

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

**IN THE MATTER OF:**

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████████████████████

Reg. No.: 15-005007  
Issue No.: 4009  
Case No.: ██████████  
Hearing Date: June 1, 2015  
County: Wayne (15)

**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 June 1, 2015, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Department of Health and Human Services (DHHS) included ██████████ medical contact worker.

**ISSUE**

The issue is whether DHHS properly denied Claimant's State Disability Assistance (SDA) 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 December 29, 2014, Claimant applied for SDA benefits.
2. Claimant's only basis for SDA benefits was as a disabled individual.
3. On March 2, 2015, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 2-4).
4. On March 3, 2015, DHHS denied Claimant's application for SDA benefits and mailed to Claimant a written notice of the denial.
5. On March 19, 2015, Claimant requested a hearing disputing the denial of SDA benefits.

6. As of the date of the administrative hearing, Claimant was a ■-year-old female with a height of 5'3½" and weight of 286 pounds.
7. Claimant has not earned substantial gainful activity since before the first month of benefits sought.
8. Claimant alleged disability based on restrictions related to diagnoses of HIV, migraine headaches, body aches, and various psychological problems.

### **CONCLUSIONS OF LAW**

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. DHHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. DHHS 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.*

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for SDA eligibility without undergoing a medical review process (see BAM 815) which determines whether Claimant is a disabled individual. *Id.*, p. 3.

Generally, state agencies such as DHHS 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. As noted above, SDA eligibility is based on a 90-day period of disability.

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 SDA 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 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 12 month durational period is applicable to MA benefits; as noted above, SDA eligibility requires only a 90-day duration of disability.

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 presented medical documentation.

Claimant testified that she has a 20 year history of crack addiction. Claimant testified that she financially supported her addiction by prostituting herself. Claimant testified that she became HIV+ in 2006 after being raped by three men. Medical records noted that Claimant has a history of childhood and adult sexual and physical abuse (see Exhibits 60 and 70). Claimant testified that she began substance abuse rehabilitation on [REDACTED] and has remained clean since.

A Medical Examination Report (Exhibits 36-37; 39-40; 122-123) dated [REDACTED] was presented. The form was completed by a treating infectious disease physician with an approximate seven year history of treating Claimant. Claimant's physician listed diagnoses of migraine headaches, right breast mass, and HIV+ (since 2006). An impression was given that Claimant's condition was stable. Standing, sitting, lifting/carrying, repetitive limb movement and mental restrictions were not stated.

Treating mental health agency notes (Exhibits 42-43) dated [REDACTED] were presented. It was noted that Claimant was called for the purpose of reengaging Claimant with treatment.

Treating mental health agency notes (Exhibits 44-45) dated [REDACTED] were presented. It was noted that an agency staff member called Claimant to schedule clinical appointments.

An Adult Health Assessment (Exhibits 48-54) dated [REDACTED] was presented. The assessment was completed by a registered nurse. It was noted that Claimant reported headaches, coughing, shortness of breath, loss of sleep, and earaches. It was noted that regular nursing appointments were scheduled.

A Psychiatric Evaluation dated [REDACTED] (Exhibits 58-61; 66-69; 118-121) was presented. The evaluation was completed by a psychiatrist from a treating mental health agency. It was noted that Claimant had a 2 year history with the agency. It was noted that Claimant reported increased confidence, strength, and responsible behavior since attending mental health treatment. Claimant reported that she is clean from drugs and "feels like a human being." Claimant reported ongoing difficulties with mood swings, insomnia, depression, flight of ideas, anxiety, loss of interest, racing thoughts, verbal aggressiveness, and rapid speech. A diagnosis of bipolar disorder I was noted. Claimant's GAF was noted to be 51.

An Update Assessment (Exhibits 70-87) dated [REDACTED] was presented. The assessment was completed by a social worker from a treating mental health agency. It was noted that Claimant has a 20 year history of crack addiction. Claimant was noted to be clean since completing a treatment on [REDACTED]. A history of physical and sexual abuse victimization was noted. Observations of Claimant included the following: orientation x3, intact memory, alert, able to focus, fair judgment, unremarkable thought content, normal stream of mental activity, and appropriate affect. Claimant was deemed to be at low risk of suicide. It was noted that Claimant was homeless.

