

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-32317
Issue No.: 2009; 4009
Case No.: [REDACTED]
Hearing Date: August 18, 2014
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, an in-person hearing was held on August 18, 2014, from Inkster, Michigan. Participants included the above-named Claimant. [REDACTED] testified and appeared as Claimant's authorized hearing representative / legal counsel. [REDACTED] participated as an observer. 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 application for Medical Assistance (MA) and State Disability (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 [REDACTED] Claimant applied for MA and SDA benefits.
2. Claimant's only basis for MA and SDA benefits was as a disabled individual.
3. On [REDACTED], the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 3-4).

4. On [REDACTED] DHS denied Claimant's application for MA and SDA benefits and mailed a Notice of Case Action (Exhibits 156-158) informing Claimant of the denial.
5. On [REDACTED], Claimant requested a hearing disputing the denial of MA and SDA benefits.
6. On [REDACTED], SHRT determined that Claimant was not a disabled individual, in part, by reliance on a Disability Determination Explanation (Exhibits 159-168) and application of Medical-Vocational Rule 202.13.
7. As of the date of the administrative hearing, Claimant was a 51 year old male with a height of 6'0" and weight of 214 pounds.
8. Claimant's highest education year completed was the 12th grade (via general equivalency degree).
9. As of the date of the administrative hearing, Claimant was an ongoing Healthy Michigan Plan recipient, since approximately 4/2014.
10. Claimant alleged disability based on impairments and issues including back pain, migraine headaches, left wrist pain, and burning stomach sensations.

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.*, p. 2.

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

Substantial gainful activity means a person does the following:

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

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

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

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

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

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

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

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

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

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6th Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1st Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirement is intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1st Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered.

Claimant testified that he performed construction work up until the time of a slip and fall in 8/2012. Claimant testified that he slipped, and fell on his back and ended up smashing his wrist. Claimant testified that since the fall, he experiences regular migraine headaches, back pain, and left wrist pain. The analysis will begin with a summary of the relevant submitted medical documentation.

Various Michigan Department of Correction medical treatment documents (Exhibits 29-120; 129-150; D22-D40) were presented. The documents verify ongoing treatment for neck pain, upper back pain and headaches over the course of 4/2012-3/2013. On [REDACTED], it was noted that Claimant underwent suture of a laceration on his left forearm following a fall causing left radial fracture (see Exhibits 37-46). On [REDACTED], it was noted that Claimant underwent closed reduction with internal fixation of the left distal radius (see Exhibits 48-50). On [REDACTED], following lumbar radiology, an impression of degenerative disk disease with spondylosis at L1-L2 and L4-L5 was noted (see Exhibit 25). On [REDACTED] following left wrist views, an impression of arthritic changes was noted (see Exhibit 34). On [REDACTED] an impression of COPD was noted (see Exhibit 32).

Radiology documents (Exhibits 25-26, 125-126) dated [REDACTED] were presented. It was noted that an MRI of Claimant's cervical spine was performed. It was noted that C5-C6 showed mild-moderate foraminal encroachment without significant stenosis. At C6-C7, mild left foraminal encroachment without stenosis was noted.

Radiology documents (Exhibits 27-28; 127-128) dated [REDACTED] were presented. It was noted that an MRI of Claimant's forearm was performed. An impression of curvilinear signal abnormality, likely due to previous fracture and surgery, was noted.

MDOC health care services documents (Exhibits 121-124) dated [REDACTED] were presented. Diagnoses of chronic spondylosis and closed fracture of radius shaft was noted.

Physician office visit documents (Exhibits 21-24) dated [REDACTED] were presented. It was noted that this was Claimant's first office visit. It was noted that Claimant reported upper and middle back pain which radiated into his left arm and fingers. It was noted that Claimant complained of headaches. It was noted that Claimant needed disability documentation completed. It was noted that Claimant's motor strength was 5/5 though left arm weakness was noted.

A Medical Examination Report (Exhibits 10-12) dated [REDACTED] was presented. The form was completed by an internal medicine physician with an approximate 10 day history of treating Claimant. The physician provided diagnoses of back pain. A current medication of anaprox was noted. A physical examination revealed reported pain on palpitation on

most areas of spine. Decreased motor strength was noted in Claimant's left arm. An impression was given that Claimant's condition was stable. It was noted that Claimant can meet household needs.

Physician office visit documents (Exhibits 15-18) dated [REDACTED] were presented. It was noted that Claimant presented for follow-up of neck pain, back pain, and headaches.

Physical therapy documents (Exhibits D17-D21; E8-E19) from 11/2013 and 12/2013 were presented. It was noted that Claimant had functional difficulties with pushing/pulling, dressing, grooming, reaching behind back, reaching overhead, standing, and sleeping. It was noted that Claimant had full strength in extremities. Various range of motion restrictions were noted.

A cervical spine radiology report (Exhibits 169-170; C10; D16) dated [REDACTED] was presented. An impression of mild-moderate cervical spondylosis at C6-C7 was noted. It was noted that spondylotic changes along with facet hypertrophy resulted in borderline mild central canal stenosis at C6-C7.

An MRI thoracic report (Exhibit 171; C9-C10; D15-D16) dated [REDACTED] was presented. An impression of minimal/mild disc bulging at a few thoracic intervertebral levels was noted. It was further noted that cord compression and canal stenosis were absent.

An MRI report of Claimant's lumbar spine (Exhibits 172-173; C8-C9; D14-D15) dated [REDACTED] was presented. An impression of mild-moderate lumbar facet hypertrophy contributing to neural foraminal stenosis. Stenosis was noted as demonstrated as follows: moderate right L1-L2, mild-moderate left L1-L2, minimal bilateral L2-L3, mild-moderate bilateral L3-L4, mild right L4-L5, mild-moderate left L4-L5, and minimal at L5-S1.

A Medical Examination Report (Exhibits B1-B2) dated [REDACTED] was presented. The form was completed by an internal medicine physician with an approximate 10 week history of treating Claimant. Claimant's physician listed diagnoses of chronic headaches, lumbar stenosis, and cervical radiculopathy. An impression was given that Claimant's condition was stable. It was noted that Claimant can meet household needs.

Claimant testified that he is restricted in walking and sitting due to back pain. Claimant's testimony was consistent with the presented evidence. It is found that Claimant has a severe impairment and the analysis may proceed to step three.

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

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's cervical, thoracic, and lumbar pain complaints. This listing was rejected due to a failure to establish a spinal disorder resulting in a compromised nerve root or that stenosis affects Claimant's ability to ambulate effectively.

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 completed a Medical-Social Questionnaire (Exhibits 7-9) dated [REDACTED]. Claimant noted that his past employment exclusively consisted of construction work. Claimant testified that he performed construction work for 30 years. Claimant testified that his employment involved shoveling, jack-hammering, and routine heavy lifting. Claimant testified that his back pain prevents him from performing his past employment. Claimant's testimony was consistent with presented evidence. It is found that Claimant cannot perform past relevant employment and the analysis may proceed to step five.

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

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

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

sedentary if walking and standing are required occasionally and other sedentary criteria are met.

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

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

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

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

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

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

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform light employment. Social Security Rule 83-10 states that the full range of light work requires standing or walking, off and on, for a total of approximately 6 hours of an 8-hour workday. Multiple physician statement concerning Claimant's lifting and walking abilities were provided.

In a Medical Examination Report dated [REDACTED], Claimant's treating physician opined that Claimant was restricted as follows over an eight-hour workday, less than 6 hours of standing and/or walking, and less than two hours of sitting. It was noted that Claimant was capable of frequent lifting/carrying of 10 pounds but further abilities or restrictions were not noted. Claimant's physician opined that Claimant was restricted from performing repetitive actions with his left arm.

Claimant's physician noted that the basis for cited restrictions was Claimant's medical history. Claimant's entire medical history with the treating physician consisted of two appointments. The restrictions cited by Claimant's physician were highly unpersuasive when factoring the very limited medical history as the sole basis.

Claimant provided additional statements from 8/2014. These restrictions were provided by a second treating physician. The second treating physician had radiological evidence on which to rely.

A Clinical Assessment of Pain (Exhibits A1) dated [REDACTED] from Claimant's treating physician was presented. It was opined that Claimant's pain distracts to the point of preventing adequate performance of daily activities. Claimant's physician opined that walking, standing and other activities cause greatly increased pain to the point of causing abandonment of task. Claimant's physician opined that side effects from Claimant's medication cause Claimant to be totally restricted and unable to function at a productive work level.

Restrictions were noted on a MER from 8/2014 by a new treating physician 8/2014. Claimant's physician opined that Claimant was restricted as follows over an eight-hour workday, less than 2 hours of standing and/or walking, and less than two hours of sitting. Claimant's physician opined that Claimant was restricted from performing reaching, pushing/pulling, and fine manipulating with either hand/arm. It was noted that Claimant could not operate foot controls due to his inability to sit for long periods.

A Medical Source Statement of Ability to Do Work-Related Activities (Physical) (Exhibits C1-C7) dated [REDACTED] was presented. The statement was completed by Claimant's treating physician. Claimant's physician opined that Claimant was restricted to occasional lifting and carrying of less than 10 pounds, never 10 pounds or more. Claimant's physician opined that Claimant was restricted to sitting, standing, and walking for 20 minute periods each; Claimant's physician opined that Claimant was restricted to 20-30 minutes each of sitting, standing, and walking over an 8 hour workday. Claimant's physician opined that Claimant would have to lie down for any time that he was not sitting, standing, or walking. Claimant's physician opined that Claimant

was restricted to 2 blocks of walking without a cane. Claimant's physician opined that Claimant was restricted from any repetitive actions with his left hand. Claimant's physician opined that Claimant was restricted from any reaching with his right hand though Claimant could occasionally perform right-hand handling, feeling, and pushing-pulling. Claimant's physician opined that Claimant was restricted from never climbing stairs, ladders, stooping, kneeling, crawling, and crouching. Claimant's physician opined that Claimant could perform shopping, could travel without a companion, could use public transportation, could fix simple meals, and can care for hygiene.

The statements provided by Claimant's physician were consistent with finding that Claimant could not perform light employment. Generally, the statements were consistent with radiology which verified multi-level neck stenosis, and lesser degrees of thoracic and lumbar abnormalities. It is found that Claimant is incapable of performing light employment.

Based on Claimant's exertional work level (sedentary), age (approaching advanced age), education (high school equivalency with no direct entry into skilled employment), employment history (semi-skilled with no known transferrable skills), Medical-Vocational Rule 201.14 is found to apply. This rule dictates a finding that Claimant is disabled. Accordingly, it is found that DHS improperly found Claimant to be not disabled for purposes of MA benefits.

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 disabled for purposes of MA benefits based on application of Medical-Vocational Rule 201.14. The analysis and finding applies equally for Claimant's SDA benefit application. It is found that Claimant is a disabled

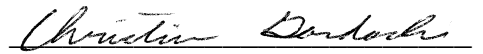
individual for purposes of SDA eligibility and that DHS improperly denied Claimant's application for SDA benefits.

DECISION AND ORDER

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

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

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


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

Date Signed: 9/17/2014

Date Mailed: 9/17/2014

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:

