

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-003235
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: April 8, 2015
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, a telephone hearing was held on April 8, 2015, from Detroit, Michigan. Participants included the above-named Claimant (via telephone). [REDACTED]

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

ISSUE

The issue is whether DHS properly denied Claimant's Medical Assistance (MA) eligibility 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 benefits, including retroactive MA benefits (see Exhibits 9-10) from 3/2014.
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On [REDACTED], the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 14-16).

4. On [REDACTED] DHS denied Claimant's application for MA benefits and mailed an Application Eligibility Notice (Exhibits 3-4; 125-126) informing Claimant of the denial.
5. On [REDACTED], Claimant's AHR requested a hearing disputing the denial of MA benefits.
6. As of the date of the administrative hearing, Claimant was a 50 year old female whose birthday was in July 2014.
7. Claimant has not earned substantial gainful activity since before the first month of benefits sought.
8. Claimant's highest education year completed was the 12th grade.
9. Claimant has a history of semi-skilled employment, with no known transferrable job skills.
10. Claimant alleged disability based on restrictions related to diagnoses of lupus, right knee pain, COPD, depression, fibromyalgia, and right hip bursitis.

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, a 3-way telephone hearing (so the AHR could appear by telephone) was requested. A 4-way telephone hearing was conducted because Claimant did not appear at the DHS office for the hearing. Claimant's AHR stated the accommodation was acceptable.

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 (October 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 chil-

dren, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* 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 (July 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 (July 2012), p. 8.

SGA means a person does the following: performs significant duties, 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 SGA. *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 2014 monthly income limit considered SGA for non-blind individuals is \$1,070.

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

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

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

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

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

McDonald v. Secretary of Health and Human Servs., 795 F.2d 1118, 1124 (1st Cir. 1986).

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

Hospital documents (Exhibits 44-47) from an encounter dated [REDACTED] were presented. It was noted that Claimant reported moderate chest pain, ongoing for 6-12 hours. Physical examination notes indicated a normal range of musculoskeletal motion and normal breathing; chest wall tenderness was noted. Treatment and discharge information was not apparent.

Hospital documents (Exhibits 48-62) from an admission dated [REDACTED] were presented. It was noted that Claimant reported chest pain, ongoing for 2 days. Claimant also reported ongoing headaches. A chest x-ray report noted an impression of no acute process. An impression of an unremarkable CT angiogram was noted following chest radiology. Noted active problems included the following: lupus, COPD, HTN, back osteoarthritis, and fibromyalgia. Myocardial scanning revealed an ejection fraction of 83%. An EKG was noted as unremarkable. A CT report of Claimant's head noted no acute intracranial findings and no significant changes from a previous MRI report dated [REDACTED]; various white matter hyperintense foci were noted as present. A date of discharge was not apparent though [REDACTED] was the last date of noted medical treatment.

Hospital documents (Exhibits 69-73) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of moderate and frequent chest pain. An impression of no acute cardiopulmonary process was noted following chest x-rays. Treatment was not apparent.

Hospital documents (Exhibits 63-68) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of cough, wheezing, myalgias, and arthralgias. Cervical adenopathy was noted following a physical examination. X-rays of Claimant's chest were noted to demonstrate no acute process. Lab work was noted to demonstrate strep throat.

A cardiologist letter (Exhibit 123) dated [REDACTED] was presented. An impression of normal left ventricle function with borderline left ventricular hypertrophy was noted.

Hospital documents (Exhibits 74-78) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of cough, ongoing for a week. X-rays of Claimant's sinuses were noted to be unremarkable. X-rays of Claimant's chest revealed no acute process though COPD was noted.

An MRI report of Claimant's right knee (Exhibits 79-80) dated [REDACTED] was presented. An impression of mild chondromalacia patella and mild tendinosis were noted.

Hospital documents (Exhibits 81-101) from an admission dated [REDACTED] were presented. It was noted that Claimant presented with complaints of headaches, nausea, and vomiting. A CT head study noted similar appearance to a previous study. A normal gait was noted. A primary diagnosis of dehydration was noted. It was noted that Claimant's medications were adjusted and that she felt better. A discharge date of [REDACTED] was noted.

An internal medicine examination report (Exhibits 17-24) dated [REDACTED] was presented. The report was completed by a consultative physician. It was noted that Claimant reported that she was diagnosed with the following: COPD and asthma, depression, chronic back pain, sleep apnea, lupus, and fibromyalgia. A history of physical therapy "from a long time ago" was reported by Claimant. Physical examination findings noted abdominal obesity. It was noted that Claimant brought a cane though she did not use it during the examination. Lumbar spinal flexion and hip flexion were noted as limited. It was noted that Claimant could perform sitting, standing, bending, carrying, pushing, squatting, and other activities, but each with pain.

A mental status examination report (Exhibits 25-28) dated [REDACTED] was presented. The report was completed by a licensed psychologist. Claimant reported feeling depressed and a lack of focus. An absence of psychiatric hospitalization history was reported. It was noted that Claimant used a cane, though Claimant reported that it was not prescribed. Noted observations of Claimant included the following: in-touch with reality, adequate concentration, logical and goal directed thought content, constricted affect, serious and reserved mood with occasional defensiveness and irritability. A diagnosis of adjustment disorder was noted. Claimant's prognosis was fair. The psychologist opined that Claimant could follow 2-3 step verbal instructions. The psychologist concluded that Claimant did not have symptoms of major depression or disturbance of thought.

Various handwritten physician progress notes (Exhibits 102-116) were presented. The notes documented 14 appointments from January 2014 through October 2014. The notes verified ongoing treatment for lupus, COPD, hip degenerative joint disease, right knee pain, migraine headaches, chronic pain syndrome, bipolar disorder, and fibromyalgia.

Claimant testified that she is in need of neck surgery. Claimant testified that she has limited right hand motion. Claimant's presented evidence failed to verify treatment for either neck pain or right hand motion. Accordingly, neither neck pain nor right hand restrictions are found to be restrictions or impairments.

Claimant testified that she was restricted in walking, sitting, lifting, and bending due to her various conditions. Claimant's testimony was generally consistent with verified diagnoses for lupus, COPD, hip pain, and fibromyalgia.

It is found that Claimant established significant impairment to basic work activities for a period longer than 12 months. Accordingly, it is found that Claimant established having a severe impairment and the disability analysis may proceed to Step 3.

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.

Claimant's most prominent impairment appears to be lupus. Lupus is covered by Listing 14.02 which reads as follows:

14.02 Systemic lupus erythematosus. As described in 14.00D1. With:

A. Involvement of two or more organs/body systems, with:

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

OR

B. Repeated manifestations of SLE, with at least two of the constitutional symptoms or signs (severe fatigue, fever, malaise, or involuntary weight loss) 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.

Claimant testified that she experiences chronic headaches and pain. Claimant's testimony is consistent with diagnoses of lupus, chronic pain syndrome, and fibromyalgia. Each diagnosis is understood to cause chronic pain and discomfort. Claimant's testimony was also consistent with brain radiology which verified white matter. Though Claimant's testimony was consistent with some records, by and large, the testimony was unsupported.

Physician statements of Claimant's restrictions were not presented. Chronic pain complaints were not documented.

Only the bare minimum of chronic pain syndrome, fibromyalgia, and lupus treatment was documented. Each was referenced in medical records but physician conclusions as

to how each impacts Claimant were not documented. None of the diagnoses were noted as a discharge diagnosis in Claimant's multiple hospital encounters.

Physical examination findings were also not supportive of finding that lupus moderately affects Claimant's organs and/or body systems. It was consistently noted that Claimant's gait was normal. Some degree of pain was noted in Claimant's sitting, sitting, and standing abilities. A degree of pain was not documented.

One lupus treatment was noted. Hospital admission documents from [REDACTED], noted that Claimant's lupus was treated with a low dose of prednisone. Such a treatment is not highly indicative of lupus complications and/or restrictions.

A listing for joint dysfunction (Listing 1.02) was considered based on Claimant's complaints of hip pain. The listing was rejected due to a failure to establish that Claimant is unable to ambulate effectively.

A listing for spinal disorders (Listing 1.04) was considered based on a diagnosis for spinal osteoarthritis. This listing was rejected due to a failure to establish a spinal disorder resulting in a compromised nerve root.

A listing for chronic pulmonary insufficiency (Listing 3.02) was considered based on Claimant's complaints of dyspnea. The listing was rejected due to a lack of respiratory testing evidence.

A listing for affective disorders (Listing 12.04) was considered. based on a diagnosis of adjustment disorder. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not established that Claimant required a highly supportive living arrangement, suffered repeated episodes of decompensation or that the residual disease process resulted in a marginal adjustment so that even a slight increase in mental demands would cause decompensation.

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 the majority of her past relevant employment was as a certified nursing assistant. Claimant testified that her past duties included lifting patients, changing diapers, taking vital signs, and turning patients in bed. Claimant testified that she cannot perform the lifting or standing required of her past employment.

Claimant testified that she worked “a couple of months” as a packager. Claimant testified that her job required heavy lifting which she can no longer perform.

For purposes of this decision, Claimant’s testimony that she is unable to perform past employment will be accepted. Accordingly, the analysis may proceed to the final step.

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 sedentary employment. For sedentary employment, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Social Security Rule 83-10.

Physician statements of Claimant restrictions were not presented. Restrictions can be inferred based on presented documents.

Claimant testimony alleged that Claimant is capable of only 3 minutes of walking with a cane before right hand pain prevents further ambulation. Claimant testified that she can

only sit for 10 minutes before hip bursitis prevents further sitting. Claimant estimated she can only lift 2 pounds. Claimant testified that she is limited in bending. Claimant testified that she needs assistance getting out of the shower and that she is unable to bathe herself. Claimant testified that she can neither clean nor do laundry. Claimant testified that knee pain prevents her from driving.

Restrictions stated by Claimant were highly indicative of an inability to perform any employment. As noted in the third step of the analysis, presented medical evidence was not highly suggestive of restrictions.

Claimant verified that she sought hospital treatment four times in March 2014 for pains, primarily chest pain. Ultimately, only a diagnosis of strep throat was verified as related to Claimant's complaints. COPD was verified, but the diagnosis, by itself, is not indicative of a need for multiple hospitalizations. If COPD was a factor, then Spirometry testing should have been presented; it was not. All radiology was negative other than white matter found in Claimant's head which was only verified a possible explanation for Claimant's headaches. Presented hospital documents were not particularly indicative of an inability perform sedentary employment.

Subsequent medical records verified mild chondromalacia patella and mild tendinosis in Claimant's right knee. The diagnosis verified knee abnormalities which, at most, could justify an inference that Claimant cannot perform the standing, lifting, and walking required of light employment. The MRI findings were not particularly indicative of an inability to perform sedentary employment.

A consultative examiner verified restricted flexion motions in Claimant's lumbar. The restrictions, by themselves, are not enough to justify an inference that Claimant is unable to perform sedentary employment. This conclusion is consistent with other documents which consistently noted that Claimant's gait was normal. Though Claimant uses a cane, a need for a cane was not verified. Based on the presented evidence, Claimant is found capable of sedentary employment.

A single examination concluding that Claimant has adjustment disorder was verified. Ongoing psychiatric treatment was not verified. The diagnosis along with some degree of headaches would limit Claimant from performing complex employment. The evidence does not support finding that Claimant is restricted from performing non-complex employment.

Jobs within Claimant's capabilities include light assembly, clerical, and document preparation. DHS did not present vocational evidence verifying how many jobs within Claimant's abilities are available within Claimant's region. Claimant's restrictions to non-complex employment are not so severe to justify the need for such evidence.

Claimant's AHR seeks only a disability finding from March 2014, the last month when Claimant did not have MA eligibility. As of March 2014, Claimant was 49 years old.

Based on Claimant's exertional work level (sedentary), age as of the benefit month in dispute (younger individual aged 45-49), education (high school), and employment history (semi-skilled with no known transferrable skills), Medical-Vocational Rule 201.21 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that DHS properly found Claimant to be not disabled for purposes of MA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied Claimant's MA benefits for the month of March 2014 based on a determination that Claimant is not disabled. The actions taken by DHS are **AFFIRMED**.



Christian Gardocki
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **4/24/2015**

Date Mailed: **4/24/2015**

CG / hw

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, 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:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

cc:

A large black rectangular redaction box covers the names and contact information of the individuals listed in the 'cc:' field.