

**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.: 15-005227
Issue No.: 4009
Case No.: ██████████
Hearing Date: June 03, 2015
County: Wayne-District 31

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 June 3, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and ██████████, Claimant's son. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Assistance Payment Supervisor, and ██████████, Medical Contact Worker.

During the hearing, Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional records. Only the documents requested from Claimant's neurologist were received by the July 3, 2015, due date. Claimant's psychiatrist and ██████████ did not respond to the Department's request for documentation. The record closed, and the matter is now before the undersigned for a final determination.

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 January 8, 2015, Claimant submitted an application for public assistance seeking SDA benefits.
2. On March 18, 2015, the Medical Review Team (MRT) found Claimant not disabled (Exhibit A, pp. 1-6).

3. On March 23, 2015, the Department sent Claimant a Notice of Case Action denying the application based on MRT's finding of no disability (Exhibit A, pp. 7-8).
4. On March 30, 2015, the Department received Claimant's timely written request for hearing.
5. Claimant alleged physical disabling impairment due to fractured hands, arthritis, brain tumor, seizures, and loss of balance.
6. Claimant alleged mental disabling impairment due to depression.
7. On the date of the hearing, Claimant was [REDACTED] years old with a [REDACTED], birth date.
8. Claimant is [REDACTED] in height and weighs about [REDACTED] pounds.
9. Claimant is a high school graduate and has associates' degrees and a cosmetology license.
10. Claimant can read, write, and do basic arithmetic.
11. Claimant has an employment history of work as a private duty nurse, salesperson at a community service company, substitute teacher, owner and manager of a food growing and delivery organization, lunch aid, processor of lunch applications, and manager of a hauling company.
12. 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 physical disabling impairment due to fractured hands, arthritis, brain tumor, seizures, loss of balance and mental disabling impairment due to depression. The medical evidence presented at the hearing and in response to the interim order was reviewed and is summarized below.

On January 22, 2015, Claimant's primary care physician, who had first examined Claimant in October 2014, completed a physical exam report, DHS-49, listing Claimant as having reported hypertension and left-hand pain secondary to a history of metacarpal fracture. The doctor did not identify any limitations due to Claimant's issues. (Exhibit A, pp. 11-13.)

A February 9, 2015, MRI of Claimant's brain showed no acute stroke or bleed; white nonspecific matter changes likely due to microangiopathic disease; and dural-based mass to the left of the anterior falx, likely meningioma (Exhibit 1).

On February 23, 2015, Claimant was examined by a consulting psychologist who prepared a mental status report. Claimant reported to the psychologist that she had a

tumor first diagnosed in 2003 but could not identify the location and that she was in an auto accident in September 2014 that resulted in four bulging discs and casts on both hands after being released from the first hospital she was brought to and going to a second. She reported that her chores included cooking, cleaning, laundry, shopping and dishes. The psychologist noted that Claimant was a vague historian throughout the exam and her behavior was superficially cooperative. Claimant ambulated with a cane. Claimant denied any auditory or visual hallucination, suicidal ideations or gestures, or involvement with community mental health. The psychologist concluded as follows:

Based on today's examination, the patient is able to acquire and use information. She demonstrated the ability to attend to task presented during the examination session. The individual was able to interact appropriately with the examination and examiner during the examination. The patient appeared to be able to care for self, ask questions and follow simple directions. She is able to understand, retain and follow simple instructions and generally restricted to performing simple, routine, repetitive, concrete, tangible tasks. She would need a public guardian to manage her funds.

The psychologist summarized Claimant's social, communication, relationships, social support, coping skill, frustration and behavior as good and her mental impairments as mild. (Appendix A, pp. 34-37).

On February 23, 2015, Claimant was also examined by a consulting internist who prepared a physical status report. The first page of the report is missing. In her physical examination of Claimant, the doctor noted that Claimant got up slowly using a cane for support but could walk a short distance without the cane. Her gait was normal and she could get on and off the examination table. Straight leg raise was equal bilaterally. She had pain on movement of her wrist and her range of motion was somewhat restricted. All other range of motion for the spine and joints were within normal limits. The doctor concluded that Claimant suffered from hypertension, hyperlipidemia and psychiatric problems (referring the reader to the psychiatric evaluation report). She had a history of meningioma tumor affecting the brain (referring the reader to reports from the treating neurologist), recurrent vertigo, and bilateral wrist injury with a left wrist fracture. (Appendix A, pp. 38-41.)

On June 18, 2015, Claimant's neurologist completed a medical examination report, DHS-49. Although the signature page is missing from the document, it was retrieved by the Department directly from Claimant's neurologist and is therefore considered as medical evidence. The doctor indicated that Claimant suffered from memory loss, with an 80% likelihood of dementia. The doctor also noted that Claimant had right lower extremity weakness, poor right-sided coordination, unstable gait, and she used a cane to walk, although the doctor also indicated that she did not need an assistive device to walk. The doctor concluded that Claimant could occasionally lift and carry less than 10 pounds and never more, and she could stand and/or walk less than 2 hours in an 8-hour workday. In the documents she submitted, the doctor included the results from a

February 24, 2015, computer-administered neuropsychological screen for mild cognitive impairment showing that Claimant's memory factor score (acquisition and short-term retention) indicated a clear impairment and her executive functions score (abilities to organize, respond quickly, and inhibit incorrect responses) indicated marked impairment. (Exhibit 1.)

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.

The medical evidence presented does **not** show that Claimant's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Listings 1.02 (major dysfunction of a joint), 1.07 (fracture of an upper extremity), 11.05 (brain tumors), 12.04 (affective disorders), 12.05 (intellectual disability), and 12.06 (anxiety-related disorders) were considered. 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., 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 alleges both exertional and nonexertional limitations due to her impairments. She testified that she had no feeling in her hands because they were fractured in a September 2014 car accident, that she had a brain tumor that affected her right side and presented issues with balance and falling, and that she had panic attacks and had a lot of issues remembering things. She testified that she could walk about two blocks using a cane, could stand for no longer than 30 minutes, could sit but sometimes her knees would lock, and could not lift a gallon of milk. She could bathe and dress herself but had problems with buttons. She did limited chores.

Claimant's medical record supports Claimant's testimony concerning limitations in range of motion of her wrist and capacity to carry weight, with the February 23, 2015, report from the consulting internist noting that Claimant had pain on movement of her wrist and her range of motion was restricted; the DHS-49 completed on January 22, 2015, by Claimant's doctor showing left-hand pain secondary to a history of metacarpal fracture; and Claimant's neurologist concluding in the June 18, 2015, DHS-49 she completed that Claimant could occasionally lift and carry less than 10 pounds and never more. With respect to Claimant's exertional limitations, it is found based on a review of the entire record that Claimant maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a).

Claimant also alleged nonexertional limitations due to a brain tumor and depression, testifying that she has incidents of anxiety and difficulty remembering. For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2).

A consulting psychologist concluded in the February 23, 2015, mental status report that Claimant was able to attend to task presented during the examination session; interact appropriately during the examination; care for self, ask questions and follow simple directions; understand, retain and follow simple instructions; and generally restricted to performing simple, routine, repetitive, concrete, tangible tasks. However, she would need a public guardian to manage her funds. While the psychologist's report indicates that Claimant has mild mental limitations due to psychologically-based reasons, Claimant's neurologist concluded that Claimant suffered from memory loss, with an 80% likelihood of dementia, and included the results from a February 24, 2015, computer-administered neuropsychological screen for mild cognitive impairment showing that Claimant's memory factor score (acquisition and short-term retention) indicated a clear impairment and her executive functions score (abilities to organize, respond quickly,

and inhibit incorrect responses) indicated marked impairment. Therefore, in sum, Claimant has limitations to her ability to remember and understand due to neurological reasons. In sum, Claimant's has at least moderate limitations in her mental RFC to perform basic work activities.

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).

As determined in the RFC analysis above, Claimant is limited to no more than sedentary work activities and has moderate limitations in her mental capacity to perform basic work activities. Claimant's work history in the 15 years prior to the application consists of work as a private duty nurse (very heavy, unskilled), salesperson at a community service company (sedentary, unskilled), substitute teacher (light, skilled), owner and manager of a food growing and delivery organization (light, skilled), lunch aid and processor of lunch applications (light, unskilled), and manager of a hauling company (light, semi-skilled). While Claimant may retain the physical RFC to perform her past work as a community service salesperson, in light of the entire record and Claimant's mental RFC, it is found that she 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). However, 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). 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, at the time of hearing and at application, Claimant was [REDACTED] years old and, thus, considered to be advanced age for purposes of Appendix 2. She is a high school graduate. She has transferable skills based on her history of work experience. 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 and has at least moderate limitations on her mental ability to perform work activities. While the Medical-Vocational Guidelines, 201.07, do not result in a disability finding based on Claimant's exertional limitations, Claimant medical record also shows nonexertional limitations resulting in moderate restrictions in her ability to perform basic work activities. In particular, despite the consultative exam findings that Claimant could perform simple, routine, repetitive, concrete, tangible tasks, the testing results showing she had a clear impairment in her memory (acquisition and short-term retention) and marked impairments in her executive functions (abilities to organize, respond quickly, and inhibit incorrect responses) would preclude her from sustained engagement in work activity. After review of the entire record, including Claimant's testimony, and in consideration of Claimant's age, education, work experience, physical as well as mental RFC, Claimant is found disabled at Step 5 for purposes of SDA benefit program.

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. Process Claimant's January 8, 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 January 2016.



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

Date Signed: **7/17/2015**

Date Mailed: **7/17/2015**

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

