



4. On August 1, 2012 Department received the Claimant's timely written request for hearing.
5. On October 2, 2012 the State Hearing Review Team ("SHRT") found the Claimant not disabled. (Exhibit 2 )
6. An Interim Order was issued on, November 29, 2012 ordering that the Department obtain additional medical information for review.
7. The Medical Evidence was submitted to the State Hearing Review Team on March 8, 2013. The SHRT found the Claimant not disabled on May 16, 2013.
8. The Claimant alleged physical disabling impairments due to peripheral artery disease, COPD, back pain due to sciatica and emphysema
9. The Claimant has alleged mental disabling impairment(s) including major depression.
10. At the time of hearing, the Claimant was [REDACTED] years old with a [REDACTED] birth date. The Claimant was " 5'10" in height; and weighed 225 pounds.
11. The Claimant went through the 11<sup>th</sup> grade. Claimant's employment has consisted of serving as a cook preparing meals and food preparation in a restaurant setting. The Claimant last worked in 2009.

### **CONCLUSIONS OF LAW**

The Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department, formerly known as the Family Independence Agency, pursuant to MCL 400.10 *et seq.* and MCL 400.105. Department policies are found in the Bridges Administrative Manual ("BAM"), the Bridges Eligibility Manual ("BEM"), and the Bridges Reference Manual ("BRM").

Disability is defined as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). The person claiming a physical or mental disability has the burden to establish it 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). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant 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).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (e.g., age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a) (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). If impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from Step 3 to Step 4. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not

severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

In addition to the above, when evaluating mental impairments, a special technique is utilized. 20 CFR 416.920a(a). First, an individual's pertinent symptoms, signs, and laboratory findings are evaluated to determine whether a medically determinable mental impairment exists. 20 CFR 416.920a(b)(1). When a medically determinable mental impairment is established, the symptoms, signs and laboratory findings that substantiate the impairment are documented to include the individual's significant history, laboratory findings, and functional limitations. 20 CFR 416.920a(e)(2). 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 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.*

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Claimant is not involved in substantial gainful activity and, therefore, is not ineligible for disability benefits under Step 1.

The severity of the claimant's alleged impairment(s) is considered under Step 2. The claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(b). 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 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.

*Id.*

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 *citing Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a claimant's age, education, or work experience, the impairment would not affect the claimant's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

The Claimant alleged physical disabling impairments due to Peripheral artery disease, COPD, back pain due to sciatica and emphysema.

The Claimant alleges mental disabling impairment due to major depression.

The summary of the Claimant's medical evidence reviewed in this case follows.

A Consultative Psychological Examination Report was conducted on [REDACTED]. A Mental Residual Functional Capacity Assessment was also completed. The Examiner found the Claimant's immediate and remote memory was good and that his thought processes were coherent, logical, and goal directed. The Claimant was observed with a sad affect. The Claimant's fund of general knowledge was good and he could perform simple subtraction, multiplication, and division. The diagnosis was Mood disorder due to pain and the GAF score was 65. The Recommendations stated that Claimant has the mental ability to relate to others, including fellow worker,

supervisors, and general public in a work related environment. Claimant has the mental ability to understand, remember and carry out simple tasks. He seems to have the ability to learn and work independently as evidenced by his prior work history. Claimant's ability to maintain his attention, concentration persistence and pace when performing routine well learned tasks in moderately impaired due to his depression and somatic concerns as is his ability to withstand the stress and pressures associated with day to day work. The Claimant was found capable of managing his finances. The Mental Residual Functional Capacity Assessment did not find the Claimant markedly limited in any of the categories assessed. The Claimant was found not significantly limited in 8 of the 20 categories and was found moderately limited in 12 of the categories

The Claimant has also been involved in outpatient psychiatric therapy since [REDACTED] testified that he sees his therapist once a month and psychiatrist once every 2 months. The records provided consist of notes medication reviews and evaluation. Throughout the period the Claimant's GAF score was consistently 60. The Interim Order requested treatment records and evaluations for the last year. The records received and reviewed were for [REDACTED], no other records were provided as ordered by the Interim Order. The notes provided demonstrate a consistent diagnosis of major depressive disorder, single episode, non-dependent alcohol and cocaine abuse in remission. The last information of record is [REDACTED] when the claimant saw the psychiatrist for medication review. The record noted complaints of anxiety, paranoia and occasionally hears voices and talks to himself. Sleep is good but has worried dreams. The status exam noted claimant to be anxious, cooperative, thought process was goal directed, thought content noted delusions. Concentration, impulse control and judgment were adequate. The Claimant was orientated to person, place, and time. The clinical status noted that Claimant was improving.

On [REDACTED] the Claimant underwent a pulmonary function test. The copy of the test document was very difficult to read but did indicate an FEV of 3.17. This document was the only evidence of pulmonary testing. No diagnosis accompanied the test.

On [REDACTED] the Claimant presented to the Emergency Room with complaints of low back pain and leg pain. A musculoskeletal exam noted no midline tenderness to his thoracic and lumbar spine. The Claimant was discharged home with vicodin, valium and motrin.

A Doppler ultrasound examination of the claimant's arteries was performed [REDACTED]. The Impression was right and left ABI (ankle brachial index) were within normal limits. A diffuse medial calcinosis of both arterial systems without evidence of occlusion focal high degree stenosis or collateral circulation and arterial flow through the right leg has not significantly changed when compared to previous study performed one year ago.

The Claimant was seen in the emergency room on [REDACTED] due to swelling in his left leg the diagnosis was left lower extremity edema and was discharged home with follow up with his vascular surgeon. The exam at the emergency room noted mild amount of swelling to left lower extremity. There was no evidence blockage of stent in left lower extremity. Another ultrasound comparison of the Claimant lower extremities with an ultrasound dated [REDACTED] was performed. The results were no evidence of deep vein thrombosis in either lower extremity.

Another comparison ultrasound of a [REDACTED] with the ultrasound performed in November 2012 noted no evidence of deep vein thrombosis in left lower extremity.

An x ray was performed on [REDACTED] due to claimant's complaints of hip pain. The exam found no significant degenerative disease is evident and no fracture or dislocation. X-ray of same date was taken of lumbosacral spine noting mild narrowing of the L4-L5 and L5-S1 disc spaces with spur formation at the vertebral body endplates. A myocardial perfusion imaging SPECT stress test with pentatate was performed. Fixed defect is noted in inferior wall. The calculated global ejection fraction was 60%. Impression was no evidence of ischemic area.

A cardiac catheterization was performed on [REDACTED] which resulted in a recanalization followed by an angioplasty and stenting of the 100% occluded left superficial femoral artery. The recommendation was continue medical treatment for peripheral vascular disease including dual antiplatelet therapy.

The Claimant visited the emergency room on [REDACTED] with bilateral leg pain. The Claimant was discharged home with suspicion of chronic intermittent claudication. Claimant was to follow up with the clinic.

As previously noted, the Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, the Claimant has presented some medical evidence establishing that he does have some physical limitations on his ability to perform basic work activities. The medical evidence has established that the Claimant has an impairment, or combination thereof, that has more than a *de minimis* effect on the Claimant's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, the Claimant is not disqualified from receipt of MA-P benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404.

Listings regarding 1.00 Musculoskeletal System, specifically Listing 1.02 Major Disorder of a Joint, (due to any cause) was not met due to the Claimant still has the ability to ambulate and thus the listing was not met. Listing 1.04 Disorders of the spine was also reviewed and it was determined that the listing was not met as no evidence of compression of nerve root was found.

Listing 12.04 Affective Disorders (depression), 12.04 was reviewed and considered. Two medical sources have evaluated the Claimant for depression. The Consultative Exam is not inconsistent with the Claimant's treatment records based upon his current treatment. Both examiners evaluate the GAF score at 60 (treating doctor; GAF of 65 for the Consultative Examination. The GAF or Global Assessment of Functioning, is a numeric scale 0 -100 used by mental health clinicians and doctors to rate the social occupationa and psychological functioning of adults. For a score of 51-60 are defined as moderate symptoms Or any moderate difficulty in social, occupational, or school functioning.

Based on the evaluation that was done by the Claimant's psychiatrist during medication review the medical evidence is not sufficient to support a finding that the Claimant meets the listing for 12.04 which requires that the Claimant be evaluated as markedly limited in the areas of social functioning, activities of daily living, and maintaining concentration persistence and pace. As previously stated in the medical evidence review the Claimant was not found markedly limited in any category. Neither the medical records provided by the Claimant's ongoing treatment psychiatrist or the consultative psychiatric exam support of finding that Claimant's depression meets the requirements of 12.04.

Lastly Listing 4.12 the listing for peripheral artery disease was also reviewed. The listing requires the following **4.12 Peripheral arterial disease**, as determined by appropriate medically acceptable imaging (see 4.00A3d, 4.00G2, 4.00G5, and 4.00G6), causing intermittent claudication (see 4.00G1) and one of the following:

**A.** Resting ankle/brachial systolic blood pressure ratio of less than 0.50.

OR

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**B.** Decrease in systolic blood pressure at the ankle on exercise (see 4.00G7a and 4.00C16-4.00C17) of 50 percent or more of pre-exercise level and requiring 10 minutes or more to return to pre-exercise level.

OR

**C.** Resting toe systolic pressure of less than 30 mm Hg (see 4.00G7c and 4.00G8).

OR

**D.** Resting toe/brachial systolic blood pressure ratio of less than 0.40 (see 4.00G7c).

In this case the medical testing performed was a duplex arterial ultrasound exam indicating that the right ankle brachial was .98 and the left ankle brachial was .97 and were deemed by the tester to be within normal limits without evidence of occlusion or focal high degree stenosis. The arterial flow through the right leg has not significantly changed when compared to previous study of [REDACTED]. Based upon this testing it is determined that Listing 4.12 is not met

Thus based upon the available medical evidence. It was determined that none of the listings were met and thus the Claimant is found not disabled at Step 3 and thus analysis of disability under Step 4 is required.

The fourth step in analyzing a disability claim requires an assessment of the claimant's residual function capacity (RFC) and past relevant work. 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). 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 are 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.

To determine the physical demands (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 additional 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 (exertional requirements, e.g., sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity to the demands of past relevant work must be made. *Id.* If an individual can no longer do past relevant work, the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty function 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.*

The Claimant's prior work history consists of 20 years employment of serving as a cook preparing meals and food preparation. The job as a cook required that the Claimant be on his feet all day. The claimant's past relevant work would be characterized as medium to light and unskilled to semi skilled. In light of the medical evidence it is determined that the Claimant cannot perform his past relevant work for the reason explained hereafter.

Claimant's past relevant work was semi skilled and unskilled and the rigor of his work is characterized as medium to light work. In light of the Claimant's testimony and records, and in consideration of the Occupational Code, the Claimant's prior work is classified as semi skilled light and medium work.

The Claimant testified that he can stand for 5 minutes and experiences pain in the back of his legs. He can sit for 1hour. The Claimant has to walk every day because of blood thinners he is prescribed and can walk one block without stopping. The Claimant can also grocery shop. No assistive devices were prescribed by his doctors. The Claimant can shower and dress himself, and testified that he can probably squat and has pain in his legs and fatigue. The Claimant indicated he could carry 10 pounds but not far due to his shoulder problem. The DHS 49 completed and returned as part of the medical evidence does not note any limitations as the doctor submitting the form did not complete that part and indicated that the Claimant was following up at another clinic.

If the impairment or combination of impairments does not limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In consideration of the Claimant's testimony, medical records, and current limitations, it is found that the Claimant is not able to return to past relevant work; thus, the fifth step in the sequential analysis is required.

In Step 5, an assessment of the individual's residual functional capacity 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). The Claimant is ■ years old and, thus, is considered to be a person of younger age and the regulations do treat an individual 45 to 49 years of age differently for MA purposes. The Claimant attended

school through the 11<sup>th</sup> grade and thus is considered to be of limited education. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Claimant to the Department to present proof that the Claimant has the residual capacity to 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). 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).

In this case the evidence reveals that the Claimant suffers physical disabling impairments and mental disabling impairments. His physical impairments alleged are due to residual pain and functioning due to peripheral artery disease, COPD, back pain due to sciatica and emphysema. The medical evidence evaluated and presented did not present evidence which would support disability due to back pain. Peripheral artery disease was the focal medical physical impairment reviewed, and although the Claimant alleged disability due to COPD and emphysema the medical evidence did not support limitations due to these conditions. The Claimant also alleged mental impairment due to major depression.

Further, based upon the lack of any medical evidence suggesting limitations by any of the Claimant's doctors, it is determined that the claimant could sit for extended periods of time and does so most days and is able to walk around his home and as necessary without a cane, thus giving Claimant the capacity for sedentary work.

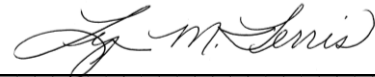
In consideration of the foregoing and in light of the objective limitations, it is found that the Claimant retains the residual functional capacity for work activities on a regular and continuing basis to meet at the physical and mental demands required to perform sedentary work as defined in 20 CFR 416.967(a). After review of the entire record and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.18 it is found that the Claimant is not disabled for purposes of the MA-P program at Step 5.

In this case, the Claimant is found disabled for purposes of the MA-P program.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law finds the Claimant not disabled for purposes of the MA-P.

1. Accordingly, the Department's Decision is AFFIRMED.



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Lynn M. Ferris  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: 6/14/13

Date Mailed: 6/14/13

**NOTICE:** Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases).

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
  - misapplication of manual policy or law in the hearing decision,
  - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
  - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail to:

Michigan Administrative Hearings

2012-69188/LMF

Reconsideration/Rehearing Request  
P. O. Box 30639  
Lansing, Michigan 48909-07322

LMF/sm

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]