

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

IN THE MATTER OF:

██████████
██████████ ██████████
██████████

Reg. No.: 2014 32847
Issue No(s): 2009, 4009
Case No.: ██████████
Hearing Date: July 23, 2014
County: Wayne County DHS 15

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 telephone hearing was held on July 23, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████

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. The Claimant applied for MA-P and SDA on December 6, 2013.
2. The Medical Review Team denied Claimant's request on January 21, 2014.
3. The Department sent the Claimant a Notice of Case Action on January 23, 2014.
4. The Claimant filed a timely hearing request on March 20, 2014.
5. The State Hearing Review Team issued a decision on May 14, 2014 denying the Claimant's request for MA-P and SDA.

6. An interim order was issued on July 25, 2014, requesting the Claimant provide a copy of her SSA decision denying her disability and which she did not appeal. The Claimant did not provide the information.
7. The Claimant has alleged physical disabling impairments which include left knee chronic pain, right knee pain and arthritis in both knees with swelling when standing. The Claimant also had a meniscus injury, umbilical hernia repair and urinary urgency.
8. The Claimant has not alleged any mentally disabling impairments.
9. The Claimant's past relevant work was as a store clerk in a shoe store, a line worker in a food supplier company, child care provider in-home and at a child care facility. The Claimant completed the 11th grade.
10. At the time of the hearing the Claimant was 56 years old with a [REDACTED] birth date; the Claimant is now 57. The Claimant was 5'5" and weighed 162 pounds.
11. The Claimant has not alleged any mental disabling impairments

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 physical disabling impairments which include left knee chronic pain, right knee pain and arthritis in both knees with swelling when standing. The Claimant also had a meniscus injury, umbilical hernia repair and urinary urgency.

The Claimant has not alleged any mentally disabling impairments.

A summary of the medical evidence follows.

On May 2, 2014, the Claimant underwent a nerve block for the left knee. The Claimant was also seen for back pain and hand pain and was prescribed pain medication and x-rays were ordered, as was an EMG.

On March 26, 2014, was seen in the Emergency room and Claimant received an injection in large joint.

On July 9, 2014, the Claimant was seen in the Emergency room and reported chest pain and shortness of breath.

X-rays of knees taken on January 20, 2014 with the impression no significant abnormality within knees, with incidental note of mild spurring with comparison to December 23, 2013 x-rays.

An MRI of left knee joint was performed on January 4, 2014. The impression was tiny radial tear in body of medial meniscus suspected. Mild medial and patellofemoral compartment osteoarthritis. Cystic changes along the lateral tibial spine related to developing intraosseous cruciate ganglion small left knee joint effusion, small trilobed Baker's cyst.

On December 23, 2013, a Medical Examination Report was completed by the Claimant's family practice doctor, who had been seeing her for 6 months at the time of the report. The diagnosis was chronic knee pain, arthritis multiple joint involvement. The report noted normal gait, no brace or aid for ambulation. Bilateral knee crepitus, pain with knee flexion and hip external rotation on right, no knee edema, and 5/5 strength plantar flexion and extension. The doctor noted that bilateral x-ray and MRI of left knee were pending. The Claimant was assessed as stable with limitations which were expected to last more than 90 days. The Claimant could lift frequently 20 pounds but could stand and or walk less than 2 hours in an 8-hour workday. No restrictions were placed on sitting. The Claimant could operate foot controls with both feet and could no push or pull with either hand repetitively. The report also noted that the Claimant could only squat for a couple of seconds.

In January 2014, physical therapy notes indicated that knees are getting better with very little pain.

In December 2013, the Claimant was seen for her left knee and reported work problems due to knee swelling and pain having had to climb up and down platforms and carry 15 pound boxes. Gait was normal; could squat for few seconds to 120 degrees, and 5/5 strength plantar flexion and extension bilaterally. An MRI was ordered and orthopedic assessment. X-rays of knees taken December 23, 2013 (left noted early degenerative changes in the patellofemoral joints, and osteopenia).

The Claimant was seen on August 30, 2013 with abdominal pain and joint pain. On exam, there was no joint tenderness reported. The assessment was further testing for arthritis, multiple joint involvement.

The Claimant was seen for follow up on her knee on May 6, 2013, and for evaluation of work restrictions. Knee reported improved and could ambulate around house without crutch. Decreased range of motion and swelling was noted with normal meniscus. The Claimant was released for work with light duty and seated work. In further follow up on May 28, 2013, the Claimant could ambulate at work and at home with only minor stiffness, and hasn't been needing Motrin. The Claimant was returned to full light duty to be advanced as tolerated.

The Claimant was seen for follow up on April 30, 2013. Pain was mild with inability to bear weight and muscle weakness. The Claimant was positive for joint swelling and gait problem. The Claimant had x-rays of her knees which noted minimal patellofemoral spurring, no sizable joint effusion. Impression was early degenerative changes in the patellofemoral joints and Osteopenia with demineralization of the osseous structures.

On April 27, 2013, the Claimant was seen in the ER due to left leg knee injury while at home, when she twisted her leg landing with all her weight on her left knee with a pop and then excruciating pain. The Claimant said that she had not had any problems with her knee in the past. The Claimant reported difficulty ambulating. There was no history of arthritis reported. The diagnosis was medial meniscal tear without displacement or fracture or dislocation. On examination, the left hip was normal and non-tender as was the left ankle. Significant knee tenderness was noted. The Claimant was discharged with a return to work within 2 days and instructions to elevate, ice and immobilize her left knee and to follow up with orthopedics, but needed crutches to ambulate.

The Claimant was seen on February 13, 2013, in the ER for pain due to a breast mass on the right side. She was discharged with final impression breast mass unknown etiology. Ultimately, the breast mass was resolved, and was a cyst and was aspirated.

The Claimant had an x-ray of her hand on January 17, 2013, which noted no acute fracture or subluxation. On this date, an x-ray of the left knee noted soft tissues appear normal and no fracture or subluxation all negative. The same result was true for the left shoulder. These x-rays were due to assault which occurred when a man pulled Claimant from her vehicle. A bruised finger was also noted, and that pain and swelling would occur due to some blood vessels being broken.

The Claimant underwent physical therapy for two months in January and February 2013.

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 she does have some physical limitations on her 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 asserts disabling impairments due to residual effects of a gunshot wound in the abdomen, alleged to be causing back pain and repair, and resection of her small intestine as well as treatment of four gunshot wounds to her left arm. The Claimant was admitted for a one-day hospital stay.

Listing 1.02 Major Dysfunction of a Joint were examined to determine if the medical evidence met the listings. Listing 1.02 requires Involvement of one major peripheral joint in each upper extremity (i.e., shoulder, elbow, or wrist-hand), resulting in inability to perform fine and gross movements effectively, as defined in 1.00B2c. The listing requires the disabling impairment exist in both hands or upper peripheral joint extremities, thus the listing was not demonstrated by the medical evidence.

Listing **14.09 Inflammatory arthritis**. As described in 14.00D6. With:

A. Persistent inflammation or persistent deformity of:

1. One or more major peripheral weight-bearing joints resulting in the inability to ambulate effectively (as defined in 14.00C6); or
2. One or more major peripheral joints in each upper extremity resulting in the inability to perform fine and gross movements effectively (as defined in 14.00C7).

OR:

B. Inflammation or deformity in one or more major peripheral joints with:

1. Involvement of two or more organs/body systems with one of the organs/body systems involved to at least a moderate level of severity; and
2. At least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss).

Based upon the objective medical evidence and the Claimant's testimony of her capabilities it is Determined the listing is not met.

Ultimately, it is found that the Claimant suffers from some medical conditions; however, the Claimant's impairments do not meet the intent and severity requirement of either Listing 1.02 or 1.04. A careful review of the medical evidence was made and it was found that the listing was not met. Therefore, the Claimant cannot be found disabled, or

not disabled, at Step 3. Accordingly, the Claimant's eligibility is considered under Step 4. 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.*

The Claimant's prior work history consists of employment was as a store clerk in a shoe store, a line worker in a food supplier company, child care provider in-home and at a child care facility. The Claimant completed the 11th grade. 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 light. It is determined that the Claimant can no longer do such work as line clerk or child care provider due to standing limitations, and lifting limitations as a line clerk and food packager, nor could the Claimant perform the child care work due to the degree of activity standing, and lifting and stooping. The sale clerk job also required climbing a ladder which the Claimant could not due to knee weakness. Most of these positions required the Claimant to stand most of the day and lifting between 10 and 30 pounds. It is determined that Claimant can no longer do such work due to the lifting requirements and standing all day.

The Claimant testified that she is able to walk two blocks, and can sit for long periods if she can get up, she could shower and dress herself, and squat a little, tie her shoes and bend at the waist. The Claimant indicated that she would have no problem lifting or carrying 10 pounds. The Claimant is able to grocery shop and cooks for herself and can do her laundry. She can also climb stairs slowly, with some pain.

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 to the lifting requirements. 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). At the time of hearing, the Claimant was 57 years of age and thus, will be considered to be as an individual approaching advanced age for MA-P purposes.

The Claimant has an 11th grade education. Additionally the Claimant's skills are unskilled and at the time of the hearing was 57 years of age.

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). Individuals approaching advanced age (age 50-54) may be significantly limited in vocational adaptability if they are restricted to sedentary work. 20 CFR 416.963(d).

After a review of the entire record, including the Claimant's testimony and medical evidence presented, it is determined that Claimant's impairments have a major effect on her ability to perform basic work activities. In addition, deference was given to the Claimant's treating doctor for her knees and joint arthritis. In light of the foregoing, it is found that the Claimant maintains the residual functional capacity for work activities on a regular and continuing basis to meet the physical and mental demands required to perform sedentary work as defined in 20 CFR 416.967(a). Based upon the foregoing review of the entire record using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.01, it is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

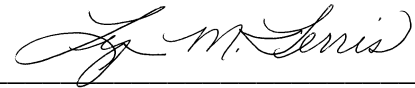
DECISION AND ORDER

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-P benefit program.

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 is ORDERED to initiate a review of the application dated December 6, 2013, if not done previously, to determine Claimant's non-medical eligibility.
2. The Department shall supplement the Claimant for any SDA benefits, if any, the Claimant is otherwise entitled to receive in accordance with Department policy.
3. A review of this case shall be set for February 2016.



LYNN M. FERRIS
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: February 10, 2015

Date Mailed: February 10, 2015

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, 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.

2014-32847/LMF

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 48909-07322

LMF/tm

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]