

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-33820  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: July 21, 2014  
County: Wayne (35)

**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 July 21, 2014, from Redford, Michigan. Participants included the above-named Claimant. [REDACTED]

[REDACTED] testified and appeared as Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Hearings Facilitator.

**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 [REDACTED], Claimant applied for MA and SDA benefits, including retroactive MA benefits from 1/2011.
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 12-13).

4. On [REDACTED] DHS denied Claimant's application for MA and SDA benefits and mailed a Notice of Case Action informing Claimant of the denial.
5. On [REDACTED], Claimant's AHR 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 determining that Claimant can perform past relevant employment of a truck driver.
7. As of the date of the administrative hearing, Claimant was a 55-year-old male with a height of 5'6" and weight of 175 pounds.
8. Claimant has no known relevant history of alcohol or illegal substance abuse.
9. Claimant's highest education year completed was the 12<sup>th</sup> grade, via general equivalency degree.
10. As of the date of the administrative hearing, Claimant was a Healthy Michigan Plan recipient since 4/2014, and an Adult Medical Program recipient from 4/2013 through 3/2014.
11. Claimant alleged disability based on issues including breathing and cardiac restrictions.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

Prior to a substantive analysis of Claimant's hearing request, it should be noted that Claimant's AHR noted special arrangements in order to participate in the hearing; specifically, an in-person hearing was requested. Claimant's AHR's request was granted and the hearing was conducted accordingly.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related.

BEM 105 (10/2010), p. 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* 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 2011 monthly income limit considered SGA for non-blind individuals is \$1,000.

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 background information from Claimant's testimony and a summary of the relevant submitted medical documentation. It should be noted that DHS presented their documents in three separate packets.

Hospital treatment documents (Exhibits 129-130) dated [REDACTED] were presented. It was noted that Claimant complained of dyspnea, ongoing since bypass surgery. A diagnosis of dyspnea, secondary to left hemidiaphragm palsy was noted.

Hospital documents (Exhibits 116-125) from an admission dated [REDACTED] were presented. It was noted that Claimant complained of chest pain and dyspnea. Elevated blood pressure was noted. A diagnosis of hypertensive urgency and uncontrolled HTN were noted. A discharge date of [REDACTED] was noted.

Hospital documents (Exhibits 103-115) were presented. The document verified physician appointments on [REDACTED], and [REDACTED] were presented. It was regularly noted that Claimant complained of dyspnea. Diagnoses of left hemidiaphragm paralysis and mild COPD were noted.

Hospital documents (Exhibits 90-102; 3-17 – 3-36) dated [REDACTED] were presented. It was noted that Claimant presented with complaints of chest discomfort, fatigue and dyspnea, ongoing since bypass surgery. It was noted that a previous diagnosis of COPD was noted as suspect because Claimant had good lung function. It was noted that a stress test revealed elevated left ventricular filling pressure. Claimant's ejection fraction at rest was noted to be 51%; at stress, Claimant's ejection fraction was 45%. Various heart defects were noted. A discharge date of [REDACTED] was noted.

Hospital documents (Exhibits 84-89; 3-10 – 3-16) dated [REDACTED] were presented. It was noted that Claimant presented with a complaint of constipation, ongoing for 3 weeks. It was noted that radiology demonstrated perforated sigmoid colonic diverticulitis with abscess formation. It was noted that the colonic abscess was not amenable to drainage; Claimant was treated with antibiotics. It was noted that Claimant's condition improved. A discharge date of [REDACTED] was noted.

A Medical Examination Report (Exhibits 3-88 – 3-89) dated [REDACTED] was presented. The form was completed by an internal medicine physician with an approximate 4 month history of treating Claimant. Claimant complaints of chest pain and dyspnea were noted.

A heart classification document (Exhibit 103) dated [REDACTED] was presented. The document was completed by Claimant's treating physician. It was noted that Claimant's heart had a Class III functional capacity and Class C therapeutic classification.

Hospital documents (Exhibits 82-83) dated [REDACTED] were presented. It was noted that Claimant underwent a colonoscopy. It was noted that medium-mouthed diverticula were found in the sigmoid colon.

Hospital documents (Exhibits 65-81) from an admission dated [REDACTED] were presented. It was noted that Claimant underwent a laparoscopic sigmoid colectomy with colo-rectal anastomosis. A discharge date of [REDACTED] was noted.

An internal medicine examination report (Exhibits 3-3 – 3-9) dated [REDACTED] was presented. The report was completed by a consultative physician. It was noted that Claimant could slowly walk an unlimited distance, but that he experiences dyspnea after a half a block if walking quickly. It was noted that Claimant has a 30 year history of smoking but that Claimant quit in 2011. Some lumbar range of motion was noted as limited. Diagnoses of severe and asymptomatic HTN, mild COPD and CAD were noted. It was noted that Claimant was limited in bending, stooping, carrying, pushing, and pulling due to heart restrictions.

Hospital documents (Exhibits 42-64) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with a worsening abdominal pain and episodes of emesis, ongoing for 2 days. It was noted that radiology revealed infectious or inflammatory enterocolitis. It was noted that Claimant was treated with antibiotics and that his condition improved. A discharge date of [REDACTED] was noted.

Hospital documents (Exhibits 19-41) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with episodes of emesis, ongoing for 2 days. It was noted that Claimant was severely dehydrated and had elevated creatinine. It was noted that IVF resuscitation and medications were administered and that Claimant's renal function improved. A diagnosis of acute kidney insufficiency was noted. A discharge date of [REDACTED] was noted.

Hospital documents (Exhibits A8-A13) from an admission dated [REDACTED] were presented. It was noted that Claimant underwent an ileostomy closure. A discharge date of [REDACTED] was noted.

Hospital documents (Exhibits A1-A7) from an encounter dated [REDACTED] were presented. It was noted that Claimant presented for a follow-up to ileostomy closure. It was noted that Claimant's incision was healing well. It was noted that Claimant was doing well and off of pain medications. Noted instructions advised no lifting for 6 weeks.

Numerous other medical documents were admitted but not noted above. Uncited documents verified numerous other physician encounters that were only notable for being consistent with other documents.

Claimant testified that he has walking and lifting restrictions related to cardiac abnormalities, left-side hemidiaphragm paralysis, and mild COPD. Claimant's testimony was consistent with presented evidence. The evidence established that Claimant's restrictions have endured since Claimant underwent triple bypass surgery in 1/2011. 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 respiratory function (Listing 3.02) was considered based on Claimant's complaints of dyspnea. The listing was rejected due to a lack of respiratory testing evidence which met listing requirements.

Cardiac Listings (Listings 4.00) were considered based on Claimant's cardiac history. The listings were rejected as Claimant failed to demonstrate heart problems which meet any listing.

Digestive listings (Listings 5.00) were considered based on Claimant's history of diverticulitis. The listings were rejected as Claimant failed to demonstrate digestive problems which meet any 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 testified that his past employment was as a truck driver. Claimant testified that he worked with asphalt and that he performed heavy lifting and bending.

Claimant testified that he has been anxious to return to work since 2011. Claimant testified that his physician has not yet found Claimant to be medically capable to return to work. Claimant's testimony was credible and consistent with the 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. Physician opinions of Claimant's restrictions were provided.

In a Medical Examination Report, Claimant's physician noted that Claimant was restricted to frequent lifting of less than pounds and occasional lifting of up to 25 pounds. Claimant's lifting restrictions was generally consistent with an ability to perform light employment. It is notable that the stated restrictions were provided before a lengthy treatment period for diverticulitis which included colon surgery, surgery-related infection, a colostomy, and colostomy reversal.

Claimant's physician opined that Claimant was restricted to less than 2 hours of standing/walking in an 8 hour workday. The restriction is consistent with an inability to perform light employment.

Claimant's physician also noted that Claimant's cardiac functional capacity is representative of a patient with cardiac disease resulting in marked limitations of physical activity. It is also consistent with someone comfortable at rest while less than ordinary physical activity causes fatigue, palpitation, dyspnea or anginal pain. Claimant's cardiac therapeutic classification is representative of a patient with cardiac disease whose ordinary physical activity should be moderately restricted and whose more strenuous efforts should be discontinued. Claimant's cardiac classifications are fairly consistent with a person restricted to sedentary employment.

Claimant presented a complicated medical history involving heart, lung, and colon complications. Claimant's medical history was indicative of a restriction to sedentary employment.

Claimant testified that he has lifting restrictions due to dyspnea and from where he had a colostomy bag. Claimant testified that he could walk long distances but only if he slowly paces himself. Claimant testified that he has to limit his walking and lifting due to dyspnea, presumably related to COPD and left-sided hemidiaphragm paralysis. Claimant's testimony was somewhat consistent with a restriction to performing sedentary employment. It is worth noting that Claimant's testimony appeared sincere and credible. For example, Claimant expressed sincere enthusiasm at the prospect of returning to work.

Based on the presented evidence, it is found that Claimant is unable to perform light employment. Claimant is found to be capable of performing sedentary employment.

Based on Claimant's exertional work level (sedentary), age (approaching advanced age), education (high school- no direct entry into skilled employment), employment history (semi-skilled- no 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], including retroactive MA benefits from 1/2011;
- (2) evaluate Claimant's eligibility 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 MA and/or SDA benefits.

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

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

Date Signed: 8/8/2014

Date Mailed: 8/8/2014

**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:

