

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

**IN THE MATTER OF:**



Reg. No.: 2013-42265  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: August 28, 2013  
County: Wayne DHS (31)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**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; 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. After due notice, an in-person hearing was held on August 28, 2013, from Detroit, Michigan. Participants included the above-named claimant. Participants on behalf of Department of Human Services (DHS) included [REDACTED], Specialist.

**ISSUE**

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) on the basis that Claimant 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 an unspecified date in [REDACTED]/2012, Claimant applied for MA benefits.
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On [REDACTED]/12, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 9-10).
4. On [REDACTED]/13, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On [REDACTED]/13, Claimant requested a hearing disputing the denial of MA benefits (see Exhibit 2).
6. On [REDACTED]/13, SHRT determined that Claimant was not a disabled individual, in part, by application of Medical-Vocational Rule 202.10.
7. On [REDACTED]/13, an administrative hearing was held.
8. During the hearing, DHS presented documents (Exhibits 1-51) which included a group of documents, which were subsequently numbered as Exhibits 52-65 to avoid duplicate exhibit numbers.
9. On [REDACTED]/13, an Interim Order Extending the Record was mailed to Claimant allowing Claimant 14 days from the date of hearing to submit treatment records for endometriosis.
10. On [REDACTED]/13, an Interim Order Extending the Record was mailed to Claimant allowing Claimant 44 days from the date of hearing to submit treatment records for endometriosis.
11. On [REDACTED]/13, Claimant submitted a new medical document (Exhibit A1).
12. On [REDACTED]/13, the updated hearing packet was forwarded to SHRT.
13. On [REDACTED]/13, SHRT determined that Claimant was not disabled, in part, by determining that Claimant retained the capacity to perform past relevant work.
14. As of the date of the administrative hearing, Claimant was a [REDACTED]-year-old female with a height of 5'6" and weight of 219 pounds.
15. Claimant is a half pack per week cigarette smoker and has no known relevant history of alcohol or illegal substance abuse.
16. Claimant's highest education year completed was ninth grade.
17. As of the date of the administrative hearing, Claimant was an ongoing Adult Medical Program (AMP) recipient.
18. Claimant alleged disability based on impairments and issues including lumbar pain, high blood pressure, hypothyroidism, a bleeding ulcer, right hand tingling, endometriosis and H. Pylori infection.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to

1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

Prior to a substantive analysis of Claimant's hearing request, it should be noted that Claimant noted special arrangements in order to participate in the hearing. Claimant testified that she needed a special chair in order to participate. Claimant stated that the chair used during the hearing was an acceptable accommodation.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 (10/2010), p. 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* AMP is an MA program available to persons not eligible for Medicaid through the SSI-related or FIP-related categories though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

Disability for purposes of MA benefits is established if one of the following circumstances applies:

- by death (for the month of death);
- the applicant receives Supplemental Security Income (SSI) benefits;
- SSI benefits were recently terminated due to financial factors;
- the applicant receives Retirement Survivors and Disability Insurance (RSDI) on the basis of being disabled; or
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances).

BEM 260 (7/2012) pp. 1-2

Claimant testified that she was deemed disabled by SSA but that her spouse's income rendered her ineligible. Claimant also testified that she was found to be disabled by SSA in 2011. Though Claimant was found to be disabled by SSA in the recent past, the evidence failed to establish that she received any SSA benefits since her MA application was submitted. Accordingly, Claimant may not be considered for Medicaid eligibility without undergoing a medical review process, which determines whether Claimant is a disabled individual. *Id.* at 2.

Generally, state agencies such as DHS 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. A functionally identical definition of disability is found under DHS regulations. BEM 260 (7/2012), p. 8.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id.* at 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 substantial gainful activity. *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 2012 income limit is \$1010/month. The 2013 income limit is \$1040/month.

Claimant denied performing any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Without ongoing employment, it can only be concluded that Claimant is not performing SGA. It is found that Claimant is not performing SGA; accordingly, the disability analysis may proceed to step two.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the 12 month duration 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 claimants 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 requirement is 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 Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with the relevant submitted medical documentation.

Medical documents (Exhibits 62-63) dated 1[REDACTED]/08 were presented. It was noted that Claimant had left foot surgery and needed crutches.

DHS presented a Radiology Exam Report (Exhibits 64-65) dated [REDACTED]/09. It was noted that a spinal MRI was performed. It was noted that a small central herniation at L3-L4 caused mild deformity of the thecal sac. It was noted that mild disc bulging occurred at L4-L5. It was noted that L5-S1 disc and spur extend into the neural foramen causing slight impingement on the L5 roots.

DHS presented a consultative examination report (Exhibits 15, 17-22) dated [REDACTED]/12. The examining physician noted that Claimant reported injuring in her back in 2003 while lifting a heavy bag of potatoes. It was noted that Claimant reported not being able to stand, sit or walk for more than an hour without changing positions or rest. It was noted that Claimant reported an old gunshot wound, which affected her hands. It was noted

that Claimant complained of asthma. It was noted that Claimant reported a history of cardiac problems. It was noted that Claimant had a limited range in one of four tested lumbar motions; all other tested motions were found to have a normal range. The examining physician concluded that there was no evidence of back spasm and that x-rays may be beneficial to Claimant. It was noted that Claimant had full range of motion in her hands as well as preserved grip strength and dexterity. It was noted that Claimant had difficulty performing heel-to-toe walking; a mild limp was noted. It was noted that Claimant could walk without assistance. It was noted that a pulmonary exam was performed and the results were unremarkable. It was noted that a cardiac exam was unremarkable.

Claimant's primary care physician (PCP) completed a Medical Examination Report (Exhibits 13-14) dated [REDACTED]/12. Noted diagnoses included diabetes, HTN, hyperlipidemia, coronary artery disease (CAD), depression and anxiety. The PCP noted that Claimant took nitroglycerin for CAD. It was noted that Claimant had chronic back pain. An impression was given that Claimant's condition was deteriorating. It was noted that Claimant could meet household needs.

Medical clinic documents (Exhibits 39-41) dated [REDACTED]/12 were presented. It was noted that Claimant presented for follow up on chronic conditions. It was noted that Claimant showed fatigue and weakness. It was noted that Claimant's medications were adjusted.

Claimant's PCP completed a Medical Needs form (Exhibit 57) dated [REDACTED]/12. Noted diagnoses included lumbar radiculopathy, HTN, hyperlipidemia, anxiety, diabetes and hypothyroidism. It was noted that Claimant sees a physician once per month. It was noted that Claimant needs assistance with shopping, laundry and housework. It was noted that Claimant could not work at any job for the rest of her life.

Medical clinic documents (Exhibits 35-38) dated [REDACTED]/12 were presented. It was noted that Claimant presented for follow up on chronic conditions including gastroesophageal reflux disease (GERD), asthma, diabetes, hyperlipidemia and lower back pain. The clinic documents noted that Claimant took 25 current medications. It was noted that a diabetes foot exam showed complications but no ulcer. It was noted that Claimant's medications were adjusted and that she was instructed to follow-up in three months.

Medical clinic documents (Exhibits 31-34) dated [REDACTED]/13 were presented. It was noted that Claimant presented for follow-up on chronic conditions. The documents noted that Claimant took 33 current medications. It was noted that Claimant's medications were adjusted and that she was instructed to follow-up in three months.

DHS presented a prescription (Exhibit 52) dated [REDACTED]/13. A diagnosis of left femur fracture was noted.

Medical clinic documents (Exhibits 53-56) dated [REDACTED]/13 were presented. It was noted that Claimant presented for follow-up on chronic conditions. It was noted that COPD, back pain, diabetes, HTN and hyperlipidemia, COPD were stable with medications. A

physical examination noted no heart problems. It was noted that Claimant's gait was normal.

A physician letter (Exhibit A1) was presented. The letter arrived via fax from the physician's office. It is presumed that the letter was drafted shortly before the [REDACTED]/13 fax date. It was noted that Claimant was diagnosed with endometriosis and underwent a hysterectomy in 2000. It was also noted that Claimant still experiences the same symptoms of endometriosis.

Claimant alleged disability, in part, based on high blood pressure, hypothyroidism, a bleeding ulcer, right hand tingling and H. pylori infection. The presented medical records either failed to verify any impairments related to the diagnoses or no diagnoses whatsoever. These diagnoses will not be further factored in the analysis.

Claimant's PCP noted that Claimant has endometriosis symptoms. It is worth noting that Claimant had to submit a specially drafted letter to verify the diagnosis. The symptoms were not noted in a consultative examination report or PCP treatment records. It is found that Claimant failed to establish restrictions related to endometriosis.

The presented medical records established that Claimant has chronic lumbar pain. The pain was documented by radiography, albeit radiography from 2009. Claimant's PCP verified ongoing treatment for lumbar pain. Claimant's medication list included Norco, a medication known to be strong and often prescribed to address back pain. The evidence sufficiently established some degree of lifting and ambulation impairment due to lumbar pain. Based on the presented evidence, it is found that Claimant established a significant impairment expected to last 12 months or longer.

As it was found that Claimant established significant impairment to basic work activities for a period longer than 12 months, it is found that Claimant established having a severe impairment. Accordingly, the disability analysis may move to step three.

The third step of the sequential analysis requires a determination whether the Claimant'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 Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's LBP complaints. The listing was rejected due to a failure to establish motor loss, sensory loss, arachnoiditis or stenosis causing an inability to ambulate effectively.

A listing for affective disorder (Listing 12.04) was considered based on diagnoses for 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 Claimant 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.

A listing for anxiety-related disorders (Listing 12.06) was considered based on diagnoses of anxiety. 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 Claimant had a complete inability to function outside of the home.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant'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 claimant 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.

Claimant completed documents (Exhibits 42-49) describing her employment history. Claimant noted she last worked 10 years ago as a server/cook. Claimant noted that her job lasted for four calendar months. Claimant noted that she was expected to lift between 5 up to 101 pounds. Claimant testified that she can no longer perform the lifting required of her past employment.

Claimant noted that she worked for two years in a clothing store. Claimant noted that she was expected to stand for her entire shift and that she frequently lifted 25 pounds but was sometimes expected to lift 50 pounds. Claimant testified that she could not perform the standing required for her previous clothing store employment.

Claimant noted that she also worked as a salesperson within the last 15 years. Claimant testified that her duties included hanging stuff on the walls, piercing ears, cashier duties and paperwork. Claimant noted that she was standing for her entire shift. Claimant testified that she could not perform the standing required for her previous sales employment.

The medical evidence generally was supportive that Claimant could not stand for an entire eight-hour shift or lift up to 101 pounds. Based on the presented evidence, it is



found that Claimant cannot perform her past employment. Accordingly, the disability analysis may proceed to step five.

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. The definitions for each are listed below.

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 nonexertional. 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 (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) 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).

A determination of disability is dependent on Claimant's ability to perform light employment, given Claimant's age, education and employment history. Social Security Rule 83-10 states that the full range of light work requires standing or walking, off and on, for a total of approximately 6 hours of an 8-hour workday.

Claimant testified that she could not lift more than 5 pounds. Claimant testified that she could walk one block without pain medication. Claimant's testimony was supportive of a finding that Claimant is unable to perform light employment. The medical evidence was less supportive.

Claimant's PCP noted that Claimant is disabled for life. The statement is not supported by compelling evidence. Presented radiography was four years old, a little too out-of-date to justify a determination of disability. A consultative examiner noted in 2012 difficulty for Claimant in toe-to-heel walking and a mild limp, but this is not compelling evidence of an inability to stand for six hours in an eight hour shift. Treatment records from 2013 noted that Claimant's gait was normal and that Claimant's back pain was controlled. The medical documents from 2013 were less supportive of standing restrictions than the consultative examining report.

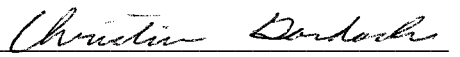
It should be noted that some evidence was supportive of a disability finding. For example, treatment records verified that Claimant consistently required a minimum of 25 different medications. The number of prescriptions is somewhat staggering though not very insightful into determining whether Claimant can perform light employment. Based

on the presented evidence, it is found that Claimant can perform the walking and lifting required for light employment.

Based on Claimant's exertional work level (light), age (approaching advanced age), education (limited but literate and able to communicate in English), employment history (unskilled), Medical-Vocational Rule 201.10 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that DHS properly found Claimant to be not disabled for purposes of MA benefits.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied Claimant's MA benefit application from 5/2012 based on a determination that Claimant is not disabled. The actions taken by DHS are **AFFIRMED**.

  
Christian Gardocki  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 11/8/2013

Date Mailed: 11/8/2013

**NOTICE OF APPEAL:** 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

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 48909-07322

CG/hw

cc:

