

**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.: 15-009961
Issue No.: 4009
Case No.: ██████████
Hearing Date: July 16, 2015
County: Wayne (76)

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 July 16, 2015, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Michigan Department of Health and Human Services (MDHHS) included ██████████, medical contact worker.

ISSUE

The issue is whether MDHHS 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 June 25, 2014, Claimant applied for SDA benefits.
2. Claimant's only basis for SDA benefits was as a disabled individual.
3. On May 21, 2015, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 3-8).
4. On an unspecified date, MDHHS denied Claimant's application for SDA benefits and mailed a Notice of Case Action informing Claimant of the denial.
5. On June 9, 2015, Claimant requested a hearing disputing the denial of SDA benefits.

6. As of the date of the administrative hearing, Claimant was a 53 year old female with a height of 5'7 ½" and weight of 228 pounds.
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 11th grade.
9. Claimant has a history of unskilled employment, with no known transferrable job skills.
10. Claimant alleged disability based on restrictions related to diagnoses of arthritis, acid reflux, diabetes mellitus (DM), and depression.

CONCLUSIONS OF LAW

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. MDHHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. MDHHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Claimant testified that she requested a second hearing concerning the same issue. Claimant testified that her second hearing request listed that she had an authorized representative (AHR). Claimant's AHR did not appear for the hearing. Claimant agreed to waive her right to representation and the hearing proceeded accordingly.

Following the hearing, the agency claiming to be Claimant's AHR alleged that MAHS erroneously scheduled Claimant for a telephone hearing rather than an in-person hearing. A request to reschedule the hearing as an in-person hearing was noted. The post-hearing request for an in-person hearing is rejected for two reasons. First, the issue was not raised before or during Claimant's hearing. Secondly, the issue was not raised by a recognized AHR after factoring that Claimant waived her right to representation. The hearing proceeded as a telephone hearing.

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 MDHHS 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 2.

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 disability duration of 90 days.

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.

An x-ray report of Claimant's chest (Exhibit 58) dated March 27, 2014, was presented. An impression of no distress was noted.

Physician office visit notes (Exhibits 48-49) dated September 17, 2014, were presented. It was noted that Claimant reported painful bilateral feet and ankles, ongoing for "a few months." Pain was reported to be worse when standing and while wearing shoes. It was

noted that Claimant had normal muscle mass and could heel and toe walk “with ease.” Foot radiology was noted to be negative. An assessment of ankle and joint pain was noted. A plan for whirlpool physical therapy was noted. It was noted that a unna boot was provided. A recommendation of improved diet and more exercise was noted.

Physician office visit notes (Exhibits 50-51) dated September 24, 2014, were presented. It was noted that Claimant reported painful bilateral feet and ankles, ongoing for “a few months.”

Physician office visit notes (Exhibits 43-47) dated November 20, 2014, were presented. It was noted that Claimant reported worsening bilateral hearing loss. It was noted that a hearing test demonstrated that Claimant had a 50% loss of hearing. Diagnoses of IDDM, leg and arm neuropathy, knee and feet arthritis, chronic back pain, and GERD were noted. Advice for hearing-aid assistance was provided.

Progress notes from a treating mental health agency (Exhibits 41-42) dated November 25, 2014, were presented. It was noted that Claimant reported ongoing foot pain. No neurological abnormalities were noted during physical examination. It was noted that Claimant had pain with palpation of both feet and ankles. It was noted that Claimant had normal muscle mass and could heel and toe walk “with ease.”

Progress notes from a treating mental health agency (Exhibits 39-40) dated December 4, 2014, were presented. It was noted that Claimant reported nearly being killed by an abusive ex-boyfriend. It was noted that Claimant received food and clothes.

An x-ray report of Claimant’s left knee was presented. A superior of patellar spur and arteriosclerotic changes were noted.

Physician office visit notes (Exhibits 52-53) dated January 9, 2015, were presented. It was noted that Claimant reported ongoing foot pain. It was noted that Claimant had pain with palpation of both feet and ankles. Pain to palpation along metatarsophalangeal joints was also noted. Physician office visit notes dated January 16, 2015 (Exhibits 54-55) and January 22, 2015 (Exhibits 56-57) provided identical information.

