

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

**IN THE MATTER OF:**

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██████████████████  
██

Reg. No.: 2014 29637  
Issue No.: 2009  
Case No.: ██████████  
Hearing Date: July 9, 2014  
County: Macomb County DHS (12)

**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, an in person hearing was held on July 9, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ Hearing Facilitator.

**ISSUE**

Whether the Department properly determined that Claimant is not "disabled" for purposes of the Medical Assistance (MA-P) and or State Disability Assistance (SDA) program?

**FINDINGS OF FACT**

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

1. On December 22, 2013, Claimant applied for MA-P.
2. On January 30, 2014, the Medical Review Team denied Claimant's request.
3. The Department sent the Claimant the Notice of Case Action dated February 18, 2014, denying the Claimant's MA-P application.
4. On February 24, 2014, the Claimant submitted to the Department a timely hearing request.

5. On May 8, 2014, the State Hearing Review Team (“SHRT”) found the Claimant not disabled and denied Claimant’s request.
6. An Interim Order was entered on July 10, 2014 extending the record for SHRT’s review so new evidence could be obtained, including a DHS 49 Medical Examination Report to be obtained by the Claimant. The new report was not received.
7. Claimant at the time of the hearing was 50 years old with a birth date of [REDACTED] [REDACTED]. The Claimant is now 51. Claimant’s height is 5’9” and Claimant weighed 165 pounds.
8. Claimant completed the equivalent of a high school.
9. Claimant has employment experience as a line cook, having been a cook at all relevant times. The Claimant last worked in 2008.
10. Claimant alleges physical disabling impairments due to HIV advanced stage, nausea and vomiting due to medications, and carpal tunnel in both hands.
11. The Claimant has not alleged any mentally disabling impairments.
12. Claimant’s impairments have lasted or are expected to last for 12 months duration or more.

### **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.

Pursuant to Federal Rule 42 CFR 435.540, the Department uses the Federal Supplemental Security Income (SSI) policy in determining eligibility for disability under MA-P. Under SSI, 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 set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience are reviewed. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

Medical evidence may contain medical opinions. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge reviews all medical findings and other evidence that support a medical source's statement of disability. 20 CFR 416.927(e).

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence or pace; and ability to tolerate increased mental demands associated with competitive work). 20 CFR, Part 404, Subpart P, Appendix 1, 12.00(C).

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Pursuant to 20 CFR 416.920, a five-step sequential evaluation process is used to determine disability. An individual's current work activity, the severity of the impairment, the residual functional capacity, past work, age, education and work experience are evaluated. If an individual is found disabled or not disabled at any point, no further review is made.

The first step is to determine if an individual is working and if that work is "substantial gainful activity" (SGA). If the work is SGA, an individual is not considered disabled regardless of medical condition, age or other vocational factors. 20 CFR 416.920(b).

Secondly, the individual must have a medically determinable impairment that is "severe" or a combination of impairments that is "severe." 20 CFR 404.1520(c). An impairment or combination of impairments is "severe" within the meaning of regulations if it

significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work. 20 CFR 404.1521; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p. If the Claimant does not have a severe medically determinable impairment or combination of impairments, he/she is not disabled. If the Claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

The third step in the process is to assess whether the impairment or combination of impairments meets a Social Security listing. If the impairment or combination of impairments meets or is the medically equivalent of a listed impairment as set forth in Appendix 1 and meets the durational requirements of 20 CFR 404.1509, the individual is considered disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the trier must determine the Claimant's residual functional capacity. 20 CFR 404.1520(e). An individual's residual functional capacity is his/her ability to do physical and mental work activities on a sustained basis despite limitations from his/her impairments. In making this finding, the trier must consider all of the Claimant's impairments, including impairments that are not severe. 20 CFR 404.1520(e) and 404.1545; SSR 96-8p.

The fourth step of the process is whether the Claimant has the residual functional capacity to perform the requirements of his/her past relevant work. 20 CFR 404.1520(f). The term past relevant work means work performed (either as the Claimant actually performed it or as is it generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. If the Claimant has the residual functional capacity to do his/her past relevant work, then the Claimant is not disabled. If the Claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth step.

In the fifth step, an individual's residual functional capacity is considered in determining whether disability exists. An individual's age, education, work experience and skills are used to evaluate whether an individual has the residual functional capacity to perform work despite limitations. 20 CFR 416.920(e).

Here, Claimant has satisfied requirements as set forth in steps one, two and three of the sequential evaluation. The Claimant is not currently engaging in substantial gainful activity and is not employed; thus, is not disqualified at Step 1.

Claimant alleges physical disabling impairments due to HIV advanced stage, nausea and vomiting due to medications, and carpal tunnel in both hands.

The Claimant has not alleged any mentally disabling impairments.

On January 22, 2014, the Claimant was seen by his infectious disease doctor. Patient reported anal discharge every few months with odors. No bleeding, diarrhea or constipation reported. The CD4 was 85. The Claimant was clinically doing very well on antiviral medications. Neuromuscular range of motion and strength was excellent.

On January 3, 2014, the Claimant's CD4 count was 84 and absolute cd4 % was 17.1.

On June 19, 2014, the Claimant was admitted for testing and his HIV RNA was negative which is consistent with HIV 1 infection. The CD4 count was 110. The Claimant also had a low lymphocyte count suggestive of increased rates of infection.

On July 11, 2014, the Claimant was seen by his infectious disease doctor for HIV follow up. At the time, a referral to a neurologist was made due to bilateral upper extremity neuropathy in both hands, with numbness and weakness in fingers suggestive of carpal tunnel syndrome. The Claimant was medication compliant. The Claimant had had a complete dental extraction of all his teeth. The Claimant's HIV was stable and CD4 was 116. Intermittent nausea and vomiting with medications. The Diagnosis was HIV infection and AIDS.

In March of 2014, the Claimant's CD4 count was 125 and the percent lymphocytes was 15.9%.

On January 12, 2013, a consultative Medical Examination was conducted. The report noted that at the time the Claimant drank four pints of liquor every eight days. The Claimant weighed 146. Tinel's and Phalen's sign is positive in both hands, more so on the right. The conclusions noted that Claimant had not suffered any weight loss and occasionally suffers nausea and has diarrhea due to medications. Shortness of breath with a respiratory component was noted. Findings were consistent with bilateral carpal tunnel syndrome, left worse than right. Fine and gross motor movements were intact.

A medical source statement of ability to do work-related activities (physical) was completed by the examiner as part of the medical examination. The Claimant could carry and lift up to 10 pounds occasionally, and occasionally up to 100 pounds with a note that carpal tunnel would limit how long the Claimant could perform these task. The Claimants could walk up to 1 hour without interruption, stand 6 hours and sit 6 hours. The Claimant could sit a total of 4 hours in an 8 hour work day, walk 1 hour and stand 3 hours. The examiner also noted that walking was limited as Claimant gets short of breath after 15 minutes or so. The Claimant was limited to occasionally handling, fingering, feeling and push/pull to up to 1/3 of a day and frequently reaching overhead and reaching frequently. The examiner also noted that Claimant was limited by carpal tunnel. No restrictions were given with respect to operation of foot controls. Climbing stairs and ladders were limited due to shortness of breath to up to 1/3 of a day. The examiner found Claimant could balance, stoop, kneel, crouch and crawl continuously over 2/3 of a day. The Claimant was not to have any exposure to dust, odors or fumes and pulmonary irritants, and could not be exposed to cold for more than 1/3 of the day.

The Claimant's family medicine treating doctor completed a Medical Examination Report on January 3, 2014. The diagnosis was HIV, anxiety and depression. A slight tremor was noted. The Doctor was unable to determine cause of hand pain and noted no neuro follow up. The Doctor noted problems with sustained concentration and that Claimant was anxious and stressed at a recent office visit.

A Medical Examination Report was completed by the Claimant's infectious disease treating doctor on December 21, 2011. The diagnosis was advanced HIV Aids. The examination of the respiratory system noted shortness of breath and pneumonia, in September 2011. The diagnosis was based upon lab results. The report noted that Claimant had family assistance with meeting his needs in the home.

Another Medical Examination Report was completed January 8, 2014. The Diagnosis was HIV. The notes indicated that the Claimant was stable and limitations were imposed. The Claimant was evaluated as capable of lifting less than 10 pounds occasionally and did not further assess standing or walking or sitting indicating N/A. Mental limitations noted memory. Claimant was capable of meeting his needs in home. The Claimant's doctor indicated in August 2013 that complete dental extraction will greatly assist chronic HIV infection.

The Claimant was examined by his infectious disease doctor on March 29, 2013, who noted essentially normal exam except noted mild amount of symmetric muscle wasting and degenerative arthritis. HIV was stable with weight gain.

On August 25, 2013, the Claimant's CD4 count was 129 with a 17% ratio to lymphocytes.

On July 25, 2013, the Claimant's CD4 count was 76 with a 17.8% ratio to lymphocytes.

On March 26, 2013, the Claimant's CD4 count was 159 with a 20.3% ratio to lymphocytes.

The Claimant was admitted for a 9 day hospital stay on September 18, 2011. The final diagnosis was acute tracheobronchitis, history of HIV, drug non-compliance, and hyponatremia and thrush. The Claimant was discharged in guarded condition.

The Claimant credibly testified to the following physical abilities and limitations. The Claimant becomes fatigued and short of breath going up and down steps in his home.

After a review of the medical evidence it is determined that the Claimant has met the severity requirement and *de minimis* standard of Step 2 as the evidence demonstrates that he has a serious impairment.

**Listing 14.08** was reviewed it requires in relevant part the following requirements be met:

**Human immunodeficiency virus (HIV) infection.** With documentation as described in 14.00F and one of the following:

**A. Bacterial infections:**

1. Mycobacterial infection (for example, caused by *M. avium-intracellulare*, *M. kansasii*, or *M. tuberculosis*) at a site other than the lungs, skin, or cervical or hilar lymph nodes, or pulmonary tuberculosis resistant to treatment; or

2. Nocardiosis; or

3. *Salmonella* bacteremia, recurrent non-typhoid; or

4. Multiple or recurrent bacterial infections, including pelvic inflammatory disease, requiring hospitalization or intravenous antibiotic treatment three or more times in a 12-month period.

OR

**B. Fungal infections:**

1. Aspergillosis; or

2. Candidiasis involving the esophagus, trachea, bronchi, or lungs, or at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes; or

3. Coccidioidomycosis, at a site other than the lungs or lymph nodes; or

4. Cryptococcosis, at a site other than the lungs (for example, cryptococcal meningitis); or

5. Histoplasmosis, at a site other than the lungs or lymph nodes; or

6. Mucormycosis; or

7. *Pneumocystis* pneumonia or extrapulmonary *Pneumocystis* infection.

OR

**C. Protozoan or helminthic infections:**

1. Cryptosporidiosis, isosporiasis, or microsporidiosis, with diarrhea lasting for 1 month or longer; or

2. Strongyloidiasis, extra-intestinal; or

3. Toxoplasmosis of an organ other than the liver, spleen, or lymph nodes.

OR

**D. Viral infections:**

1. *Cytomegalovirus* disease (documented as described in 14.00F3b(ii)) at a site other than the liver, spleen or lymph nodes; or
2. Herpes simplex virus causing:
  - a. Mucocutaneous infection (for example, oral, genital, perianal) lasting for 1 month or longer; or
  - b. Infection at a site other than the skin or mucous membranes (for example, bronchitis, pneumonitis, esophagitis, or encephalitis); or
  - c. Disseminated infection; or
3. Herpes zoster:
  - a. Disseminated; or
  - b. With multidermatomal eruptions that are resistant to treatment; or
4. Progressive multifocal leukoencephalopathy.

OR

**E. Malignant neoplasms:**

**F.** Conditions of the skin or mucous membranes (other than described in B2, D2, or D3, above), with extensive fungating or ulcerating lesions not responding to treatment (for example, dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal *Candida*, condyloma caused by human *Papillomavirus*, genital ulcerative disease).

OR

**G.** HIV encephalopathy, characterized by cognitive or motor dysfunction that limits function and progresses.

OR

**H.** HIV wasting syndrome, characterized by involuntary weight loss of 10 percent or more of baseline (computed based on pounds, kilograms, or body mass index (BMI)) or other significant involuntary weight loss as described in 14.00F5, and in the absence of a concurrent illness that could explain the findings. With either:

1. Chronic diarrhea with two or more loose stools daily lasting for 1 month or longer; or



2. Chronic weakness and documented fever greater than 38 °C (100.4 °F) for the majority of 1 month or longer.

OR

I. Diarrhea, lasting for 1 month or longer, resistant to treatment, and requiring intravenous hydration, intravenous alimentation, or tube feeding.

OR

J. One or more of the following infections (other than described in A-I, above). The infection(s) must either be resistant to treatment or require hospitalization or intravenous treatment three or more times in a 12-month period.

1. Sepsis; or
2. Meningitis; or
3. Pneumonia; or
4. Septic arthritis; or
5. Endocarditis; or
6. Sinusitis documented by appropriate medically acceptable imaging.

OR

K. Repeated (as defined in 14.00I3) manifestations of HIV infection, including those listed in 14.08A-J, but without the requisite findings for those listings (for example, carcinoma of the cervix not meeting the criteria in 14.08E, diarrhea not meeting the criteria in 14.08I), or other manifestations (for example, oral hairy leukoplakia, myositis, pancreatitis, hepatitis, peripheral neuropathy, glucose intolerance, muscle weakness, cognitive or other mental limitation) resulting in significant, documented symptoms or signs (for example, severe fatigue, fever, malaise, involuntary weight loss, pain, night sweats, nausea, vomiting, headaches, or insomnia) and one of the following at the marked level:

1. Limitation of activities of daily living.
2. Limitation in maintaining social functioning.
3. Limitation in completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace.

Although the Claimant did have pneumonia in 2011, and has Advanced HIV with a low CD 4 count under 200 for most of the testing, the objective medical evidence does not demonstrate that the Listing 14.08 that the severity of these conditions met the requirements of the listing.

At the hearing, the Claimant credibly testified to the following physical abilities. The Claimant possesses a driver's license but does not drive due to carpal tunnel problems with his hands. The Claimant can prepare microwave food and cannot shop due to fatigue. The Claimant can stand 20-30 minutes. He can sit a couple of hours except for interruptions due to nausea caused by his HIV medications. The Claimant can walk about a quarter of a mile. He can perform a squat and bend at the waist. The Claimant due to his carpal tunnel syndrome can lift a gallon to pour a glass of water and can carry a glass of water. The Claimant cannot type, and cannot hold a pen.

The fourth step of the analysis to be considered is whether the Claimant has the ability to perform work previously performed by the Claimant within the past 15 years. The trier of fact must determine whether the impairment(s) presented prevent the Claimant from doing past relevant work. In the present case, Claimant's past employment was as performing as a line cook and he last worked in 2008. The Claimant described that the line cook job required him to stand most of the day and lift boxes, pots and pans that he could no longer lift due to their weight. The Claimant was also required to mop and sweep the floor. Due to carpal tunnel, the Claimant can no longer chop food, an essential aspect of a line cook job. This Administrative Law Judge finds, based on the medical evidence it is determined that the Claimant is not capable of the physical activities required to perform any such position and cannot perform past relevant work, and thus a Step 5 analysis is required 20 CFR 416.920(e).

In the final step of the analysis, the trier of fact must determine if the Claimant's impairment(s) prevent the Claimant from doing other work. 20 CFR 416.920(f). This determination is based upon the Claimant's:

1. residual functional capacity defined simply as "what can you still do despite your limitations?" 20 CFR 416.945;
2. age, education, and work experience, 20 CFR 416.963-965; and
3. the kinds of work which exist in significant numbers in the national economy which the Claimant could perform despite her/his limitations. 20 CFR 416.966.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Sedentary work. Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 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. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the 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. 20 CFR 416.967(b).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

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 50 years of age and thus, will be considered to be closely approaching advanced age for MA-P purposes.

The Claimant has a high school education. Additionally the Claimant's skills are semi-skilled and nontransferable.

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 his ability to perform basic work activities. In addition, deference was given to the Claimant's treating doctor for his chronic and advanced HIV, and the consult examiners acknowledgement that Claimant limited lifting up to 10 pounds. This examiner also thought the Claimant could lift heavier weight, but conceded that to do so would be limited by carpal tunnel as to the length of time such activity could be performed. The same doctor also imposed limitations to only capable occasionally handling, fingering, feeling and push/pull to up to 1/3 of a day. The doctor also acknowledged that the Claimant got short of breath after 15 minutes and thus climbing stairs and ladders were limited to 1/3 of the day. Claimant's treating doctor for infectious disease evaluated the Claimant as capable of lifting less than 10 pounds. 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 201.14, it is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

### **DECISION AND ORDER**

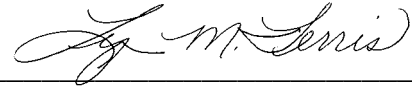
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant disabled for purposes of the MA-P benefit program.

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 22, 2013, if not done previously, to determine Claimant's non-medical eligibility.

2. 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.

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:

2014 29637/LMF

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

LMF/tm

cc:

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