

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

IN THE MATTER OF:

██████████
██████████
██████████

Reg. No.: 15-002993
Issue No.: 2009
Case No.: ██████████
Hearing Date: March 30, 2015
County: Wayne-District 17

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 March 30, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and ██████████, authorized representative with ██████████; Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (Department) included ██████████, Medical Contact Worker, and ██████████, Department interpreter (Arabic).

ISSUE

Did the Department properly determine that Claimant was not disabled for purposes of the Medical Assistance (MA-P) benefit programs?

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 January 24, 2014, Claimant submitted an application for public assistance seeking MA-P, with retroactive MA-P coverage to November 2013.
2. On February 9, 2014, the Medical Review Team (MRT) found Claimant not disabled.
3. On December 26, 2014, the Department sent Claimant a Notice of Case Action approving him for MA for November 1, 2014, ongoing but denying the application for October 2013 and November 2013 based on MRT's finding of no disability.
4. On February 25, 2015, the Department received the AHR's timely written request for hearing.

5. Claimant alleged physical disabling impairment due to uncontrolled type 2 diabetes; chronic artery disease; hypertension; chronic gastritis (GERD); hyperlipidemia; and chronic obstructive pulmonary disease (COPD).
6. At the time of hearing, Claimant was [REDACTED] years old with a [REDACTED] birth date; he was [REDACTED] in height and weighed [REDACTED] pounds.
7. Claimant graduated from high school in [REDACTED]. He can read and write a little in English.
8. Claimant has an employment history of work as a manager at a gas station and a cleaning assistant at a garage.
9. Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

CONCLUSIONS OF LAW

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

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

MA-P benefits are available to disabled individuals. BEM 105 (January 2014), p. 1; BEM 260 (July 2014), pp. 1-4. Disability for MA-P purposes is defined as the inability to do any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). To meet this standard, a client must satisfy the requirements for eligibility for Supplemental Security Income (SSI) receipt under Title XVI of the Social Security Act. 20 CFR 416.901.

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 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 MA-P 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 12 months. 20 CFR 416.922.

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). An impairment, or combination of impairments, is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a); see also *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985). Basic work activities means the abilities and aptitudes necessary to do most jobs, including (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). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, are not medically severe, i.e., do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28. If such a finding is not clearly established by medical evidence or if the effect of an impairment or combination of impairments on the individual's ability to do basic work activities cannot be clearly determined, adjudication must continue through the sequential evaluation process. *Id.*; SSR 96-3p.

In the present case, Claimant alleges physical disabling impairment due to type 2 diabetes; chronic artery disease; hypertension; chronic gastritis (GERD); hyperlipidemia; and COPD. The medical evidence presented at the hearing was reviewed and is summarized below.

On June 27, 2014, Claimant went to an office visit with his new cardiologist complaining of shortness of breath with exertion, palpitations, dizziness headaches, leg pain, numbness and weakness. The doctor scheduled Claimant for a stress test and echocardiogram. (Exhibit D, pp. 83-84.) A July 3, 2014, stress test showed (i) inconclusive results for stress induced ischemic EKG changes; medium sized, moderate intensity, reversible perfusion abnormality involving the inferior wall and the lateral wall, consistent with ischemia; and normal left ventricular systolic contractility. The left ventricle ejection fraction was 53%. (Exhibit D, pp. 85-93, 113-114.) A July 7, 2014,

echocardiogram was unremarkable except for (i) abnormal left ventricle systolic function with moderately decreased ejection fraction of 40%, (ii) mildly dilated left atrium cavity size, and (iii) mild tricuspid valve regurgitation. (Exhibit D, pp. 94-97, 115-116.) A July 8, 2014, carotid duplex scan showed a 15 to 55% diameter reduction to the bilateral bulb internal carotid arteries (Exhibit D, p. 98). A July 7, 2014, ultrasound of Claimant's bladder and kidneys showed a possible right renal calculus, no hydronephrosis, left renal cyst, and grossly normal appearance of the urinary bladder. (Exhibit D, p. 23).

On July 9, 2014, a cardiac catheterization was performed on Claimant and a stent placed in the proximal circumflex artery. (Exhibit D, pp. 19-22, 99-100, 110-112.) In an August 11, 2014, post procedure follow up visit with the cardiologist, Claimant complained of weakness. The doctor concluded that Claimant was on treatment. (Exhibit D, pp. 101-102, 117-118).

An August 27, 2014, arterial lower extremity doppler scan revealed, post exercise, mild bilateral occlusive disease involving the bilateral lower extremity in the form of tibial artery and small vessel occlusive disease (Exhibit D, p. 104). A September 5, 2014, chest x-ray showed cardiomegaly (enlarged heart) and bibasilar atelectasis (collapsed lung). (Exhibit D, p. 18.) An October 4, 2014 blood, test showed creatinine levels for mildly decreased renal function (Exhibit D, pp. 25-26).

Claimant's doctor's prescriptions on June 26, 2014, and August 11, 2014, showed that Claimant had uncontrolled type 2 diabetes (Exhibit D, pp. 16-17). On September 9, 2014, Claimant's primary care physician submitted a letter indicating he was treating Claimant for COPD, type 2 diabetes, coronary artery disease, hypertension, hyperlipidemia, and status post CABG and stenting (Exhibit D, p. 120).

On October 2, 2014, Claimant's primary care physician since 1991 completed a DHS-49, medical examination report. The doctor identified Claimant's current diagnoses and chief complaints as uncontrolled type 2 diabetes, CAD (coronary artery disease), hypertension, chronic gastritis/GERD, hyperlipidemia, and COPD. The doctor noted that Claimant had had bilateral cataract surgery and had experienced hearing loss in his left ear. His ejection fraction was identified as 62%. The doctor indicated that Claimant's condition was improving but limited him to lifting less than 10 pounds occasionally (1/3 of 8 hour day) and never more. He stated that Claimant experienced dyspnea on mild exertion when he carried more than 5 pounds. He indicated that Claimant could sit about 6 hours in an 8-hour day. He identified no standing or walking restrictions and indicated that Claimant could use all extremities for repetitive actions. (Exhibit D, pp. 107-109.)

On October 1, 2014, Claimant's cardiologist, who had been treating Claimant since December 2003, completed a DHS-49, medical examination report, identifying Claimant's diagnoses as hypertension, coronary artery disease, hypercholesterolemia, angina, and claudication. The doctor indicated that Claimant had a recent stent to the

proximal circumflex artery and that his ejection fraction was 40%. Claimant was identified as in stable condition. No limitations were identified. (Exhibit D, pp. 122-124.)

On October 27, 2014, Claimant participated in a consultative examination and a report was prepared. The report showed that Claimant was [REDACTED] tall and weighed [REDACTED] pounds, with a MBI of [REDACTED]. The chief complaints listed were hypertension, diabetes, high cholesterol, arthritis and heart disease. The doctor noted paresthesias of the hands and feet. She also noted that Claimant's blood sugar had ranged from 98 to 400 within the preceding 90 days and that Claimant admitted he did not follow a diabetic diet. Claimant reported a history of arthritis, with pain in cold weather affecting his neck, back, right hip, legs, and knees. Claimant smoked a pack of cigarettes daily since he was [REDACTED] years old. Claimant did not use a cane or walking aide and was able to get on and off the examination table slowly. He could squat to 70% of the distance and recover and bend to 75% of the distance and recover. His straight leg raise while lying was 0-50, while sitting 0-90. As part of his October 27, 2014, consultative exam, a pulmonary function report that concluded that, based on his FEV1 of 65%, Claimant had a lung age of 94. His best FEV1 was 2.07 and best FVC was 2.76.

The doctor consulting concluded with the following impressions: (i) Claimant had a history of hypertension since 1998 with blood pressure currently under fair control with medication; (ii) Claimant had a history of coronary artery disease, status post coronary artery bypass surgery as well as stent placement; (iii) Claimant had a history of arthritis, with normal range of motion at all joints except that flexion of the lumbar spine was limited to 75 degrees (normal 0 to 90), forward flexion of each hip was limited to 50 degrees (normal 0 to 100); (iv) Claimant had a history of diabetes, currently on medication, but no admissions due to his diabetes. (Exhibit D, pp. 52-54, 55-59, 60-63, 67-69, 70-75-78.)

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 12 months. 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 of whether 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 that Claimant was diagnosed with, and treated for, COPD; diabetes; hypertension; hyperlipidemia; coronary artery disease, status post coronary artery bypass grafting and stenting; and arthritis, Listings 1.00

(musculoskeletal system), particularly 1.02 (major dysfunction of a joint due to any cause) and 1.04 (disorders of the spine); 3.00 (respiratory system), particularly 3.02 (chronic pulmonary insufficiency); 4.00 (cardiovascular system); 9.00 (endocrine disorders); and 11.00 (neurological), particularly 11.14 (peripheral neuropathies), were considered.

The medical evidence presented does **not** show that Claimant's impairments meet or equal the required level of severity of any of the above-referenced listings to be considered as disabling without further consideration. 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 total limiting effects of all impairments, including those that are not severe, are considered. 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 nonexertional 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., 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).

In this case, Claimant testified that he had exertional limitations as a consequence of his impairments. He testified that, because of his diabetes, he would experience dizziness or headaches twice a week, each lasting 4 to 5 hours. He also had pain in his lower back that extended to his knees lasting 2 to 3 days at a time. He testified that, because of his condition, he could walk around the block slowly, lift five to ten pounds but not

more, squat and bend slowly but not all of the way, and slowly take stairs. He acknowledged that he could stand and he could sit, although sometimes his back and neck hurt. He did not have problems gripping or grasping items but sometimes he could not feel the fingers in his left hand. Claimant lived mostly alone. He dressed and bathed himself. He could slowly cook, clean and do laundry "the easy way." He shopped but could not lift too much and he drove nearby only. He noted that his diabetes was affecting his eyesight and that he had had cataract surgery. He also stated that his feet felt prickly and hot and cold.

Claimant's primary care physician indicated in a October 2, 2014, DHS-49 that Claimant could sit about 6 hours in an 8 hour day but, because of his medical condition, he was limited to lifting less than 10 pounds occasionally (1/3 of an 8 hour day) and never more, and noted that Claimant experienced dyspnea on mild exertion when he carried more than five pounds (Exhibit D, pp. 107-109). The pulmonary functioning test results showed significant decrease in Claimant's lung capacity that supported Claimant's primary care physician's findings of dyspnea. (Exhibit D, pp. 55-59). The consulting physician indicated in his report that Claimant suffered from paresthesias of the hands and feet and uncontrolled diabetes. She also noted some limitations in his range of motion. (Exhibit D, pp. 52-78).

Ultimately, after review of the entire record to include Claimant's testimony, it is found, based on Claimant's physical conditions, that Claimant maintains the physical capacity to perform, at best, sedentary work as defined by 20 CFR 416.967(a).

Claimant's RFC is considered at both Steps 4 and 5. 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).

As determined in the RFC analysis above, Claimant is limited to no more than sedentary work activities. Claimant's work history in the 15 years prior to the application consists of work as a manager at a gas station (light, unskilled) and cleaning assistant at a garage (light, unskilled). 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. *Id.*

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 SGA. 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).

In this case, Claimant was ■ years old at the time of application and ■ years old at the time of hearing and, thus, considered to be closely approaching retirement (age 60-64) for purposes of Appendix 2. While he graduated from high school graduate in ■ and responded in English to most of the questions posed to him without difficulty, he testified that he read only the easier sentences in a newspaper. Therefore, his education was limited. Based on his work history as a gas station attendant and garage janitorial worker, Claimant did not have any transferable skills. As discussed above, Claimant maintains the RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities. Based on the Medical-Vocational Guidelines, and in consideration of Claimant's age, education, work experience, and physical RFC, Claimant is found **disabled** at Step 5 for purposes of MA-P benefit program.

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds Claimant disabled for purposes of the MA-P 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. Process Claimant's January 24, 2014, MA application, with request for retroactive coverage to November 2013, to determine if all the other non-medical criteria are satisfied and notify Claimant and the AHR 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 May 2016.



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

Date Signed: **4/17/2015**

Date Mailed: **4/17/2015**

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.

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]