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

IN THE MATTER OF:

[redacted]

Reg. No.: 2014-11826
Issue No.: 2009
Case No.: [redacted]
Hearing Date: April 9, 2014
County: Wayne (35)

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 April 9, 2014, from Redford, Michigan. Participants included the above-named Claimant. [redacted] testified of [redacted] and appeared as Claimant's legal counsel/authorized Hearing Representative (AHR). Participants on behalf of the Department of Human Services (DHS) included [redacted], Hearings Facilitator.

ISSUES

The first issue is whether Claimant's AHR timely requested a hearing.

The second issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) for the reason 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 [redacted], Claimant applied for MA benefits, including retroactive MA benefits from 3/2013 (see Exhibit 6).

2. Claimant's only basis for MA benefits was as a disabled individual.

3. On [redacted], the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 13-14).

4. On [redacted] DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action (Exhibits 2; 8-11) informing Claimant of the denial.

5. On [redacted] Claimant's AHR requested a hearing disputing the denial of MA benefits (see Exhibit A1).

6. On [redacted], SHRT determined that Claimant was not a disabled individual, in part, by reliance on a Disability Determination Explanation.

7. As of the date of the administrative hearing, Claimant was a 51-year-old male with a height of 5'11'' and weight of 220 pounds.

8. Claimant has no known relevant history of alcohol or illegal substance abuse.

9. Claimant's highest education year completed was the 12th grade.

10. As of 4/2013, Claimant received Adult Medical Program coverage, which evolved into Hospital Medical Program beginning 4/2014.

11. Claimant alleged disability based on impairments and issues including cardiac-related symptoms such as fatigue and dyspnea.

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, two procedural issues should be noted. On 4/4/14, DHS requested an adjournment of the scheduled hearing in order to secure attorney representation. It was not disputed that DHS had several months of notice that Claimant had an AHR. The DHS request was based on Claimant's late notice (4/1/14) that Claimant's AHR was a licensed attorney.

DHS apparently varies the presentation of their case based on a Claimant's AHR's education level. When factoring limited State of Michigan resources, DHS has some purpose for being selective about which cases to utilized State of Michigan employed attorneys. There is a scant logic for wanting to match a client's attorney representation.

The purpose is extraordinarily unpersuasive to justify the inconvenience to all parties caused by an adjournment. For this reason, the DHS request for adjournment was denied.

A second procedural issue arose from Claimant's hearing request. Claimant's AHR noted special arrangements in order to participate in the hearing; specifically, an in-person hearing was requested. Claimant's AHR's request was granted and the hearing was conducted accordingly.

A dispute of Claimant's AHR's hearing request timeliness was also an issue. It was not disputed that DHS sent notice of Claimant's MA application on [redacted]. DHS contended that Claimant's hearing request was received on 1[redacted]; 91 days after written notice of Claimant's MA application was issued. Claimant's AHR contended that a hearing request was submitted to DHS on [redacted] less than 90 days after written notice of the application denial occurred.

The client or authorized hearing representative has 90 calendar days from the date of the written notice of case action to request a hearing. BAM 600 (7/2013), p. 5. The request must be received anywhere in DHS within the 90 days. *Id*.

DHS presented no first-hand knowledge to support that Claimant's hearing request was submitted to DHS on [redacted]. The hearing request (Exhibit 1) was not date stamped by the local office. The request had a handwritten statement "[redacted]" which was interpreted by the testifying DHS representative to refer to the date that two DHS workers received the request.

Claimant's AHR presented an email (Exhibit A1) which noted that an unstated delivery to DHS Wayne (35) was complete. The reference of "DHS Wayne (35)" is understood to refer to the Redford DHS office. Claimant's initials and DHS assigned case number were referenced on the email. The email was consistent with the signature date on Claimant's hearing request.

Based on the presented evidence, it is found that Claimant's AHR submitted a hearing request to DHS on [redacted]. Accordingly, the request was timely to dispute an application denial from [redacted].

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

There was no evidence that any of the above circumstances apply to Claimant. 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 CRF 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. "Current" work activity is interpreted to include all time since the date of application. The 2013 monthly income limit considered SGA for non-blind individuals is $1,040.

Claimant testified that he earns self-employment income by building and repairing computers. Claimant testified that his self-employment is spotty and does not result in an income approaching SGA levels. Claimant's testimony was credible. It is found that Claimant is not performing SGA and has not performed SGA since the date of MA application. 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 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v Bowen,* 880 F2d 860, 862 (6th 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 (1st 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 (1st 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 background information from Claimant's testimony and a summary of the relevant submitted medical documentation.

Claimant testified that he gained 60-80 pounds over a two-week period in early 2013. Claimant testified that the inexplicable weight gain caused him to seek medical treatment in 3/2013.

Hospital documents (Exhibits 35-50) from an admission dated [redacted] were presented. It was noted that Claimant presented with complaints of "not feeling right". A consulting physician noted that Claimant appeared with peripheral edema, abdominal distention, generalized weakness and shortness of breath. It was noted that Claimant reported dyspnea upon exertion (see Exhibit 51). It was noted that Claimant was transferred so that cardiothoracic surgery could be performed.

Hospital documents (Exhibits 51-53; 56-80) from an admission dated [redacted] were presented. It was noted that a second echo demonstrated newly diagnosed cardiomyopathy and an EF of 25% with mild bicuspid aortic stenosis and moderate aortic regurgitation. On [redacted], Claimant EF was estimated to be 20% (see Exhibit 57). It was noted that an aortic aneurysm was thought to be the cause of Claimant's low EF (see Exhibit 52). It was noted that cardio-thoracic surgery physicians deferred management of Claimant until heart failure was managed. It was noted that there was no emergent need for surgery, but that Claimant will have to follow-up with surgery physicians as an outpatient once medically optimized. A fluid overload was noted. A diagnosis of cardiogenic shock with fluid overshock was noted. It was noted that Claimant was discharged on [redacted] after secondary prevention ICD was placed. It was noted that Claimant was a high risk for readmission.

Presented medical evidence verified that Claimant had severe heart-related problems resulting in a lengthy hospitalization. Though Claimant responded well to treatment, the records established that Claimant is far from completely cured. A follow-up hospital document verified that Claimant is doing well but that his ambulation was limited in distance and pace. Presented medical evidence suggested that Claimant's restrictions have continued since 3/2013.

It is found that Claimant established significant impairment to basic work activities for a period longer than 12 months. Accordingly, it is found that Claimant established having a severe impairment and 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.

Claimant's most prominent impairment appears to be heart failure. Listing 4.02 states outlines when disability may be found based on chronic heart failure:

> **4.02 *Chronic heart failure*** while on a regimen of prescribed treatment, with symptoms and signs described in 4.00D2. The required level of severity for this impairment is met when the requirements in *both A and B* are satisfied.
>
> **A.** Medically documented presence of one of the following:
> 1. Systolic failure (see 4.00D1a(i)), with left ventricular end diastolic dimensions greater than 6.0 cm or ejection fraction of 30 percent or less during a period of stability (not during an episode of acute heart failure); or
> 2. Diastolic failure (see 4.00D1a(ii)), with left ventricular posterior wall plus septal thickness totaling 2.5 cm or greater on imaging, with an enlarged left atrium greater than or equal to 4.5 cm, with normal or elevated ejection fraction during a period of stability (not during an episode of acute heart failure);
> AND
>
> **B.** Resulting in one of the following:
> 1. Persistent symptoms of heart failure which very seriously limit the ability to independently initiate, sustain, or complete activities of daily living in an individual for whom an MC, preferably one experienced in the care of patients with cardiovascular disease, has concluded that the performance of an exercise test would present a significant risk to the individual; or
> 2. Three or more separate episodes of acute congestive heart failure within a consecutive 12-month period (see 4.00A3e), with evidence of fluid retention (see 4.00D2b (ii)) from clinical and imaging assessments at the time of the episodes, requiring acute extended physician intervention such as hospitalization or emergency room treatment for 12 hours or more, separated by periods of stabilization (see 4.00D4c); or
> 3. Inability to perform on an exercise tolerance test at a workload equivalent to 5 METs or less due to:
> a. Dyspnea, fatigue, palpitations, or chest discomfort; or
> b. Three or more consecutive premature ventricular contractions (ventricular tachycardia), or increasing frequency of ventricular ectopy with at least 6 premature ventricular contractions per minute; or
> c. Decrease of 10 mm Hg or more in systolic pressure below the baseline systolic blood pressure or the preceding systolic pressure measured during exercise (see 4.00D4d) due to left ventricular dysfunction, despite an increase in workload; or
> d. Signs attributable to inadequate cerebral perfusion, such as ataxic gait or mental confusion.

Claimant's AHR suggested that Claimant's extremely low EF is persuasive evidence that Claimant meets the above listing. The evidence was not clear on this issue.

The only document presented addressing Claimant's condition after hospitalization was an Office Note (Exhibits 54-55) dated [redacted]. Claimant's cardiologist noted that Claimant was doing well. It was noted that Claimant reported an ability to walk 2 miles, but at a slow pace. It was noted that Claimant reported being able to climb a flight of stairs without dyspnea symptoms. It was noted that Claimant presented for follow-up for evaluation of possible thoracic aortic aneurysm surgery. It was noted that Claimant's condition improved due to oral medical therapy during the 4/2013 hospital stay. It was noted that Claimant was referred to cardiac surgery. It was noted that Claimant's medications were refilled and that he was doing well on the prescribed meds.

It is concerning that Claimant was evaluated for future heart surgery despite apparent cardiac improvement. If Claimant's EF substantially improved, presumably, no further surgery would be necessary.

It was unclear whether the aneurysm, which was blamed for causing a low EF, was resolved by medication or ICD implantation. Based on the continuing evaluation of Claimant for heart surgery, it is presumed that the ICD was a stopgap measure, which lessens Claimant's chances for heart failure but is not a preferred method to treat an aneurysm.

Claimant's ability to walk 2 miles and a flight of stairs was strongly suggestive of an increasing EF. A low EF is known to positively respond to proper exercise, diet and medication. The presented evidence suggested that Claimant was compliant with all avenues for improvement. This consideration was suggestive of an improving EF.

Also, if Claimant's EF was dangerously low, it seems unlikely that the treating hospital would have ceased treatment. Based on the lack of follow-up documents, ceasing treatment appears to have happened.

Another consideration in determining whether EF improvement occurred is the health risk to Claimant. If Claimant did not have access to MA benefits due to an unfavorable disability finding, a wrong decision could contribute to an early death for Claimant. This consideration became moot beginning [redacted] when the State of Michigan approved hospital treatment for all persons previously receiving Adult Medical Program benefits. Thus, if Claimant requires further cardiac treatment it will be covered, regardless of what this decision finds.

Based on the presented evidence, it is found that Claimant's ejection fraction improved to the point where Claimant does not meet SSA listing levels. Accordingly, Claimant does not meet the listing for chronic heart failure and the analysis may proceed 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 testified that he last worked full-time in 2004, as a fast-food restaurant manager. Claimant testified that his employment was mostly standing but that it also required heavy lifting of food products. Claimant testified that he can no longer perform the heavy lifting required of his former employment. Claimant's testimony was credible and consistent with having cardiac restrictions. It is found that Claimant cannot perform past relevant employment and the 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).

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform light employment. 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.

In step three, it was noted that one month after ICD implantation and hospital intervention, Claimant was able to walk 2 miles without dyspnea symptoms. An ability to walk two miles is consistent with an ability perform light employment.

Claimant testified that he can lift "nothing heavy". Claimant's testimony was consistent with an ability to lift weights no greater than 20 pounds.

It was not disputed that after Claimant left the hospital in 4/2013, he has not been hospitalized nor had any cardiac setbacks. Claimant's lack of need for medical intervention is consistent with finding that Claimant can perform light employment.

Based on the presented evidence, it is found that Claimant can perform light employment. Based on Claimant's exertional work level (light), age (approaching advanced age), education (high school), employment history (semi-skilled- not transferrable), Medical-Vocational Rule 202.14 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 dated [redacted], including retroactive MA benefits from 3/2013, 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: 4/30/2014

Date Mailed: 4/30/2014

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: [redacted]