An Integrated Health Assessment (Exhibits 14-17) dated [REDACTED] was presented. It was noted that shortness of breath was not observed. Claimant was noted to be HIV+.

A Psychiatric Evaluation (Exhibits 12-13) dated [REDACTED] was presented. The evaluation was noted to be an initial evaluation. Claimant reported mood swings, crying spells, racing thoughts, and criminal problems. It was noted that Claimant was last treated approximately 2 years earlier, for a 5 month period; Claimant stopped attendance because she was unhappy with her service.

A medication review note (Exhibit 11) dated [REDACTED] from Claimant's treating psychiatrist was presented. It was noted that Claimant "has been doing well." It was noted that Claimant has been taking Abilify and Wellbutrin and that medications have improved Claimant's depression and anxiety. Good judgement by Claimant was noted.

A Medical Report on Adult with Allegation of Human Immunodeficiency Virus Infection (Exhibits 18-20) dated [REDACTED] was presented. The form was completed by a physician. It was noted that Claimant's only HIV-related symptoms were 3 month-long episodes of diarrhea from the past one year. It was noted that Claimant was doing "very well on treatment" and that Claimant's CD4 improved to 442 after being less than 200.

A Medical Examination Report (Exhibits 21-23) dated [REDACTED] was presented. The form was completed by a treating infectious disease physician with an approximate 8 year history of treating Claimant. Claimant's physician listed diagnoses of HIV+, depression, lower extremity pain, migraines, and HTN. Claimant's current medications included Atripla, Abilify, and Wellbutrin. Physical examination findings noted that Claimant was unable to stand or walk for long periods due to leg pain, Claimant was noted to be obese. An impression was given that Claimant's condition was stable. It was noted that Claimant can meet household needs.

Presented records established that Claimant is HIV+. A medical history of AIDS was referenced. Claimant testified that she was twice diagnosed with AIDS. Generally, a previous AIDS diagnosis is highly suggestive of disabling symptoms. Claimant's previous AIDS diagnosis speaks more to Claimant's previous medication noncompliance rather than the current state of her health. Recent health records place Claimant's CD4 levels well above the level to be diagnosed with AIDS. Claimant's only noted HIV complication was a period of diarrhea which was not verified to be an ongoing problem. Some degree of fatigue, weakness, and possibly body pain can be inferred by the HIV+ diagnosis; further restrictions cannot be inferred based on presented records.

Medical records established a history of depression and a need for therapy. Claimant was diagnosed with bipolar disorder I. Such a diagnosis is appropriate for a medical history involving at least one manic or manic/depressive episode. Generally, it is a more severe and debilitating disorder than bipolar II. The diagnosis and treatment history are consistent with concentration and social interaction restrictions.

It is found that Claimant established significant impairment to basic work activities for a period longer than 90 days. 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 bipolar disorder. Bipolar disorder is an affective disorder covered by Listing 12.04 which reads as follows:

**12.04 Affective disorders:** Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation. The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one of the following:

1. Depressive syndrome characterized by at least four of the following:
  - a. Anhedonia or pervasive loss of interest in almost all activities; or
  - b. Appetite disturbance with change in weight; or
  - c. Sleep disturbance; or
  - d. Psychomotor agitation or retardation; or
  - e. Decreased energy; or
  - f. Feelings of guilt or worthlessness; or
  - g. Difficulty concentrating or thinking; or
  - h. Thoughts of suicide; or
  - i. Hallucinations, delusions, or paranoid thinking

OR

2. Manic syndrome characterized by at least three of the following:
  - a. Hyperactivity; or
  - b. Pressure of speech; or
  - c. Flight of ideas; or
  - d. Inflated self-esteem; or
  - e. Decreased need for sleep; or
  - f. Easy distractibility; or
  - g. Involvement in activities that have a high probability of painful consequences which are not recognized; or
  - h. Hallucinations, delusions or paranoid thinking

OR

3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes);

AND

- B. Resulting in at least two of the following:
1. Marked restriction of activities of daily living; or
  2. Marked difficulties in maintaining social functioning; or
  3. Marked difficulties in maintaining concentration, persistence, or pace; or
  4. Repeated episodes of decompensation, each of extended duration

OR

- C. Medically documented history of a chronic affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability

to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

A Mental Residual Functional Capacity Assessment (Exhibits 113-114) dated March 26, 2014 was presented. The assessment was noted as completed by a treating psychiatrist. This form lists 20 different work-related activities among four areas: understanding and memory, sustained concentration and persistence, social interaction and adaptation. Claimant was deemed to be moderately limited in all 20 listed abilities. Marked restrictions were not provided.

Claimant's GAF was 51. The Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> edition) (DSM IV) states that 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.

The absence of any verified marked restrictions is consistent with not meeting the requirements of the affective disorder listing. Claimant's GAF puts her at the cusp of marked functioning, however, still within moderate functioning restrictions. Presented evidence was indicative that Claimant does not meet affective disorder listing requirements.

A listing for HIV (Listing 14.08) was considered. Claimant did not establish listing requirements for bacterial infections, fungal infections, viral infections, malignant neoplasms, skin conditions, HIV wasting syndrome, HIV encephalopathy, diarrhea resistant to treatment, or other listing requirements.

It is found that Claimant failed to establish meeting an 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 she has not held any legal employment in the last 15 years. Claimant's testimony was credible given Claimant's turbulent past. Without any gainful employment history, it can only be found that Claimant cannot return to performing past employment that amounted to SGA. 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 restrictions were provided. Treating source opinions cannot be discounted unless the Administrative Law Judge provides good reasons for discounting the opinion. *Rogers v. Commissioner*, 486 F. 3d 234 (6<sup>th</sup> Cir. 2007); *Bowen v Commissioner*.

On a MER dated February 3, 2015, Claimant's infectious disease physician opined that Claimant was restricted to less than 2 hours of standing and/or walking over an 8-hour

workday. Claimant was noted to not have sitting, lifting/carrying, repetitive arm, and/or mental restrictions. Claimant was restricted from repetitive actions involving legs.

Claimant's physician's silence concerning sitting, lifting/carrying, and repetitive arm and leg restrictions is supportive of finding that Claimant does not have exertional restrictions. It is somewhat inconsistent to not have such restrictions yet be unable to stand 2 hours within an 8 hour workday. This consideration is supportive in rejecting the provided standing restriction.

In response to a question asking for support for stated restrictions, Claimant's physician responded that "limitation likely based on weight." Though Claimant is certainly overweight, that alone is not highly supportive of a standing restriction. A diagnosis supporting a standing restriction (e.g. arthritis, degenerative joint disease) was not provided. In fact, Claimant's physician stated that medical findings were strictly from the patient and not from medical findings (such as radiology). This evidence suggests rejecting the stated standing restriction.

Claimant demonstrated remarkable strength and courage following a history of physical abuse, sexual abuse, and drug addiction. Given Claimant's turbulent past, it is somewhat remarkable that Claimant only has moderately psychological restrictions. Claimant's moderate concentration and social restrictions likely border on marked when factoring her life story and that her GAF (51) borders on the range indicative of marked restrictions (41-50).

Presented evidence established that Claimant is obese, has HIV, and numerous work-related psychological restrictions. Claimant's complaints of body pain and headaches, though not well documented, would be consistent with a diagnosis of HIV. HIV is of a nature that body pain is a symptom. Claimant's case would be stronger had a need for strong pain medication been verified.

It is a close call but presented evidence was marginally more supportive than not that Claimant's combined restrictions prevent the performance of any employment. Accordingly, it is found that Claimant is disabled for a period of longer than 90 days and that MDHHS improperly denied Claimant's SDA application.


### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds that MDHHS improperly denied Claimant's application for SDA benefits. It is ordered that MDHHS:

- (1) reinstate Claimant's SDA benefit application dated December 29, 2014;
- (2) evaluate Claimant's eligibility subject to the finding that Claimant is a disabled individual;
- (3) initiate a supplement for any benefits not issued as a result of the improper application denial; and

(4) schedule a review of benefits in one year from the date of this administrative decision, if Claimant is found eligible for future benefits.

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

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**Christian Gardocki**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human  
Services

Date Signed: **6/16/2015**

Date Mailed: **6/16/2015**

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**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:

