

**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.: 15-011115
Issue No.: 4009
Case No.: ██████████
Hearing Date: August 10, 2015
County: Barry

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on August 10, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and ██████████, Claimant's mother. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Eligibility Specialist.

During the hearing, Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional records. The requested documents were received. The record closed on September 9, 2015, and the matter is now before the undersigned for a final determination based on the evidence presented.

ISSUE

Did the Department properly determine that Claimant was not disabled for purposes of the State Disability Assistance (SDA) benefit program?

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 March 5, 2015, Claimant submitted an application for public assistance seeking SDA benefits (Exhibit A, pp. 3-24).
2. On March 30, 2015, the Medical Review Team (MRT) found Claimant not disabled for purposes of Medical Assistance (MA) benefits (Exhibit A, pp. 25-27). On June 30, 2015, MRT completed a second Medical Social Eligibility Certification, DHS-49A, indicating that, based on its previous determination, Claimant was not disabled for SDA purposes (Exhibit B).

3. On March 31, 2015, the Department sent Claimant a Notice of Case Action denying the SDA application based on MRT's finding of no disability (Exhibit A, pp. 576-578).
4. On June 2, 2015, the Department received Claimant's timely written request for hearing.
5. Claimant alleged disabling impairment due to ulcerative colitis, blood clots, and anxiety.
6. On the date of the hearing, Claimant was [REDACTED] years old with a [REDACTED] birth date; he is [REDACTED] in height and weighs about [REDACTED] pounds.
7. Claimant graduated from high school and had some college classes.
8. Claimant has an employment history of work as an assembly line worker, a purchasing agent, and a roofer.
9. Claimant's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180.

A disabled person is eligible for SDA. BEM 261 (July 2014), p. 1. An individual automatically qualifies as disabled for purposes of the SDA program if the individual receives Supplemental Security Income (SSI) or Medical Assistance (MA-P) benefits based on disability or blindness. BEM 261, p. 2. Otherwise, to be considered disabled for SDA purposes, a person must have a physical or mental impairment for at least ninety days which meets federal SSI disability standards, meaning the person is unable to do any substantial gainful activity by reason of any medically determinable physical or mental impairment. BEM 261, pp. 1-2; 20 CFR 416.901; 20 CFR 416.905(a).

To determine whether an individual is disabled for SSI purposes, the trier of fact must apply a five-step sequential evaluation process and consider the following:

- (1) whether the individual is engaged in substantial gainful activity (SGA);
- (2) whether the individual's impairment is severe;
- (3) whether the impairment and its duration meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404;
- (4) whether the individual has the residual functional capacity to perform past relevant work; and
- (5) whether the individual has the residual functional capacity and vocational factors (based on age, education and work experience) to adjust to other work. 20 CFR 416.920(a)(1) and (4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4).

In general, the individual has the responsibility 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, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 20 CFR 416.913. 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). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, are insufficient to establish disability. 20 CFR 416.927(d).

Step One

As outlined above, the first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is SGA, then the individual must be considered not disabled, regardless of medical condition, age, education, or work experience. 20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Claimant has not engaged in SGA activity during the period for which assistance might be available. Therefore, Claimant is not ineligible under Step 1 and the analysis continues to Step 2.

Step Two

Under Step 2, the severity of an individual's alleged impairment(s) is considered. If the individual does not have a severe medically determinable physical or mental impairment that meets the duration requirement, or a combination of impairments that is severe and meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for SDA means that the impairment is expected to result in

death or has lasted, or is expected to last, for a continuous period of at least 90 days. 20 CFR 416.922; BEM 261, p. 2.

An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities mean the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples include (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b).

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. While the Step 2 severity requirement may be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint, under the *de minimus* standard applied at Step 2, an impairment is severe unless it is only a slight abnormality that minimally affects work ability regardless of age, education and experience. *Higgs v Bowen*, 880 F2d 860, 862-863 (CA 6, 1988), citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985).

In the present case, Claimant alleges disabling impairment due to ulcerative colitis, blood clots, and anxiety. The medical evidence presented at the hearing, and in response to the interim order, was reviewed and is summarized below.

