

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

**IN THE MATTER OF:**

[REDACTED]

MAHS Reg. No.: 15-022323  
Issue No.: 4009  
Agency Case No.: [REDACTED]  
Hearing Date: February 3, 2016  
County: Wayne (76)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned administrative law judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on February 3, 2016, from Detroit, Michigan. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by [REDACTED], specialist.

**ISSUE**

The issue is whether MDHHS properly denied Petitioner's State Disability Assistance (SDA) eligibility for the reason that Petitioner is not a disabled individual.

**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 [REDACTED], Petitioner applied for SDA benefits.
2. Petitioner's only basis for SDA benefits was as a disabled individual.
3. On [REDACTED], the Medical Review Team (MRT) determined that Petitioner was not a disabled individual (see Exhibit 1, pp. 5-8).
4. On [REDACTED], MDHHS denied Petitioner's application for SDA benefits and mailed a Notice of Case Action informing Petitioner of the denial.
5. On [REDACTED], Petitioner requested a hearing disputing the denial of SDA benefits.

6. As of the date of the administrative hearing, Petitioner was a 36-year-old male.
7. Petitioner has not earned substantial gainful activity since applying for SDA benefits.
8. Petitioner's highest education year completed was the 11<sup>th</sup> grade.
9. Petitioner has a history of unskilled employment, with no known transferrable job skills.
10. Petitioner alleged disability based on restrictions related to depression and complications related to broken leg bones.

### **CONCLUSIONS OF LAW**

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. MDHHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. MDHHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute SDA eligibility. MDHHS presented a Notice of Case Action (Exhibit 1, pp. 3-4) dated [REDACTED]. The notice verified MDHHS denied SDA based on a determination that Petitioner was not disabled.

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 (1/2013), p. 4. The goal of the SDA program is to provide financial assistance to meet a disabled person's basic personal and shelter needs. *Id.* To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 (1/2012), p. 1. A person is disabled for SDA purposes if he/she:

- receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- resides in a qualified Special Living Arrangement facility, or
- is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or
- is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).

*Id.*

There was no evidence that any of the above circumstances apply to Petitioner. Accordingly, Petitioner may not be considered for SDA eligibility without undergoing a medical review process (see BAM 815) which determines whether Petitioner is a disabled individual. *Id.*, p. 3.

Generally, state agencies such as MDHHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally 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. SDA differs in that a 90 day period is required to establish disability.

SGA means a person does the following: performs significant duties, does them for a reasonable length of time, and does a job normally done for pay or profit. *Id.*, p. 9. Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute SGA. *Id.*

The person claiming a physical or mental disability has the burden 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 ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913. 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).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The 2016 monthly income limit considered SGA for non-blind individuals is \$1,130.00.

Petitioner credibly denied performing current employment; no evidence was submitted to contradict Petitioner's testimony. Based on the presented evidence, it is found that Petitioner is not performing SGA. Accordingly, the disability analysis may proceed to the second step.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the durational requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id.*

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or
- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon petitioners to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1<sup>st</sup> Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirements are intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1<sup>st</sup> Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Petitioner's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with a summary of presented medical documentation.

An Operative Report (Exhibit 1, pp. 32-33) dated [REDACTED], was presented. A pre-operative and post-operative diagnosis of right intra-articular distal tibia fracture was noted. It was noted Petitioner was to allow for soft tissue rest before undergoing definitive fixation.

A portion of a psychiatric examination (Exhibit 1, pp. 35-37) dated [REDACTED], was presented. The examination was noted to be an initial examination with a newly treating agency. It was noted Petitioner reported symptoms of mood swings, anger, depression, unhappiness, and excessive alcohol consumption. Mental status examination observations of Petitioner included alert, good hygiene, clear and coherent speech, shallow affect, goal-directed thinking, anxious mood, intact memory, limited insight, and good judgment. Axis I diagnoses of bipolar disorder and depressive disorder were

noted. Petitioner's GAF was noted to be 50. The examiner noted Petitioner would benefit from individual therapy, group therapy and medication.

Treatment plan meeting notes (Exhibit 1, pp. 38-39) dated [REDACTED], were presented. It was noted Petitioner did not want to socialize.

A Medical Examination Report (Exhibit 1, pp. 18-20) dated [REDACTED], was presented. The form was completed by a family practice physician with an approximate 2 year history of treating Petitioner. Petitioner's physician listed diagnoses of limb pain, right tibia, fibula fracture, left elbow injury, muscle spasm, and depression. Medications of Norco, Norvasc, cyclobenzaprine, Brintellix, and Cymbalta were noted as active. It was noted Petitioner was unable to move his left elbow or right ankle. An impression was given that Petitioner's condition was deteriorating. It was noted that Petitioner can meet household needs. A need for a walking-assistance device was not indicated.

A Psychiatric/Psychological Examination Report (Exhibit 1, pp 13-15) dated [REDACTED] was presented. The form was completed by a social worker from a treating mental health agency. Noted observations included good hygiene, good grooming, and good attitude. Brintellix was noted as a prescribed medication (a second medication was prescribed but not legible).

Petitioner testified he broke his right tibia and fibula when his vehicle hit a wall. Petitioner testified he was initially treated with pins placed through his leg. Petitioner testified he underwent surgery 2 months later when the bones were treated with pins inserted into his bones.

Petitioner testimony implied his injuries have not significantly improved since his car accident. Petitioner testified he always uses a cane, even for short walks. Petitioner testified he can only walk 1 block (with his cane) before leg pain prevents further walking. Petitioner testified he could only stand about 10-20 seconds before his leg pain prevents further standing. Petitioner testified he takes Norco for the pain, but his activities are still limited.

Petitioner testified his pain is so severe he cannot complete daily activities. Petitioner testified he must hold onto something when he showers. Petitioner testified he must sit down to dress. Petitioner testified his mother performs laundry for Petitioner, and most housework. Petitioner testified he sometimes goes to the store with his mother to shop; Petitioner testified he uses a shopping cart as a walker when he does.

Petitioner describes himself being in a "deep depression." Petitioner testified he has seen a psychiatrist since 2014. Petitioner testified he sees a counselor twice per month and a psychiatrist on a monthly basis. Petitioner testified he sometimes gets nervous and tense when he is around people. Petitioner testified he has occasional suicidal ideation. Petitioner testified he woke up crying the day before the hearing. Petitioner testified he would likely be able to work if his physical conditions improved.

Presented evidence verified a fibula and tibia fracture in 2012. A degree of ongoing exertional and mental health restrictions since 2012 was also verified.

It is found that Petitioner established significant impairment to basic work activities for a period longer than 90 days. Accordingly, it is found that Petitioner established having a severe impairment and the disability analysis may proceed to Step 3.

The third step of the sequential analysis requires determining whether the Petitioner's impairment, or combination of impairments, is listed in 20 CFR Part 404, Subpart P, appendix 1. 20 CFR 416.920 (a)(4)(iii). If a petitioner's impairments are listed and deemed to meet the durational requirement, then the petitioner is deemed disabled. If the impairment is unlisted or impairments do not meet listing level requirements, then the analysis proceeds to the next step.

Claimant's most prominent impairment appears to be pain and/or restrictions from a broken tibia. The applicable SSA listing reads as follows:

**1.06 Fracture of the femur, tibia, pelvis, or one or more of the tarsal bones.**

With:

A. Solid union not evident on appropriate medically acceptable imaging and not clinically solid;

And

B. Inability to ambulate effectively, as defined in 1.00B2b, and return to effective ambulation did not occur or is not expected to occur within 12 months of onset.

Petitioner alleged that a fibula and tibia fracture from 2012 cause him to ambulate ineffectively. Petitioner did not verify any need for a walking-assistance device. A lack of solid union was not referenced within presented records. It is found Petitioner failed to demonstrate an inability to effectively ambulate.

A listing for affective disorder (Listing 12.04) was considered based on diagnoses of depression. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not established that Petitioner required a highly supportive living arrangement, suffered repeated episodes of decompensation or that the residual disease process resulted in a marginal adjustment so that even a slight increase in mental demands would cause decompensation.

It is found that Petitioner failed to establish meeting a SSA listing. Accordingly, the analysis may proceed.

The fourth step in analyzing a disability claim requires an assessment of the Petitioner's residual functional capacity (RFC) and past relevant employment. 20 CFR

416.920(a)(4)(iv). An individual is not disabled if it is determined that a petitioner can perform past relevant work. *Id.*

Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

Petitioner completed a Work History Questionnaire dated [REDACTED] (Exhibit 1, pp. 26-31). Petitioner listed a history of job titles which included assembly, equipment handler, spot welder, hoist operator, security guard, and dishwasher. Petitioner indicated each of his jobs required 8 hours of standing and/or walking per day. Petitioner testimony suggested he is unable to perform the standing/walking necessary for each of his previous jobs.

For purposes of this decision, Petitioner's testimony that he is unable to perform past employment will be accepted. Accordingly, the analysis may proceed to the final step.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. 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). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, 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). To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967.

Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). 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. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b) Even though 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. *Id.* 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. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.*

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.*

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered non-exertional. 20 CFR 416.969a(a). Examples of non-exertional limitations 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 (e.g. 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) 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)

The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

Given Petitioner's age, education and employment history a determination of disability is dependent on Petitioner's ability to perform sedentary employment. For sedentary employment, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Social Security Rule 83-10.

Physician statements of restrictions were provided. SSR 96-2p states that if a treating source's medical opinion is well-supported and not inconsistent with the other substantial evidence in the case record, it must be given controlling weight (i.e. it must be adopted). Treating source opinions cannot be discounted unless the Administrative Law Judge provides good reasons for discounting the opinion. *Rogers v. Commissioner*, 486 F. 3d 234 (6<sup>th</sup> Cir. 2007); *Bowen v Commissioner*.

A Residual Function Capacity Questionnaire dated [REDACTED] (Exhibit A, p. 1) from Petitioner's family practice physician was presented. It was noted Petitioner was treated since [REDACTED]. Diagnoses of right tibia fracture, right fibula fracture, and left elbow injury were noted. A fair prognosis was noted. It was stated Petitioner was restricted to the following: 1 block of walking, 1 hour of sitting, 1 hour of standing/walking, 2 hours of sitting in an 8 hour workday, 1 hours of sitting/walking in an 8 hour workday, occasional lifting of less than 10 pounds, and no lifting and/or carrying of 20 pounds. Petitioner was noted to be absent form work at least 4 times per month due to his injuries.

On a Medical Examination Report dated [REDACTED], Petitioner's family practice physician stated Petitioner had various limitation(s) expected to last 90 days. Petitioner's physician opined that Petitioner was restricted as follows over an eight-hour workday, less than 2 hours of standing and/or walking, and less than 6 hours of sitting. Petitioner was restricted to occasional lifting/carrying of less than 10 pounds, never 10 pounds or more. Petitioner's physician opined that Petitioner was restricted from performing the following repetitive actions: bilateral pushing/pulling, bilateral fine manipulating, left-sided simple grasping, left-sided reaching, or operating foot controls with right foot/leg.

Generally, restrictions to less than 2 hours of walking, less than 6 hours of sitting, or less than 10 pounds of lifting/carrying are indicative of an inability to perform any type of employment. Additional repetitive action restrictions are also supportive of an inability to perform any level of employment. Though the physician provided restrictions were indicative of an inability to perform sedentary employment, the restrictions were not persuasive.

Petitioner alleges ongoing injuries from leg bones broken in 2012. Generally, broken bones are expected to heal over time. Though it is concerning Petitioner's appears to have had problems 1.5 years after the injury, no treatment records since March 2015 were presented. It is plausible that Petitioner's condition has since improved.

Petitioner's physician cited attached MRI reports as support for restrictions. MRI reports (or other radiology) were not presented. Without radiology reports, it cannot be determined whether physician-provided restrictions were supported by objective medical evidence.

Petitioner testimony also indicated he has not seen an orthopedist since shortly after his surgery. It is astonishing that Petitioner alleges a near inability to walk due to broken bones without seeing a bone specialist.

Petitioner provided even less support for restrictions related to a left elbow injury. Petitioner's physician noted Petitioner could not move his left elbow but no explanation for the injury was apparent.

Based on presented records, it is found Petitioner is capable of performing the exertional requirements for sedentary employment. The analysis will proceed to consider Petitioner's mental health restrictions.

A Mental Residual Functional Capacity Assessment (Exhibit 1, pp 16-17) dated [REDACTED], was presented. The form was completed by a social worker from a treating mental health agency. This form lists 20 different work-related activities among four areas: understanding and memory, sustained concentration and persistence, social interaction and adaptation. A therapist or physician rates the patient's ability to perform each of the 20 abilities as either "not significantly limited", "moderately limited", "markedly limited" or "no evidence of limitation". It was noted that Petitioner was markedly restricted in the following abilities: maintaining concentration for extended periods, performing activities within a schedule and maintaining attendance and punctuality, working in coordination or proximity to other without being distracted, completing a normal workday without psychological symptom interruption, and accepting instructions and responding appropriately to criticism.

A GAF of 50 was verified. The Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> edition) (DSM IV) states that a GAF within the range of 41-50 is representative of a person with "serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job)."

Petitioner's GAF and various marked restrictions are highly consistent of restrictions which could preclude the performance of any employment. The stated restrictions are unpersuasive.

Most notably, Petitioner provided no psychological treatment records from an acceptable medical source. SSR 06-03p provides guidance on what SSA accepts as "acceptable medical sources". Licensed physicians and licensed or certified psychologists are acceptable medical sources. Nurse practitioners and social workers are not "acceptable medical sources". SSR 06-03p goes on to state why the distinction between medical sources and non-medical sources is important.

First, we need evidence from "acceptable medical sources" to establish the existence of a medically determinable impairment. Second, only "acceptable medical sources" can give us medical opinions. Third, only "acceptable medical

sources” can be considered treating sources, as defined in 20 CFR 404.1502 and 416.902, whose medical opinions may be entitled to controlling weight.

Petitioner’s GAF of 50 came from a person with unknown credentials. The various marked restrictions were provided by a social worker.

It is also not understood why or how Petitioner was found to have multiple marked restrictions. Presented documents were devoid of particularly concerning mental health symptoms (e.g. hallucinations, paranoia, suicidal/homicidal ideation...). At Petitioner’s most recent mental examination, no abnormal observations were noted (see Exhibit 1, p. 13-15. There was also a lack of treatment documents other than the initial examination in October 2014 and a psychological examination in April 2015. It is found Petitioner has no non-exertional restrictions to performing sedentary employment.

Based on Petitioner’s exertional work level (sedentary), age (younger individual aged 18-44), education (limited), employment history (semi-skilled with no known transferrable skills), Medical-Vocational Rule 201.25 is found to apply. This rule dictates a finding that Petitioner is not disabled. Accordingly, it is found that MDHHS properly found Petitioner to be not disabled for purposes of SDA benefits.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly denied Petitioner’s SDA benefit application dated [REDACTED], based on a determination that Petitioner is not disabled. The actions taken by MDHHS are **AFFIRMED**.



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**Christian Gardocki**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **2/9/2016**

Date Mailed: **2/9/2016**

CG / hw

**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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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:

