

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-789  
Issue No.: 2009, 4009, 3000, 5000  
Case No.: [REDACTED]  
Hearing Date: February 10, 2014  
County: Wayne (18)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**HEARING DECISION**

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on February 10, 2014, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Specialist.

**ISSUE**

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

**FINDINGS OF FACT**

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

1. On [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 2-3).

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, SDA, Food Assistance Program (FAP) and State Emergency Relief (SER) benefits.
6. On [REDACTED], SHRT determined that Claimant was not a disabled individual, in part, by application of Medical-Vocational Rule 201.21
7. As of the date of the administrative hearing, Claimant was a 47-year-old female with a height of 5'2" and weight of 120 pounds.
8. On [REDACTED] an administrative hearing was held.
9. Claimant presented no additional medical documents during the hearing.
10. After the hearing, a participating DHS specialist faxed a document (Exhibit 72), which Claimant wanted to be considered in the decision.
11. Claimant has a distant history of illegal substance abuse.
12. Claimant's highest education year completed was the 12<sup>th</sup> grade.
13. As of the date of the administrative hearing, Claimant had no medical coverage.
14. Claimant alleged disability based on impairments and issues including bipolar disorder, Hepatitis C, osteoarthritis and back pain.

### **CONCLUSIONS OF LAW**

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015. 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 State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Family Independence Agency) pursuant to MCL 400.10 and by Mich Admin Code, R 400.7001 through R 400.7049. Department policies are contained in the Department of Human Services Emergency Relief Manual (ERM).

Claimant's Request for Hearing checked that she had disputes concerning SER and FAP eligibility. Claimant testified that she did not have any disputes concerning FAP and MA eligibility. Claimant's hearing request will be dismissed concerning these programs.

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

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

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

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

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

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

A SSA Appeals Council denial notice (Exhibits 45-51) dated [REDACTED] was presented. Consideration was given whether the decision should be binding on Claimant's application. An unfavorable SSA decision (Exhibits 52-69 dated [REDACTED] was also presented. A denial of SSI benefits by SSA can be binding on DHS (see BAM 260).

Ultimately, the hearing decision was made over one year before Claimant's MA application date. Claimant's updated records justify a consideration of disability without deference to a previously made SSA decision.

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

Substantial gainful activity means a person does the following:

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

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

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

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

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

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

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

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

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

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

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with background information from Claimant's testimony and a summary of the relevant submitted medical documentation.

Claimant testified concerning events in her life which she deemed relevant. Most of Claimant's testimony was comparable to background provided in a Psychological Evaluation (Exhibits 21-27). Claimant testified that she was highly functional until 1996, when a drunk driver hit her vehicle. Claimant testified that she broke several bones and spent numerous days hospitalized (33 days according to the evaluation). Claimant also noted that her life trended downward after the death of her spouse in 2010.

The first page of a letter (Exhibit 34) on medical clinic stationary was presented. The letter was dated [REDACTED]. It was noted that Claimant reported leg pain related to an 11 year old vehicle accident.

A Radiology Report (Exhibit 35) dated [REDACTED] of Claimant's abdomen was presented. Extensive atherosclerotic calcification on the abdominal aorta was noted.

A prescription dated [REDACTED] was presented. It was noted that Claimant had chronic pain syndrome, left-leg pain, depression and two other illegible diagnoses.

A letter from a physician (Exhibit 29) dated [REDACTED] was presented. It was noted that Claimant was a patient and that she had multiple medical issues.

A physician letter (Exhibit 31) dated [REDACTED] was presented. The following diagnoses were noted: Hepatitis C, degenerative disc disease, fibromyalgia and PAD. It was noted that the diagnoses cause Claimant to be in severe pain and "at times" rendering her unable to perform day-to-day tasks.

A Psychological Evaluation (Exhibits 21-27) dated [REDACTED] was presented. The evaluation was completed by a licensed psychologist. Claimant was noted as emotional. A history of crack cocaine was noted from 13 years prior. A history of hallucinations was noted to be drug-induced. It was noted that Claimant was a tobacco smoker, though Claimant testified that she was not an ongoing tobacco user. The evaluator noted that Claimant had no difficulty maintaining concentration and attention during the interview. It was noted that Claimant should be under the care of a psychiatrist. The evaluator opined that Claimant would not be able to hold a full-time job because she would be detrimental to coworkers and that she lacked the mental ability to withstand stress and pressures. The examiner also noted that Claimant should be referred to a neuropsychologist for evaluation. A guarded prognosis was noted.

A physician letter (Exhibit 32) from a medical center was presented. The letter was dated [REDACTED]. It was noted that Claimant was diagnosed with bipolar disorder, panic disorder, chronic hepatitis C with fatigue, hepatosplenomegaly, asthma, fibromyalgia, osteoarthritis, neuropathy and lumbar disc disease. It was noted that Claimant was unable to perform daily activities such as shopping, cooking, cleaning and financial business. It was noted that Claimant needed insurance to control her Hepatitis C. Claimant testified that she stopped seeing this physician after the physician's business shut-down due to medical billing fraud.

A Progress/Treatment Note (Exhibit 20) dated [REDACTED] was presented. The treatment note was made by an unknown person from a psychological clinic. It was noted that Claimant presented while shaking and "pretty upset". It was noted that Claimant was arrested for using a gun.

A Medical Examination Report (Exhibits 12-13) dated [REDACTED] was presented. It was noted that the form was completed by a physician with no prior history treating

Claimant. The physician provided diagnoses of Hepatitis C, hyperlipidemia, atherosclerosis, chronic pain syndrome, bipolar disorder, depression, anxiety, insomnia, enlarged liver and spleen, fibromyalgia, chronic fatigue syndrome and other illegible diagnoses. An impression was given that Claimant's condition was stable. It was noted that Claimant could lift 10 pounds occasionally; Claimant's ability to lift heavier weights was not addressed. It was noted that Claimant could stand and/or walk for less than 2 hours in an 8-hour workday. Claimant's sitting restrictions were not addressed. Claimant was found able to meet her household needs. The examiner provided the following support for the medical opinions: positive straight leg raising test, diminished upper-left extremity grip strength and diminished range of motion in the lumbar. The examiner noted that Claimant was anxious and tearful during the examination (see Exhibit 13). Claimant's hearing demeanor was similar.

A treating psychologist document (Exhibit 72) dated [REDACTED] was presented after the hearing. Presumably, DHS wanted the document considered as part of the records based on their involvement in forwarding the document. It was noted that the psychologist treated Claimant since [REDACTED]. The psychologist noted that Claimant was treated pro bono due to Claimant's lack of insurance and need for treatment. Noted diagnoses included depression, bipolar disorder, OCD and cognitive disorder. It was noted that hospitalization was suggested to Claimant but that Claimant was scared to go to the hospital.

Claimant testified that she has walking restrictions due to her various diagnoses. Diagnoses of chronic pain syndrome, fibromyalgia and lumbar pain are consistent with some degree of walking restrictions. Based on Claimant's lack of medical treatment and insurance, it is probable that Claimant's restrictions will continue for 12 months or longer. Claimant established a severe exertional impairment.

Claimant also alleged she suffers psychological impairments. Multiple treating sources diagnosed Claimant with bipolar and anxiety disorders. Claimant's ongoing treating psychologist noted that Claimant is susceptible to stress. Claimant's conditions are likely to have lasted and continue to last for 12 months or longer. Claimant established non-exertional severe impairments.

As it was found that Claimant established significant impairment to basic work activities for a period longer than 12 months, it is found that Claimant established having a severe impairment. Accordingly, the disability analysis may move to step three.

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

A listing for anxiety-related disorders (Listing 12.06) was considered based on Claimant's treating physician's diagnosis of an anxiety disorder. This listing was rejected

due to a failure to verify marked restrictions. Claimant's GAF was 60. A GAF within the range of 51-60 is representative of someone with moderate symptoms or any moderate difficulty in social, occupational, or school functioning; Claimant's GAF is consistent with moderate symptoms which are borderline mild. Claimant's psychologist referred to general difficulties for Claimant but specifics were not well identified. Claimant was described as cooperative and sufficiently social during an interview by her psychologist. Claimant does not have any history of psychiatric hospitalizations. Claimant's psychologist suggested that Claimant could not function outside of her home but the opinion was not well supported.

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's LBP complaints. The medical records were devoid of back pain causes. For example, there were no records verifying x-rays or an MRI of Claimant's back. This listing was rejected due to a lack of evidence and a failure to establish a spinal disorder resulting in a compromised nerve root.

The following listings were also considered: peripheral neuropathies (Listing 11.14), inflammatory arthritis (Listing 14.09), affective disorders (Listing 12.04), digestive system disorders (Listings 5.00). The listings were summarily rejected due to a lack of evidence.

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 stated that she worked part-time as a companion for senior citizens; this employment did not amount to SGA. Claimant testified that she has not performed any SGA within the last 15 years. As Claimant has no relevant work history amounting to SGA, it can only be found that Claimant cannot return to perform SGA and the disability 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 non-exertional. 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).

In step two of the analysis, it was determined that Claimant had exertional restrictions based on her diagnoses. Claimant testified that she could only walk less than one block due to her problems. Claimant's credibility was less than overwhelming but multiple treating sources provided letters opining that Claimant was disabled. A medical opinion of disability is not compelling evidence of disability because the disability standard is a legal one. Physician opinions of Claimant's medical capabilities are persuasive.

A consultative physician completing a Medical Examination Report (see Exhibit 13). The physician could have stated that Claimant was capable of frequently lifting less than 10 pounds; instead the physician limited Claimant to occasional 10 pounds lifting. The restriction is consistent with sedentary employment. Claimant's diagnoses are also consistent with an ability to perform sedentary employment.

Claimant also was found to have non-exertional restrictions at step two. Claimant's psychologist noted that Claimant's condition was deteriorating and that she can be a danger to herself. A diagnosis of cognitive disorder is consistent with finding that Claimant would have difficulty performing semi-skilled more difficult employment. Diagnoses of fibromyalgia and chronic pain disorder would likely impede Claimant's concentration levels rendering any type of employment for Claimant to be difficult. Based on Claimant's combined exertional and non-exertional restrictions, Claimant's ability to perform any type of employment is found to be improbable. Accordingly, Claimant is found to be a disabled individual

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 a finding that Claimant's combined impairments make it improbable that she can perform employment. 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.

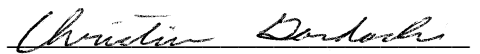
### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that Claimant does not have a dispute concerning FAP or SER eligibility. Claimant's hearing request is **PARTIALLY DISMISSED**.

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 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: 3/5/2014

Date Mailed: 3/5/2014

**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:

