

**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.: 15-009928
Issue No.: 2004; 4009
Case No.: ██████████
Hearing Date: July 13, 2015
County: Oakland-District 4

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 July 13, 2015, from Pontiac, Michigan. Participants on behalf of Claimant included Claimant. 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 August 12, 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?

Did the Department properly process Claimant's February 6, 2015, application for Medical Assistance (MA) application?

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 February 6, 2015, Claimant submitted an application for public assistance seeking SDA benefits and an application seeking MA coverage (Exhibit C).
2. On March 27, 2015, the Medical Review Team (MRT) found Claimant not disabled for purposes of the SDA program (Exhibit A, pp. 12-13).

3. On May 8, 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. 5-9).
4. On June 8, 2015, the Department received Claimant's timely written request for hearing concerning MA and SDA (Exhibit A, p. 3).
5. Claimant alleged physical disabling impairment due to emphysema, chronic obstructive pulmonary disease (COPD), high blood pressure, and chronic back pain.
6. Claimant alleged mental disabling impairment due to bipolar disorder and anxiety.
7. On the date of the hearing, Claimant was [REDACTED] years old with an [REDACTED], birth date; she is [REDACTED] in height and weighs about [REDACTED] pounds.
8. Claimant completed the [REDACTED] grade and participated in special education classes. She has difficulties reading, writing, and doing math.
9. Claimant has an employment history of work as certified nursing assistant.
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).

MA Application

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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

At the hearing, the Department acknowledged that Claimant had submitted a February 6, 2015, application for MA benefits (Exhibit C) that it never processed. By failing to do so, the Department did not act in accordance with Department policy. BAM 115 (January 2015), p. 15.

SDA Application

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.

The Department denied Claimant's February 6, 2015 application for SDA based on MRT's finding that she was not disabled. 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 emphysema, COPD, high blood pressure, and chronic back pain and mental disabling impairment

due to bipolar disorder and anxiety. The medical evidence presented at the hearing, and in response to the interim order, was reviewed and is summarized below.

On February 12, 2015, Claimant's primary care physician completed a medical examination report, DHS-49, listing Claimant's diagnoses as anxiety, irritable bowel syndrome (IBS), low back pain, COPD, hyperlipidemia, and hypertension. The doctor noted that Claimant had decreased upper and lower extremity strength, decreased breath sounds, and tenderness on palpitation of the spine. The doctor concluded that Claimant's condition was stable and identified the following limitations: (i) she could frequently lift and carry 10 pounds, occasionally lift and carry 20 pounds, and never lift and carry 25 pounds or more; (ii) she could stand and/or walk at least 2 hours in an 8-hour workday. The doctor did not identify any sitting restrictions or any restrictions on Claimant's use of her hands/arms or feet/legs to perform any repetitive actions (Exhibit D.)

On February 27, 2015, Claimant's psychiatrist completed a psychiatric evaluation diagnosing her with post-traumatic stress disorder (PTSD), major depressive disorder (MDD), mood disorder, and polysubstance dependence. Claimant reported that she had been participating with treatment since 2008 for depression and anxiety but had seen limited improvement. The doctor noted that Claimant had low energy, blunted affect, and anhedonia. Claimant denied any suicidal ideation, homicidal ideation, or paranoia. Her general knowledge fund was adequate; her logic and abstract thinking was intact; and she had limited insight into her condition. He assigned her a general assessment of functioning (GAF) score of 48 (Exhibit A, pp. 83-84.) Medication reviews for March 2014, April 2014, and May 2014 show that Claimant's mood was depressed but her thought process, thought content, attention/concentration, impulse control and judgment was adequate or within normal limits. Notes also showed that Claimant had not used cannabis for two years (Exhibit A, pp. 57-80.) Documents also evidence Claimant's therapy attendance in June 2014, October 2014, November 2014, and January 2015 (Exhibit A, pp. 24-56.)

On February 27, 2015, Claimant's psychiatrist completed a mental residual functional capacity assessment, DHS-49-E, regarding Claimant's mental impairments and how they affected her activities. The psychiatrist concluded that Claimant had **no, or no significant**, limitations regarding her ability to understand and remember one or two-step instructions; carry out simple one or two step instructions; make simple work-related decision; ask simple questions or request assistance; accept instructions and respond appropriately to criticisms from supervisors; travel in unfamiliar places or use public transportation; and set realistic goals or make plans independently of others. The psychiatrist concluded that Claimant had **moderate** limitations regarding her ability to remember locations and work-like procedures; understand and remember detailed instructions; carry out detailed instructions; sustain an ordinary routine without supervision; work in coordination with or proximity of others without being distracted by them; interact appropriately with the general public; get along with co-workers or peers without distracting them or exhibiting behavioral extremes; maintain socially appropriate

behavior and adhere to basic standards of neatness and cleanliness; respond appropriately to change in the work setting; and be aware of normal hazards and take appropriate precautions;. The psychiatrist concluded that Claimant had **marked** limitations regarding her ability to maintain attention and concentration for extended periods; perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances; and complete a normal workday and worksheet without interruptions from psychologically based symptoms and perform at a consistent pace without an unreasonable number and length of rest periods (Exhibit A, pp. 86-87.)

From May 29, 2015, to May 31, 2015, Claimant was hospitalized following chest pain, mild shortness of breath, persistent diarrhea and some nausea and vomiting. Although Claimant was at low risk for an acute coronary event, she underwent a stress echocardiogram. The EKG was essentially a normal or negative study and no acute intrathoracic process was evidenced in the May 29, 2015, chest x-rays. A May 30, 2015, abdominal ultrasound showed coarse echotexture of the hepatic parenchyma which might indicate fatty metamorphosis or underlying hepatocellular disease but no sonographic evidence of cholelithiasis or acute cholecystitis. Claimant was diagnosed with nonspecific chest pain, hyponatremia, dehydration, acute kidney injury secondary to persistent diarrhea. She was resuscitated with IV fluids, given anti-emetics and an aspirin, and discharged in improved condition (Exhibit E.)

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 1.04 (disorders of the spine), 3.02 (chronic pulmonary insufficiency), 3.03 (asthma), 5.06 (inflammatory bowel disease), 12.04 (affective disorders), 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., 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 her medical condition. With respect to her physical limitations, Claimant testified that she could walk for only ½ block before experiencing shortness of breath, stand for not more than 15 minutes, sit only with constant motion to alleviate pain, lift no more than a gallon of milk, and grip things with shaky hands. She testified that she lived alone and her daughter helped with her chores although she tried to do some limited chores on her good days. She bathed and dressed herself but used grab bars in the bathroom and did not tie her shoes. She limited her driving to short distances and shopped sporadically, relying on her boyfriend to do most of her shopping. Claimant also testified that she suffered from panic attacks whenever she left the home, her concentration and memory had decreased, she had crying spells once or twice a week, and she sometimes felt she had to stay away from social interactions. It is further noted that Claimant responded to questions during the hearing with a flat affect.

In the DHS-49, Claimant's doctor indicated that Claimant had decreased upper and lower extremity strength, decreased breath sounds, and tenderness on palpitation of the spine and identified the following limitations: (i) she could frequently lift and carry 10 pounds, occasionally lift and carry 20 pounds, and never lift and carry 25 pounds or

more; and (ii) she could stand and/or walk at least 2 hours in an 8-hour workday. The doctor did not identify any sitting restrictions or any restrictions on Claimant's use of her hands, or arms to grasp, reach, push/pull, or manipulate or her legs or feet to control foot/leg controls. While Claimant identified greater weight, standing and sitting restrictions than those identified by her doctor, there was no objective medical evidence to support the intensity and persistence of symptoms alleged by Claimant beyond the limitations identified by her doctor. See 20 CFR 416.929(c)(3); Social Security Ruling (SSR) 96-7p.

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 light work as defined by 20 CFR 416.967(b).

Claimant also alleged nonexertional limitations due to her 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). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). In addition, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining an individual's degree of mental functional limitation. 20 CFR 416.920a(c)(3). The degree of limitation for the first three functional areas is rated by a five point scale: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). A four point scale (none, one or two, three, four or more) is used to rate the degree of limitation in the fourth functional area. *Id.* The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. *Id.*

In this case, Claimant's record shows that she was diagnosed with PTSD, major depressive disorder, mood disorder, and polysubstance dependence. In the mental residual functional capacity assessment, DHS-49-E, Claimant's psychiatrist concluded that Claimant had no, or no significant, limitations regarding her ability to perform simple tasks, ask simple questions or request assistance, and accept instructions and respond appropriately to criticisms from supervisors. Claimant had moderate limitations regarding her ability to understand and perform more detailed tasks; get along with co-workers or peers without distracting them or exhibiting behavioral extremes; and maintain socially appropriate behavior and adhere to basic standards of neatness and cleanliness and marked limitations regarding her ability to maintain attention and concentration for extended periods; perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances; and complete a normal workday and worksheet without interruptions from psychologically based symptoms and perform at a consistent pace without an unreasonable number and length of rest periods.

Based on the medical record presented, as well as Claimant's testimony, Claimant has mild to moderate limitations on her mental ability to perform activities of daily living, mild to moderate limitations on her social functioning, and mild limitations on her pace, persistence and concentration, particularly with respect to simple work. There were no episodes of decompensation identified on the record.

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 light work activities and has mild to 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 certified nursing assistant (heavy, unskilled) and cook at a senior center, which she defined as requiring standing for the entire period but no lifting (light, unskilled). Although Claimant described the work as a cook as part-time employment, it constitutes SGA for purposes of assessing her past relevant work. 20 CFR 416.972(a); Social Security Ruling (SSR) 82-62. Claimant retains the exertional RFC to perform her prior work activities as a cook. Her nonexertional limitations would not preclude her from performing her prior work activities. In light of the entire record and Claimant's RFC, including her mental limitations, it is found that Claimant is able to perform past relevant work. Accordingly, Claimant is found not disabled at Step 4 and the assessment ends.

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 (i) the Department failed to process Claimant's February 6, 2015 MA application and (ii) Claimant is not disabled for purposes of the SDA benefit program.

DECISION AND ORDER

Accordingly, the Department's determination is AFFIRMED IN PART with respect to its denial of Claimant's SDA application AND REVERSED IN PART with respect to the Department's failure to process Claimant's February 6, 2015, MA application.

THE DEPARTMENT IS ORDERED TO INITIATE 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 February 6, 2015 MA application; and
2. Provide Claimant with most beneficial MA program she is eligible to receive, if any, from February 1, 2015 ongoing.



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

Date Signed: **8/21/2015**

Date Mailed: **8/21/2015**

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.

