

**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.: 15-008276
Issue No.: 2009
Case No.: ██████████
Hearing Date: June 29, 2015
County: Macomb-District 20

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, an in-person hearing was held on June 29, 2015, from Warren, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Hearing Facilitator.

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 December 23, 2014, Claimant submitted an application for public assistance seeking SDA benefits.
2. On January 14, 2015, the Medical Review Team (MRT) found Claimant not disabled.
3. On February 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. 34-37).
4. On May 26, 2015, the Department received Claimant's timely written request for hearing (Exhibit A, pp. 2-4).

5. Claimant alleged physical disabling impairment due to chronic heart condition, back pain, sleep apnea, tremors in hands and arms, seizures, carpal tunnel syndrome (CTS).
6. Claimant alleged mental disabling impairment due to depression, anxiety, and memory loss.
7. 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.
8. Claimant graduated from high school.
9. Claimant has an employment history of work as a maintenance person and machine repairman.
10. 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 chronic heart condition, back pain, sleep apnea, tremors in hands and arms, seizures, and CTS and mental disabling impairment due to depression, anxiety, and memory loss. The medical evidence presented at the hearing was reviewed and is summarized below.

A September 23, 2014 MRI of Claimant brain showed mild brain volume loss and scattered foci of T2 and FLAIR signal abnormality within the periventricular, deep and subcortical white matter, consistent with demyelinating disease, chronic microvascular ischemic disease, vasculitis, or Lyme disease. (Exhibit A, p. 17.)

An October 23, 2014 myocardial nuclear imaging report showed no definitive evidence of any significant ischemia and overall probably normal myocardial perfusion. It also showed normal to upper normal left ventricular size with mild diffuse left ventricular hypokinesis, with an ejection fraction of about 52%. (Exhibit A, p. 22.) An October 23, 2014 stress test showed no cardiac symptoms, with normal increase in heart rate and normal blood pressure response (Exhibit A, p. 23).

An October 29, 2014 echocardiogram showed (i) mild concentric left ventricular hypertrophy with grossly normal left ventricular systolic function and an estimated left ventricular ejection fraction of 60-65%; (ii) focal thickening of the anterior and posterior mitral valve leaflet; (iii) trileaflet aortic valve with minor sclerosis; (iv) mild aortic root dilation; (v) mild left atrial dilation; (vi) mild right atrial dilation; (vii) no evidence of pericardial effusion, pulmonary hypertension, or intracardiac shunting; and (viii)

abnormal left ventricular relaxation consistent with stage 1 diastolic left ventricular dysfunction (Exhibit A, p. 21).

A November 14, 2014, MRI of Claimant's lumbar spine showed (i) transitional lumbosacral anatomy; (ii) mild levocurvature of the lumbar spine with mild/moderate multilevel degenerative disc disease and lumbar spondylosis with facet arthropathy, most prominent at L4-L5, which demonstrates mild/moderate narrowing of the central canal and bilateral neural foraminal narrowing, severe on the right and mild/moderate on the left, and severe facet arthropathy, with mild/moderate narrowing of the central canal and mild/moderate bilateral neural foraminal narrowing at L5-S1 (Exhibit A, pp. 24-26.)

On November 20, 2014, Claimant's cardiologist completed a physical exam report, DHS-49, listing Claimant's diagnoses as coronary atherosclerosis, angina pectoris, chest pain, dyspnea. The doctor noted that Claimant had significant pre-existing back pain and, as a cardiologist, he did not assess Claimant's physical limitations as to lifting/standing (Exhibit A, pp. 13-15).

On December 5, 2014, Claimant's neurologist completed a physical exam report, DHS-49, listing Claimant's diagnoses as right hemiparesis, cervical radiculopathy, gait dysfunction, lumbar stenosis, seizures, hypersomnolence, left carpal tunnel syndrome, lacunar ischemia, carotid stenosis, obstructive sleep apnea. The doctor noted that Claimant had right upper extremity tremors and he needed to use a 4-prong cane. The doctor concluded that Claimant's condition was stable and identified the following limitations: (i) he could never lift any weight; (ii) he could stand and/or walk less than 2 hours in an 8-hour workday; (iii) he could use neither arm or hand to grasp, push/pull, or fine manipulate; and (v) he could use only the left foot or leg to operate foot and leg controls. The doctor indicated that Claimant would need assistance with meal preparation, shopping, laundry, house work, and mobility. (Exhibit A, pp. 10-12.)

A June 22, 2015, MRI of Claimant's cervical spine showed (i) at C4-C5 mild facet and uncovertebral arthropathy resulting in moderately severe bilateral neural foramina stenosis and underlying cord signal abnormality concerning for cord edema/myelomalacia; (ii) at C5-C6 mild to moderate facet and uncovertebral arthropathy resulting in moderate bilateral neural foramina stenosis and narrowing of the AP diameter of the canal to 6.5 mm; (iii) at C6-C7 moderate facet hypertrophy and uncovertebral arthropathy resulting in severe bilateral neural foramina stenosis and narrowing of the AP diameter of the canal to 6 mm; (iv) moderate disc height loss and desiccation through the cervical spine with moderate endplate spurring at C5, C6 and C7 (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.

Based on the medical evidence presented, Listings 1.04 (disorders of the spine), 4.04 (ischemic heart disease), 3.10 (sleep-related breathing disorders), 11.02 (epilepsy, convulsive), 11.03 (epilepsy, nonconvulsive), 12.04 (affective disorders), and 12.06 (anxiety-related disorders) were reviewed. Claimant's medical record in this case is not sufficient to support a finding that his impairments meet, or equal, the severity of any of the considered listings. Because Claimant's impairments are insufficient to meet, or 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 alleges both exertional and nonexertional limitations due to his medical condition. He testified that he used a cane prescribed by his doctor, could walk less than a half block, could stand only 5 to 10 minutes before experiencing back and leg pain, had problems gripping and grasping because of numbness and tingling in his arms to his fingers, and could sit no longer than 30 minutes before experiencing pain. He further testified that he lived alone but needed assistance from his niece to bathe and take care of his chores, he used a shower chair and grab bars in the bathroom, he could not drive because of numbness in his legs and spasms, and he modified his attire to make it easier to dress. It is noted that Claimant was observed to be in physical distress during the hearing, he stood during the hearing to alleviate his pain, his breathing was labored, his right hand shook intermittently, he walked with a four-pronged cane, and he was emotionally distressed, crying at moments.

Claimant's medical record supports the limitations and pain Claimant identified. Claimant's November 14, 2014, lumbar spine MRI showed mild/moderate multilevel degenerative disc disease and lumbar spondylosis with facet arthropathy, most prominent at L4-L5, which demonstrates mild/moderate narrowing of the central canal and bilateral neural foraminal narrowing, severe on the right and mild/moderate on the left, and L5-S1, which demonstrates mild/moderate narrowing of the central canal and mild/moderate bilateral neural foraminal narrowing (Exhibit A, pp. 24-26). His June 22, 2015, cervical spine MRI showed moderately severe bilateral neural foramina stenosis and underlying cord signal abnormality concerning for cord edema/ myelomalacia at C4-C5; moderate bilateral neural foramina stenosis and narrowing of the AP diameter of the canal to 6.5 mm at C5-C6; and severe bilateral neural foramina stenosis and narrowing of the AP diameter of the canal to 6 mm at C6-C7 (Exhibit 1).

While Claimant's October 23, 2014, myocardial nuclear imaging report showing no definitive evidence of any significant ischemia and an October 23, 2015, stress test showed no cardiac symptoms (Exhibit A, pp. 23-24), the October 29, 2014, echocardiogram showed mild concentric left ventricular hypertrophy, aortic root dilation, right atrial dilation, and left atrial dilation; trileaflet aortic valve with minor sclerosis; and abnormal left ventricular relaxation consistent with stage 1 diastolic left ventricular dysfunction (Exhibit A, p. 21). Claimant presented evidence that he had stent placement surgery on May 20, 2015, which he testified was his eighth stent (Exhibit 2). Although Claimant's cardiologist did not identify any lifting or standing limitations in his December 5, 2014, DHS-49, noting that Claimant had preexisting back issues, he did identify Claimant with diagnoses of coronary atherosclerosis, angina pectoris, chest pain and dyspnea. (Exhibit A, pp. 13-15.)

The December 5, 2014 DHS-49 completed by Claimant's neurologist listed Claimant's diagnoses as right hemiparesis, cervical radiculopathy, gait dysfunction, lumbar stenosis, seizures, hypersomnolence, left carpal tunnel syndrome, lacunar ischemia,

carotid stenosis, obstructive sleep apnea and noted that Claimant had right upper extremity tremors and he needed to use a 4-prong cane. The doctor concluded that Claimant's condition was stable and identified the following limitations: (i) he could never lift any weight; (ii) he could stand and/or walk less than 2 hours in an 8-hour workday; (iii) he could use neither arm or hand to grasp, push/pull, or fine manipulate; and (v) he could use only the left foot or leg to operate foot and leg controls (Exhibit A, pp. 10-12).

With respect to Claimant's exertional limitations, a review of the entire record including Claimant's testimony, it is found that Claimant maintains the physical capacity to perform, at most, sedentary work as defined by 20 CFR 416.967(a).

Claimant also alleged nonexertional limitations due to his mental condition. 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).

The medical records contain limited evidence concerning treatment for mental conditions. Claimant's presentation during the hearing indicate that he has at least mild nonexertional limitations on his ability 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 at least mild limitations in his mental capacity to perform basic work activities. Claimant's work history in the 15 years prior to the application consists of work as a maintenance worker (heavy, unskilled) and machine repairman (heavy, skilled). 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, at the time of hearing and application, Claimant was ■ years old and, thus, considered to be closing approaching advanced age (age 50-54) for purposes of Appendix 2. He is a high school graduate with some skilled work experience as a machine repairman. However, these skills, which are tied to heavy work, are not transferrable. As discussed above, Claimant maintains the RFC for work activities on a regular and continuing basis to meet the physical demands to perform at best sedentary work activities and has mild limitations on his mental ability to perform work activities. In this case, the Medical-Vocational Guidelines, 201.14, 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. Process Claimant's December 23, 2014, 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 2015.



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

Date Signed: **7/16/2015**

Date Mailed: **7/16/2015**

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.