Claimant former gastroenterologist completed a DHS-49, medical examination report indicating that he had last examined Claimant in January 2014 and referred questions concerning Claimant's condition and medications to his current doctor at the University of Michigan (Exhibit F).

Claimant was diagnosed with ulcerative colitis in 2010. He was hospitalized from June 26, 2014 to July 10, 2014 complaining of bloody stools. He was diagnosed with an ulcerative colitis exacerbation and *C. difficile* pseudomembranous colitis and on July 5, 2014 underwent an urgent total abdominal colectomy (Exhibit A, pp. 87-185, 259, 333-374). He returned to the hospital on July 17, 2014 and was treated for dehydration and released (Exhibit A, pp. 374-380). He was examined on July 24, 2014 and found to be doing well with the IPAA (ileal pouch-anal anastomosis) to be scheduled in six weeks (Exhibit A, p. 381).

He was hospitalized at Spectrum Health from September 5, 2014 to September 13, 2014 with severe abdominal pain and was diagnosed with superior mesenteric venous (SMV) thrombosis with embolization to portal vein. He was treated with anticoagulation with heparin and Coumadin. A CT scan angiogram on September 5, 2014 in response

to Claimant's complaints of shortness of breath and cough was negative for pulmonary embolism but showed mediastinal and bilateral adenopathy, etiology uncertain. He was treated for bronchitis, recommended for future chest CT scans, and discharged in stable condition (Exhibit A, pp. 62-66, 235-299).

On September 14, 2014, Claimant went to the [REDACTED] [REDACTED] [REDACTED] complaining of worsening abdominal pain and was hospitalized until September 22, 2014. The SMV clot was deemed likely a result of the mesenteric manipulation in the July 2014 surgery. Anticoagulation treatment for six months was recommended before any further surgery (Exhibit A, pp. 300-328, 383-406).

Claimant returned to [REDACTED] on September 29, 2014 complaining of abdominal pain. He was admitted with finding that his SMV thrombosis had resolved since initiation of Coumadin. No basis for the abdominal pain was found but a work up was completed to rule out concerning causes. He was referred to a pain provider regarding his abdominal pain and discharged on September 30, 2014 (Exhibit A, pp. 407-421).

In February 2015, Claimant went to the hospital and was treated for pneumonia. At follow-up visits with his doctor on February 12, 2015 and March 12, 2015, Claimant indicated he was still coughing but feeling better. A physical exam was normal except that maxillary sinuses were mildly tender to palpation and purulent drainage was noted. It was also noted that he had enlarged lymph nodes and an x-ray was ordered (Exhibit A, pp. 54-61).

On June 4, 2015, he was hospitalized for a restorative proctectomy surgery, with ileoanal J-pouch anastomosis and diverting loop ileostomy. Once he was ambulating, voiding and tolerating a diet, he was discharged on June 16, 2015. At the time of discharge, he was tolerating a low residue diet, his abdomen was soft and non-distended, and his vital signs were stable. At a follow-up visit on July 9, 2015, the doctor noted that Claimant had some pouching difficulties with leaking at the modial aspect of the stoma but was overall doing well. He noted that Claimant was eating well and returned to restricted activity (Exhibit D).

A physician's assistance from the family practice Claimant frequented completed a medical examination report, DHS-49. Because opinions by a physician's assistant are not from an acceptable medical source, they are not included in assessing Claimant's medical evidence for purposes of Step 2 but are considered in assessing Claimant's residual functional capacity in connection with Steps 4 and 5. 20 CFR 416.913.

In consideration of the de minimus standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Claimant suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days. Therefore, Claimant has satisfied the requirements under Step 2, and the analysis will proceed to Step 3.

Step Three

Step 3 of the sequential analysis of a disability claim requires a determination if the individual'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 an individual's impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

Based on the medical evidence in this case listings 5.06 (inflammatory bowel disease (IBD)) and 12.06 (anxiety-related disorders) were considered. The medical evidence fails to establish that Claimant's impairments meet, or equal, a listing under 12.06. A listing under 5.06 must be documented by endoscopy, biopsy, appropriate medically acceptable imaging, or operative findings with:

A. Obstruction of stenotic areas (not adhesions) in the small intestine or colon with proximal dilatation, confirmed by appropriate medically acceptable imaging or in surgery, requiring hospitalization for intestinal decompression or for surgery, and occurring on at least two occasions at least 60 days apart within a consecutive 6-month period.

OR

B. Two of the following despite continuing treatment as prescribed and occurring within the same consecutive 6-month period:

1. Anemia with hemoglobin of less than 10.0 g/dL, present on at least two evaluations at least 60 days apart; or
2. Serum albumin of 3.0 g/dL or less, present on at least two evaluations at least 60 days apart; or
3. Clinically documented tender abdominal mass palpable on physical examination with abdominal pain or cramping that is not completely controlled by prescribed narcotic medication, present on at least two evaluations at least 60 days apart; or
4. Perineal disease with a draining abscess or fistula, with pain that is not completely controlled by prescribed narcotic medication, present on at least two evaluations at least 60 days apart; or
5. Involuntary weight loss of at least 10 percent from baseline, as computed in pounds, kilograms, or BMI, present on at least two evaluations at least 60 days apart; or
6. Need for supplemental daily enteral nutrition via a gastrostomy or daily parenteral nutrition via a central venous catheter.

The medical evidence presented does **not** show that Claimant's impairments meet or equal the required level of severity of 5.06. Because Claimant's impairments are insufficient to meet, or to equal, the severity of a listing, Claimant is not disabled under Step 3 and the analysis continues to Step 4.

Residual Functional Capacity

If an individual's impairment does not meet or equal a listed impairment under Step 3, before proceeding to Step 4, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. Impairments, and any related symptoms, may cause physical and mental limitations that affect what a person can do in a work setting. 20 CFR 416.945(a)(1). RFC is the most an individual can do, based

on all relevant evidence, despite the limitations from the impairment(s) and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4). The RFC takes into consideration the total limiting effects of all impairments, including those that are not severe. 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicants takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

Limitations can be exertional, nonexertional, or a combination of both. 20 CFR 416.969a. If the limitations and restrictions imposed by the individual's impairment(s) and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b). To determine the exertional requirements, or physical demands, of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a).

Sedentary work.

Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. 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. If someone can do light work, ... he or she can also do sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time.

Medium work.

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, ... he or she can also do sedentary and light work.

Heavy work.

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

Very heavy work.

Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. If someone can do very heavy work, ... he or she can also do heavy, medium, light, and sedentary work.

20 CFR 416.967.

If an individual has limitations or restrictions that affect the ability to meet demands of jobs **other than** strength, or exertional, demands, the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions 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., unable to 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).

In this case, Claimant testified that he tired after walking a block, could stand but needed assistance getting up, could sit no more than an hour because of pain at his ostomy site, could not lift a gallon of milk, and had problems with pain in his stomach and his ostomy bag leaking when he bent or squatted. He lived with his parents. He cared for his grooming but could not do chores and could not drive due to his medication. He spent most of his time at home and did not get together with friends or family. He also was anxious and prescribed medication for his anxiety by his primary care physician. Claimant's mother testified that Claimant was always in pain and itchy, moved slowly, and was unable to do anything. She added that she had a handicap sticker on her car so she could park closer to the door for Claimant. The worker at the hearing noted that Claimant appeared uncomfortable and agitated and mentally distant.

In response to the interim order issued on August 10, 2015, the physician's assistant at the family practice where Claimant was seen completed a medical examination report, DHS-49, listing Claimant's diagnoses as colitis, abdominal pain, and anxiety and identified the following limitations to Claimant's physical abilities: (i) he could occasionally lift and carry 20 pounds, and never lift and carry 25 pounds or more; (ii) he could stand and/or walk less than 2 hours in an 8-hour workday; (iii) he could sit less than 6 hours in an 8-hour workday; (iv) he could use neither arm or hand to grasp, reach, push/pull, fine manipulate; and (v) he could use neither foot or leg to operate foot and leg controls. The form noted that Claimant had one more surgery to remove his colostomy and that he experienced limitations in comprehension, memory, and sustained concentration due to his pain medications (Exhibit E).

The medical record shows that, at the time of Claimant's March 5, 2015 application, he had undergone a total abdominal colectomy but the follow-up IPAA restorative proctectomy surgery was delayed until June 4, 2015 because of an intervening SMV blood clot that required treatment with anticoagulants and precluded the surgery for 6 months. The medical records indicate that Claimant's condition after surgery was improving but he had exertional limitations identified in the DHS-49 completed by the physician's assistant, particularly his sitting and standing/walking restrictions. In order to perform a full range of sedentary work, an individual must be able to remain in a seated position for approximately 6 hours of an 8-hour workday, with a morning break, a lunch period, and an afternoon break at approximately 2-hour intervals. SSR 96-9p. If an individual is unable to sit for a total of 6 hours in an 8-hour work day, the unskilled sedentary occupational base is eroded, and the extent of the limitation must be considered in determining whether the individual has the ability to make an adjustment to other work. SSR 96-9p. In this case, Claimant's ability to sit for any prolonged period is eroded by the fact that he had the proctectomy surgery in June 2015, with a third surgery expected in subsequent months. Based on the standing and sitting restrictions identified in the DHS-49, which is consistent with Claimant's testimony and the surgical history in this case, Claimant has the exertional RFC at this time to perform less than sedentary work activities. Claimant also has mild nonexertional limitations due to his anxiety and to the comprehension, memory, and sustained concentration issues caused by his pain medications.

Claimant's RFC is considered at both steps four and five. 20 CFR 416.920(a)(4), (f) and (g).

Step Four

Step 4 in analyzing a disability claim requires an assessment of Claimant's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). Past relevant work is work that has been performed within the past 15 years that was SGA and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920. Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy are **not** considered. 20 CFR 416.960(b)(3).

Claimant's work history in the 15 years prior to the application consists of work as an assembly line worker, a purchasing agent, and a roofer. As determined in the RFC analysis above, Claimant is limited to less than sedentary work activities. Because Claimant's prior employment as an assembly line worker and roofer involved heavy work, Claimant lacks the exertional RFC to perform that prior work. Claimant's employment as a purchasing agent was a desk job. Claimant's current limitations in his ability to sit would preclude him from being able to perform this past employment. Accordingly, in light of the entire record and Claimant's RFC, it is found that Claimant is

unable to perform past relevant work. Accordingly, Claimant cannot be found disabled, or not disabled, at Step 4 and the assessment continues to Step 5.

Step 5

In Step 5, an assessment of Claimant's RFC and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). If the individual can adjust to other work, then there is no disability. Disability is found if an individual is unable to adjust to other work.

At this point in the analysis, the burden shifts from Claimant to the Department to present proof that Claimant has the RFC to obtain and maintain substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). When the impairment(s) and related symptoms, such as pain, only affect the ability to perform the exertional aspects of work-related activities, Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, 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). When a person has a combination of exertional and nonexertional limitations or restrictions, the rules pertaining to the strength limitations provide a framework to guide the disability determination **unless** there is a rule that directs a conclusion that the individual is disabled based upon strength limitations. 20 CFR 416.969a(d).

In this case, Claimant was [REDACTED] years old and at the time of application and [REDACTED] years old at the time of hearing and, thus, considered to be a younger individual ([REDACTED]) for purposes of Appendix 2. He is a high school graduate with a history of unskilled work experience. As discussed above, because of the conditions leading to his June 2015 surgery and as a consequence of this surgery, Claimant maintains the RFC to perform less than sedentary work activities on a regular and continuing basis. It is anticipated that Claimant's condition will improve once he recovers from his surgery. However, at this time, the Medical-Vocational Guidelines result in a disability finding based on Claimant's exertional limitations.

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

DECISION AND ORDER

Accordingly, the Department's determination is **REVERSED**.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reregister and process Claimant's March 5, 2015 SDA application to determine if all the other non-medical criteria are satisfied and notify Claimant of its determination;
2. Supplement Claimant for lost benefits, if any, that Claimant was entitled to receive if otherwise eligible and qualified;
3. Review Claimant's continued eligibility in December 2015.



Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **9/25/2015**

Date Mailed: **9/25/2015**

ACE / tlf

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.