Progress notes from a treating mental health agency (Exhibits 36-38) dated February 11, 2015, were presented. It was noted that Claimant needed independent housing.

A psychiatric examination report (Exhibits 33-35) dated April 15, 2015, was presented. The report was noted as completed by a consultative psychiatrist. The following mental health symptoms were reported by Claimant: depression due to physical problems, withdrawn behavior, social paranoia, insomnia, mood swings, feelings of helplessness, and feelings of hopelessness. Noted observations and assessments of Claimant made by the consultative examiner include the following: anxious, fair hygiene and grooming, contact with reality, low motor activity, no motivation, depressed mood, blunt speech. Claimant was diagnosed with the following: schizoaffective disorder, DM, HTN, arthritis, neuropathy, hip pain, and back pain. A fair prognosis (with treatment) was noted.

Claimant was found capable of understanding, following, and retaining simple instructions. Problems with mood swings and social interactions were noted.

A Medical Examination Report (Exhibits 29-32) dated April 20, 2015, was presented. The form was completed by a physician with an unstated history of treating Claimant. Claimant's physician listed diagnoses of HTN, neuropathy, bilateral knee degenerative joint disease, insulin-dependent DM, and GERD. Claimant's active medications included Neurontin and Lisinopril. An impression was given that Claimant's condition was deteriorating. It was noted that Claimant cannot meet household needs though specific needs were not listed. Claimant's physician stated that Claimant was also restricted in sustaining concentration, memory, following simple directions, and comprehension.

Claimant testimony did not provide much information concerning psychological-related restrictions. Claimant testified that she sees a psychiatrist and therapist. Presented treatment documents only verified Claimant's complaints of ongoing financial and housing problems. A presented consultative examination was more indicative of psychological problems. A diagnosis of schizoaffective disorder was noted. This diagnosis appears to have no support with other records. Claimant testimony conceded that she has not been previously diagnosed with schizoaffective disorder.

Claimant physician provided restricted concerning concentration, memory, comprehension, and following directions were not persuasive. The stated basis for the restrictions were the following: Claimant cannot hear well, Claimant will ask for statements to be repeated, and Claimant misses some words. The stated basis appears to be based on Claimant's hearing loss. Presumably, Claimant could minimize hearing loss with a hearing aid. This conclusion is speculative but provided treatment records did not provide enough information to conclude otherwise.

Overall, presented evidence, even based on a de minimus standard was not sufficient to establish psychological restrictions. The analysis will proceed to consider Claimant's exertional impairments.

Claimant testified that she has difficulty with ambulation, standing, and lifting carrying due to various ailments. Claimant testified that her knees will sometimes buckle due to bilateral knee arthritis. Claimant also testified that she has bilateral foot arthritis. Claimant testified that she started using a cane approximately 3 years earlier. Claimant testified that her cane keeps her from falling.

Claimant testified that she has chronic stomach pains. Claimant was told that she has acid reflux. Claimant testified that her medication is of no help, yet she continues to take it.

Claimant testified that she is an insulin-dependent diabetic. Claimant testified that she takes two types of insulin and two types of pills every day.

Claimant testified that she has arthritis in her hands. Claimant testified that the arthritis is so bad that it causes her left thumb to come out of place. Claimant testified that she has difficulty holding any items with her left hand.

Claimant testified that she has chronic lumbar pain. Claimant testified that she had physical therapy in 2015; she also testified that it did little to reduce her pain.

Presented documents verified diagnoses which were Claimant's testimony. Presented documents also verified abnormal knee radiology, a need for pain medication, and consistent pain complaints in treatment records. Hearing loss was also verified.

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.

A listing for joint dysfunction (Listing 1.02) was considered based on Claimant's complaints of knee 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 Claimant's lumbar complaints. This listing was rejected due to a failure to establish a spinal disorder resulting in a compromised nerve root.

A listing for hearing loss (Listing 2.10) was considered. The listing was rejected due to a failure to submit test results which meet listing requirements.

A listing for peripheral neuropathies (Listing 11.14) was factored based on a documented diagnosis. The listing was rejected due to a failure to establish significant and persistent disorganization of motor function in two extremities.

A listing for affective disorder (Listing 12.04) was considered based on diagnoses of depression. 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.

A listing for inflammatory arthritis (Listing 14.09) was considered based on Claimant's complaints of arthritis. The presented medical records were insufficient to establish that Claimant has an inability to ambulate effectively, perform fine and gross movements, or

suffers inflammation or deformities with a diagnosis of ankylosing spondylitis or other spondyloarthropathies, or suffers repeated manifestations of inflammatory arthritis.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to the fourth step.

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 last worked as a nurse's aide in 2008. Claimant testified that she had no other type of employment in the last 15 years. Claimant testified that her nurse's aide duties included assisting persons with feeding, bathing, and transferring. Claimant's description of her past employment was indicative of what SSA defines as "light employment" (see below for description). Claimant's ability to perform light employment will be reserved for the 5th and final step of the analysis.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are

sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b) Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.*

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.*

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform light employment. Social Security Rule 83-10 states that the full range of light work requires standing or walking, off and on, for a total of approximately 6 hours of an 8-hour workday.

Claimant testified that her health insurance provides her with transportation to attend appointments. Claimant testified that she does not take baths because she would be unable to rise from a bathing position. Claimant testified that she has difficulty with bending which makes dressing and rubbing lotion on her knees difficult. Claimant testified that she is unable to cook or clean and that she relies on the kindness of her friends. Claimant's testimony was indicative of an inability to perform light employment.

Claimant's testimony was consistent with physician-provided restrictions. 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 (6th Cir. 2007); *Bowen v Commissioner*.

A Peripheral Neuropathy Medical Source Statement (Exhibits 64-67) dated January 8, 2015 was presented. The statement was completed by a neurologist with an approximate 9 month history of treating Claimant. It was noted that Claimant had peripheral neuropathy, hearing loss, chronic stomach pain, and hip pain. Reported Claimant symptoms included weakness, pain, paresthesia, abnormal gait, urinary incontinence, weakness, sensory loss, decreased tendon reflexes, and muscle atrophy. Claimant's symptoms were noted to last at least 12 months. It was noted that Claimant should keep her legs elevated above her waist. Claimant was restricted to rare lifting/carrying of less than 10 pounds, never 10 pounds or more. Claimant was restricted to occasional twisting, rare stooping/bending, and never crouching or squatting. A 1 block walking restriction was noted. Claimant was restricted to sitting for a 2 hour period before needing to stand. Claimant was restricted to sitting and standing/walking of about 2 hours each per 8 hour workday. Claimant was found to be likely off-task at least 25% of an 8-hour workday. Claimant was found to be incapable of performing low stress work. Claimant was found to be likely absent from work at least 4 days per month.

On a Medical Examination Report dated April 20, 2015, Claimant's physician opined that Claimant was restricted as follows over an eight-hour workday, less than 2 hours of standing and/or walking, and less than 6 hours of sitting. Claimant was restricted to occasional lifting/carrying of less than 10 pounds, never 10 pounds or more.

It is notable that presented physician-stated restrictions came from two different physicians. Two different physicians providing statements that Claimant has little standing and lifting ability is highly indicative of an inability to perform any employment. The stated restrictions were not well supported.

Claimant's neurologist stated that provided restrictions were based on clinical findings and test results; further explanation was not provided. Neurology treatment records and neurological test results were not provided.

Presented treatment records were also not particularly consistent with stated restrictions. Neurologist treatment records were not provided. Lumbar radiology was not provided. GERD treatment was not apparent. Hand and arm arthritis treatment records were not provided. A need for a cane was not verified.

As noted in the second step of the analysis, abnormal knee radiology, neuropathy medication (i.e. Neurontin), and consistent pain complaints were verified. Though a finding that Claimant is restricted to the degree stated by her physicians is unsupported, a finding that Claimant is unable to perform light employment is sufficiently supported.


Based on Claimant's exertional work level (sedentary), age (approaching advanced age), education (high school with no direct entry into skilled employment), and employment history (unskilled), Medical-Vocational Rule 201.10 is found to apply. This rule dictates a finding that Claimant is disabled. Accordingly, it is found that MDHHS improperly found Claimant to be not disabled for purposes of SDA benefits.

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 June 25, 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**.


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

Date Signed: **7/20/2015**

Date Mailed: **7/21/2015**
GC/tm

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: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]