified medical sources

such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. "Current" work activity is interpreted to include all time since the date of application. The 2013 monthly income limit considered SGA for non-blind individuals is \$1,040.

Claimant credibly denied performing any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Based on the presented evidence, it is found that Claimant is not performing SGA and has not performed SGA since the date of MA application. Accordingly, the disability analysis may proceed to step two.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the 12 month duration requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id.*

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or
- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v*

*Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> 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 (1<sup>st</sup> 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 (1<sup>st</sup> 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.

An Initial Evaluation (Exhibits 52-55; 63) dated [REDACTED] was presented. The evaluation was noted as completed by a physician, presumably with no history of treating Claimant. It was noted that Claimant was involved in a car accident in 3/2007 after Claimant hit an illegally parked vehicle. It was noted that Claimant reported being forcibly jerked around following the collision. It was noted that Claimant reported experiencing severe neck pain and headaches the day after the accident. It was noted that Claimant reported ongoing headaches and forgetfulness. A treatment plan of the following was noted: physical therapy, prescribing muscle relaxants, nerve block injection and to obtain an MRI.

EEG Exam Results (Exhibits 96-101) dated [REDACTED] were presented. The results were signed by Claimant's treating physician. A normal EEG result was noted.

A cervical spine MRI report (Exhibits 56-58) dated [REDACTED] was presented. Four disc herniations from C3-C7 were noted. Mild cord compression was noted at C5-C6. Moderate severe narrowing of the right neural foramen at C6 was noted.

A lumbar spine MRI report (Exhibits 59-62) dated [REDACTED] was presented. It was noted that Claimant had no fractures, subluxation or malalignment. Mild bulging of the annulus was noted at multiple levels. Mild disc bulging of the bilateral L3 to L5 without nerve root compromise was noted.

Various physician treatment documents (Exhibits 77-95; 102-108) from 2007-2008 were presented. It was consistently noted that Claimant reported neck pain, LBP and headaches. Consistent referrals for physical therapy were noted. Disability certificates consistently noted that Claimant was unable to work for several week periods.

Hospital discharge documents (Exhibits 47-51) dated [REDACTED] were presented. Specific treatment was not noted. Generic discharge instructions for back pain were provided.

Claimant presented a Default Judgment (Exhibit A8) signed by a circuit court judge. A monetary default judgment against a person was noted. Presumably, the order concerned Claimant's vehicle accident.

Hospital documents (Exhibits 45-46) dated [REDACTED] were presented. A diagnosis of lumbago with sciatica was noted. Noted prescribed medications included Ibuprofen, Hydrocodone-Acetaminophen and Cyclobenzaprine.

A physical examination report (Exhibits 22-27) dated [REDACTED] was presented. The report was completed by a physician with no prior history of treating Claimant. It was noted that Claimant reported chronic back pain, headaches and dizziness. It was noted that Claimant could perform all 23 listed work-related abilities which included: sitting, standing, bending, writing, and carrying. Subnormal ranges of motion were noted in Claimant's lumbar, hip, knees and cervical spine. A positive straight leg-raising test was noted. An assessment noted that Claimant may have lumbar radiculopathy and chronic pain but that he appears fairly functional.

A mental examination report (Exhibits 29-33) dated [REDACTED] was presented. The report was completed by a licensed psychologist with no prior history of treating Claimant. It was noted that Claimant reported feelings of depression. Noted examiner observations included: adequate contact with reality, adequate grooming and hygiene, denied hallucinations, euthymic mood, average concentration, average persistence and average effort. An Axis I diagnosis of adjustment disorder was noted. A history of polysubstance dependency was noted. Claimant's AGF was noted to be 65. The examiner noted that Claimant was mildly impaired in engaging with others. The examiner opined that Claimant had mild impairments with understanding and memory and that Claimant could perform simple and repetitive tasks. The examiner also opined that Claimant had mild impairments in withstanding stress and maintaining attention and pace.

Patient encounter documents (Exhibits 42-44; A5-A7) dated [REDACTED] from a treating medical facility were presented. Noted Claimant conditions included displacement of lumbar and cervical intervertebral disc without myelopathy. Noted prescribed medications included Mobic, Ultram, Robaxin and Amitriptyline.

Claimant presented a Referral (Exhibits A2-A3). The referral was noted to be made for evaluation and treatment of cervical spondylosis beginning [REDACTED].

A medical encounter summary (Exhibit A4) dated [REDACTED] was presented. Diagnoses for cervical spondylosis and degenerative cervical disc were noted.

Claimant presented a physical therapy schedule (Exhibit A1) verifying 8 appointments scheduled across 3/2014 and 4/2014. No specific treatment was noted.

It should be noted that Claimant presented new medical documents during the hearing. DHS prescribes certain procedures when new medical evidence is presented after initial

SHRT determination. Pending the hearing, if new or additional medical information is received, clearly identify it as "NEW MEDICAL - **NOT** REVIEWED BY MRT" and forward it to MAHS. BAM 600 (3/014), p. 30. MAHS will forward it to SHRT. *Id.* In the present case, Claimant's newly submitted document was not deemed to be "new" evidence because it did not provide any significant new information. Thus, an updated hearing packet was not forwarded to SHRT following the administrative hearing.

Presented medical evidence verified that Claimant experiences cervical and lumbar pain associated with a vehicular accident from 2007. The evidence verified that Claimant received substantial treatment but still experiences ongoing pain. Presented radiology was several years old but when factoring Claimant's lack of insurance, it is probable that Claimant's conditions have not improved. Claimant's ongoing pain likely causes a notable degree of standing and lifting restrictions. It is found that Claimant has standing and lifting restrictions due to back pain, ongoing since at least 2007, which is presumed to be long before Claimant's SDA application submission date.

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 impairment appears to be cervical and lumbar spine pain. Spinal disorders are covered by Listing 1.04 which reads:

**1.04 Disorders of the spine** (e.g., herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture), resulting in compromise of a nerve root (including the cauda equina) or the spinal cord. With:

A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine);

OR

B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours;

OR

C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively, as defined in 1.00B2b.

Presented radiology failed to verify nerve root compromise. An absence of nerve root compromise makes it impossible for Claimant to meet the spinal disorder listing.

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 presented a summary of his work history (Exhibit 41). The history indicated that Claimant performed labor for a 20-year period through 2012. Claimant testified his last skilled labor job was as a machine operator. Claimant testified that he is unable to perform the bending required for his past employment.

Claimant testified that he has past relevant employment as a janitor. Claimant testified that the employment required repetitive body movements, which Claimant can no longer perform.

Claimant testified that while he was employed he performed secondary employment as a caregiver. Claimant testified that he received monthly payments from the State of Michigan, which were substantially less than the SGA limit. Thus, this employment did not result in SGA.

Claimant's testimony that he is unable to perform past and relevant employment was credible and consistent with the presented evidence. It is found that Claimant cannot perform past relevant employment amounting to SGA and the analysis may move to the final step in the disability analysis.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can

engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

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

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

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

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

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

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

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness,

or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

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

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform 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.

Claimant testified that he is capable of standing for 15-20 minute periods. Claimant testified that he is capable of lifting 10 pounds but not more. Claimant's testimony is consistent with an ability to perform sedentary employment.

Claimant testified that he is capable of sitting for 20 minute periods. Claimant's stated sitting restrictions were suggestive of being unable to perform sedentary employment which would require extended periods of sitting.

Claimant's sole basis for disability was back pain. The presented records verified cervical and lumbar abnormalities which would likely cause Claimant discomfort. Presented radiology verified the abnormalities but radiology was not overwhelmingly suggestive in finding that sedentary employment was an unreasonable expectation.

As noted instep two of the analysis, it can be presumed that Claimant's spine has not improved despite the absence of recent radiology. There also insufficient evidence to suggest any deterioration.

Presented radiology failed to verify nerve root compromise or stenosis. The absence of stenosis and nerve root compromise is consistent with an ability to perform sedentary employment.

When Claimant was asked why he could not perform office-type employment, Claimant's response noted a criminal past which made such employment improbable. A criminal history is not a relevant consideration of disability. The failure by Claimant to

cite an ability to sit for lengthy periods is consistent with finding that Claimant can perform sedentary employment.

Presented radiology verified spinal abnormalities that surely create discomfort for Claimant, however the discomfort should be bearable through pain medication and/or physical therapy. Claimant testified he is getting physical therapy for his spine.

Based on the presented evidence, it is found that Claimant can perform sedentary employment. Based on Claimant's exertional work level (sedentary), age (younger individual aged 18-44) education (high school equivalency), employment history (semi-skilled- not transferrable), Medical-Vocational Rule 201.28 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.

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:

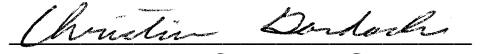
- receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- resides in a qualified Special Living Arrangement facility, or
- is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or
- is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).  
*Id.*

It has already been found that Claimant is not disabled for purposes of MA benefits based on application of Medical-Vocational Rule 201.28. The analysis and finding applies equally for Claimant's SDA benefit application. It is found that Claimant is not a disabled individual for purposes of SDA eligibility and that DHS properly denied Claimant's application for SDA benefits.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied Claimant's SDA and MA benefit application dated

██████, including retroactive MA benefits from 6/2013, based on a determination that Claimant is not disabled. The actions taken by DHS are **AFFIRMED**.

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

Date Signed: 4/30/2014

Date Mailed: 4/30/2014

**NOTICE OF APPEAL:** The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

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

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

CG/hw

cc:

