

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-8105
Issue No(s): 2009, 4009
Case No.: [REDACTED]
Hearing Date: February 20, 2014
County: Ottawa County DHS

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on February 20, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Assistance Payments Supervisor, and [REDACTED], Eligibility Specialist.

During the hearing, Claimant waived the time period for the issuance of this decision in order to allow for the submission of additional medical records. Additional records were received.

ISSUE

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) and State Disability Assistance (SDA) benefit programs?

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 August 26, 2013, Claimant applied for Medicaid (MA-P); retroactive MA-P for May, June and July 2013; and SDA.
2. On October 15, 2013, the Medical Review Team (MRT) found Claimant not disabled.
3. On October 16, 2013, the Department notified Claimant of the MRT determination.

4. On October 21, 2013, the Department received Claimant's timely written request for hearing.
5. On January 8, 2014 and March 27, 2014, the State Hearing Review Team (SHRT) found Claimant not disabled.
6. Claimant alleged multiple physical disabling impairments including: degenerative disc disease, degenerative arthritis, and diabetes with migraines, blurry vision at times and neuropathy.
7. Claimant did not allege any mental disabling impairments.
8. At the time of hearing, Claimant was 40 years old with an August 25, 1973 birth date; was 5'5" in height; and weighed 180 pounds.
9. Claimant has a high school diploma, completed some college and has an employment history including hi-lo driver, manufacturing, accounting clerk, cashier clerk, data entry clerk, and sorter/inspection.
10. Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

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.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. Department policies are found in BAM, BEM, and RFT. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

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 416.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, 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 (i.e. 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 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 an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 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 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 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).

As outlined above, the first step looks at the individual's current work activity. Claimant's testimony indicates she was working until August 15, 2013 as a hi-lo driver and left because the employer could not provide work within the limitations provided by Claimant's doctor. It is unclear if Claimant's work in the months of May, June, July and

the first half of August 2013 was sufficient to be considered substantial gainful activity. However, in the record presented the Claimant is not currently involved in substantial gainful activity. Therefore, Claimant is not currently 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 416.920(a)(4)(ii); 20 CFR 416.920(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 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(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).

In the present case, Claimant alleges disability due multiple physical disabling impairments including: degenerative disc disease, degenerative arthritis, and diabetes with neuropathy, blurry vision at times and neuropathy.

Claimant has been seeing an Orthopaedic doctor for her back. On July 16, 2013, Claimant had low back pain with numbness and tingling down both legs. Straight leg raise was positive bilaterally, the rest of the exam was within normal limits. A work note

indicated Claimant will have back pain frequently and will need to take time off work more than 4 days per month. On August 15, 2013, there was pain in the lower back going into the right buttock. The doctor did not think Claimant should be riding a truck or hi-lo at all. Limitations were: no bending at the waist (may bend at the knees) no stooping, no twisting, no vibrating vehicles, may stand but with the ability to sit when needed, and no lifting over 20 pounds. The doctor indicated that these restrictions would be permanent. On October 17, 2013 restrictions were continued. On October 31, 2013, the Orthopaedic doctor evaluated Claimant for neck pain radiating down the right upper extremity with tingling. It was noted Claimant reported problems with any kind of activity. On motor testing strength was again documented to be 5/5, sensation was normal in both upper and lower extremities, deep tendon reflexes were normal at the knees as well as the ankles at +2 bilaterally, Claimant had downgoing toes no sustained clonus and negative Babinski. The doctor indicated at this stage the best approach is a conservative approach. A cane was prescribed. On January 14, 2014, the Orthopaedic doctor documented that MRI shows Claimant has complete collapse of the disc space at L5-S1 and narrowing of the neural foramina but no spinal canal stenosis. Accordingly, Claimant cannot stand to drive a hi-lo. The doctor noted in the long run surgery would be required, but he does not want to do the surgery unless Claimant is miserable and quality of life is poor. When Claimant gets to that stage surgical intervention will be considered. Claimant was still limited to light duty with substantially the same restrictions.

On October 18, 2013 the Orthopaedic doctor completed an assessment of Claimant's abilities to do physical work-related activities. Limitations were noted to have begun in August 2013 and include: needing to change positions between sitting and standing every 20-30 minutes; able to sit/stand/walk for 2 hours each in an 8 hour work day; lifting and carrying up to 10 pounds occasionally; never stooping, climbing ladders/ropes/scaffolds, crouching or crawling; occasionally reaching above shoulder level, squatting, kneeling, climbing ramps/stairs, pushing/pulling/operating hand controls; unable to use feet and legs for repetitive movements; some environmental limitations; and balance limitation. On October 18, 2013, the Orthopaedic doctor also completed a Physical Residual Functional Capacity Questionnaire documenting hip pain, back pain, degenerative disc disease, herniated lumbar disc, and spondylothesis. Abilities/limitations included: the need to change positions at will, able to sit 2 hours total and stand/walk 2 hours total in an 8 hour work day; need to elevate legs 10 degrees with prolonged sitting; use of a cane with occasional standing/walking; lift and carry up to 10 pounds rarely; incapable of even low stress jobs; pain or symptoms would interfere with attention and concentration frequently; likely to be absent from work more than four days per month; no significant limitations with reaching, handling, or fingering; reaching (including overhead) 90% of an 8 hour working day; and never twist, stoop/bend, crouch/squat, climb ladders, climb stairs.

In December 2013, Claimant was seen at the Emergency Room for acute neck pain, lumbago and abnormal glucose.

On September 6, 2013, the Family Practice doctor completed a DHS-49 Medical Examination report documenting diagnoses of degenerative disc disease lumbar spine with collapsed disc space at L5-S1 and narrowing of neural foramina. Limitations

including lifting up to 20 pounds occasionally; sit less than 6 hours and stand/walk at least 2 hours in an 8 hour work day but must have a sit/stand option.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). There was very limited objective medical evidence regarding diabetes and any related impairments alleged by Claimant, including neuropathy, migraines and blurry vision.

As summarized above, Claimant has presented some medical evidence establishing that she does have some physical limitations of her 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. The evidence confirms treatment/diagnosis of degenerative disc disease and diabetes.

Listing 1.00 discusses musculoskeletal system impairments. Listing 1.04 *Disorders of the spine* (e.g., herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture), resulting in compromise of a nerve root (including the cauda equina) or the spinal cord. With: A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine); OR B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours; or C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively, as defined in 1.00B2b. The Orthopaedic doctor documented that MRI shows Claimant has complete collapse of the disc space at L5-S1 and narrowing of the neural foramina but no spinal canal stenosis. It was not clear if the straight leg raise was still positive in January 2014 nor whether the positive straight leg raise was both sitting and supine during earlier exams. Further, the Orthopaedic doctor's exam notes indicate that on motor testing Claimant's strength was normal. The objective medical evidence was not sufficient to meet or equal the criteria of listing 1.04 Disorders of the Spine, or any other 1.00 listing.

The very limited current objective medical evidence regarding diabetes was also not sufficient to meet or equal the requirements of the 9.00 Endocrine disorder listings.

Ultimately, the objective medical records establish some physical impairments; however, the evidence does not meeting the intent and severity requirements of a

listing, or its equivalent. Accordingly, the Claimant cannot be found disabled, or not disabled, at Step 3; therefore, the Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a).

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

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 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 (exertional requirements, i.e. 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 with the demands of past relevant work. *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 to 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 (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 this case, the evidence confirms recent treatment/diagnosis of degenerative disc disease and diabetes. However, the objective medical evidence does not support the severity of the limitations Claimant described nor all the restrictions indicated by the Orthopaedic doctor. It is noted that the Orthopaedic doctor was not consistent in documenting his opinion of Claimant's functional abilities and limitations. Examples include the differing lifting/carrying, squatting and reaching overhead abilities/limitations as described above. Therefore, the limitations noted by the Orthopaedic doctor can only be found partially credible. The abilities and limitations noted by the Family Practice doctor, which include lifting up to 20 pounds occasionally and the need for a sit/stand option are consistent with the objective medical evidence. Claimant's testimony regarding the severity of limitations from her impairments is also found partially credible. After review of the entire record and considering the Claimant's testimony, it is found, at this point, that Claimant maintains the residual functional capacity to perform at least light work as defined by 20 CFR 416.967(b), with some limitations, including a sit/stand option.

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 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 is not considered. 20 CFR 416.960(b)(3).

Claimant's prior employment includes hi-lo driver, manufacturing, accounting clerk, cashier clerk, data entry clerk, and sorter/inspection. As described by Claimant none of these positions allowed for a sit-stand option. As noted above, the objective evidence does not support the severity of all of the limitations Claimant described, but does support a RFC of light work with limitations including a sit-stand option. In light of the entire record and Claimant's RFC, it is found that Claimant is not able to perform past relevant work. Accordingly, Claimant cannot be found disabled, or not disabled, at Step 4.

In Step 5, an assessment of Claimant'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). At the time of hearing, Claimant was 40 years old and, thus, considered to be a younger individual for MA-P purposes. Claimant has a

high school diploma and some college. Claimant has an employment history of hi-lo driver, manufacturing, accounting clerk, cashier clerk, data entry clerk, and sorter/inspection. 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 confirms recent treatment/diagnosis degenerative disc disease and diabetes. However, the objective medical evidence does not support the severity of all of the limitations Claimant and the Orthopaedic doctor described. In light of the foregoing, it is found that Claimant maintains the residual functional capacity for work activities on a regular and continuing basis to meet the physical and mental demands required to perform at light work as defined in 20 CFR 416.967(b) with limitations including a sit-stand option.

After review of the entire record, and in consideration of the Claimant's age, education, work experience, RFC, presuming Claimant's skills are not transferrable to other work, and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 202.21, Claimant is found not disabled at Step 5.

The SDA program, which provides financial assistance for disabled persons, was established by 2004 PA 344. DHS administers the SDA program pursuant to MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. Department policies are found in BAM, BEM, and RFT. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal SSI disability standards for at least ninety days. Receipt of SSI or RSDI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness (MA-P) automatically qualifies an individual as disabled for purposes of the SDA program.

In this case, the Claimant is found not disabled for purposes SDA benefits as the objective medical evidence also does not establish a physical or mental impairment that met the federal SSI disability standard with the shortened duration of 90 days. The objective medical evidence does not support the severity of all of the limitations Claimant and the Orthopaedic doctor described. In light of the foregoing, it is found that Claimant's impairments did not preclude work at the above stated level for at least 90 days.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant not disabled for purposes of the MA and SDA benefit programs.

DECISION AND ORDER

Accordingly, the Department's determination is **AFFIRMED**.



Colleen Lack
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 22, 2014

Date Mailed: April 22, 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

20148105/CL

P.O. Box 30639
Lansing, Michigan 48909-07322

CL/hj

cc:

