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

IN THE MATTER OF:

[redacted]

Reg. No.: 2014-11914
Issue No.: 2009
Case No.: [redacted]
Hearing Date: May 15, 2014
County: Oakland (03)

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 May 15, 2014, from Walled Lake, Michigan. Participants included the above-named Claimant. [redacted] testified and appeared as Claimant's authorized representative. Participants on behalf of the Department of Human Services (DHS) included [redacted], Specialist.

ISSUE

The 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 (see Exhibits 14-16), including retroactive MA benefits from [redacted] (see Exhibits 17-18).

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 23-24).

4. On [redacted], DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action (Exhibit 21) informing Claimant of the denial.

5. On [redacted] Claimant's AHR requested a hearing disputing the denial of MA benefits (see Exhibit A254).

6. On [redacted], SHRT determined that Claimant was not a disabled individual, in part, by determining that Claimant did not have a severe impairment.

7. On [redacted], an administrative hearing was held.

8. Claimant presented new medical documents (Exhibits A1-A254) at the hearing.

9. During the hearing, Claimant waived the right to receive a timely hearing decision.

10. During the hearing, Claimant and DHS waived any objections to allow the admission of additional documents considered and forwarded by SHRT.

11. On [redacted], an updated hearing packet was forwarded to SHRT and an Interim Order Extending the Record for Review by State Hearing Review Team was subsequently issued which extended the record 90 days from the date of hearing.

12. On [redacted], SHRT determined that Claimant was not disabled, in part, by determining that Claimant did not have a severe impairment.

13. On [redacted], the Michigan Administrative Hearings System received the hearing packet and updated SHRT decision.

14. As of the date of the administrative hearing, Claimant was a 58-year-old male with a height of 5'5'' and weight of 270 pounds.

15. Claimant has a relevant history of alcohol abuse.

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

17. As of the date of the administrative hearing, Claimant was a Healthy Michigan Plan recipient.

18. Claimant alleged disability based on impairments and issues including chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF), and arthritis.

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'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.

There was a dispute concerning the timeliness of Claimant's AHR's hearing request. DHS policy requires that a hearing request be received by DHS within 90 days after the written notice of case action (see BAM 600). DHS alleged that Claimant did not file a Request for Hearing until 10/24/13. Claimant's AHR presented an email sent to DHS (Exhibit A254) which sufficiently verified that a hearing request on behalf of Claimant was emailed to DHS on 10/10/13. Thus, Claimant's AHR's hearing request was timely based on the written notice date of 7/23/13.

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*., p. 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*., p. 9.

Significant duties are duties used to do a job or run a business. *Id*. They must also have a degree of economic value. *Id*. The ability to run a household or take care of oneself does not, on its own, constitute 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 credibly denied performing any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Based on the presented evidence, 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 a summary of the relevant submitted medical documentation.

Hospital document (Exhibits 25-30) dated [redacted] were admitted. It was noted that Claimant was admitted for acute alcohol intoxication and chest pain. It was noted that Claimant smoked 1 pack of cigarettes per day. A history of heroin and crack abuse was noted. An impression of acute coronary syndrome vs. unstable angina was noted as an explanation for Claimant's chest pain.

A hospital document (Exhibit 31) from an admission dated [redacted] was presented. It was noted that ACS was ruled out. Final diagnoses of chest pain and alcohol abuse were noted. A discharge date of [redacted] was noted.

Hospital documents (Exhibits A244-A253) from an admission dated [redacted] were presented. It was noted that Claimant was admitted for a-fib, chest pain, and EtOH abuse. It was noted that Claimant did not take medications because he could not afford them. It was noted that Claimant drank alcohol and smoked daily.

Hospital documents (Exhibits A139-A241) from an admission dated [redacted] were presented. It was noted that Claimant presented with complaints of dyspnea and chest pain, ongoing for 6-8 hours. It was noted that Claimant reported drinking heavily for the last week and half. It was noted that Claimant ran out of medication and he decided not to renew them. An ejection fraction was noted, but not legible. It was noted that a breathing treatment relieved shortness of breath (see Exhibit A159). An assessment of a-fib was noted. It was noted that Claimant received various medications to treat a-fib and dyspnea. It was noted that Claimant also received medication for HTN and alcohol withdrawal. On [redacted], it was noted that chest x-rays were taken and that Claimant's lungs were clear (see Exhibit A223). A discharge date of [redacted]3 was noted.

Hospital documents (Exhibits A94-A138) from an admission dated [redacted] were presented. It was noted that Claimant presented with a primary complaint of chest pain. It was noted that a stress test was performed and that Claimant's ejection fraction was 47%. It was noted that a catheterization revealed normal coronaries. It was noted that Claimant had breathing difficulties. It was noted that Claimant had COPD which improved with breathing treatment. Noted discharge diagnoses included resolved chest pain, chronic a-fib, hepatitis C, and history of COPD and alcohol abuse. Discharge instructions included a follow-up with cardiology, advice on smoking cessation and continued alcohol treatment. A discharge date of [redacted] was noted.

Hospital documents (Exhibits A78-A93) from an encounter dated [redacted] were presented. It was noted that Claimant presented with complaints of chest pain and dyspnea. It was noted that Claimant's chest pain resolved after taking nitroglycerin. It was noted that a chest x-ray revealed no acute intrathoracic process.

Alcohol rehabilitation center documents (Exhibits A242-A243) were presented. The documents were completed by a treating social worker. It was noted that Claimant was admitted on [redacted] and discharged on [redacted]. An Axis I diagnosis of alcohol dependence was noted. A therapist noted that Claimant's global assessment functioning level was 49 at discharge.

Hospital documents (Exhibits A24-A66) from an admission dated [redacted] were presented. It was noted that Claimant presented with complaints of dyspnea, cough, and chest pain. It was noted that Claimant last drank alcohol over one week ago. It was noted that Claimant was noncompliant with medications. It was noted that Claimant was

found to be in a-fib and admitted to the hospital. An ejection fraction of 42% was noted. It was noted that Claimant received several medications to treat COPD. It was noted that Claimant reported hip pain. It was noted that x-rays revealed were negative and that Claimant had full range of motion. It was noted that Claimant needed a cane for assistance. It was noted that Claimant's BMI was 42.6. Noted discharge diagnoses included asymptomatic chronic a-fib, noted with poor medication compliance. A discharge diagnosis of hyperglycemia was noted as likely steroid induced. A discharge diagnosis of heart failure was noted as unknown to be new or chronic. A discharge diagnosis of acute kidney injury was noted as likely due to hypotension. A discharge date of [redacted] was noted.

Hospital documents (Exhibits A67-A77) from an admission dated [redacted] were presented. It was noted that Claimant presented with complaints of chest pain, ongoing for 3 days. It was noted that Claimant had chronic lower extremity edema. It was noted that Claimant was treated with heparin and Cardizem. Claimant's ejection fraction was noted to be 50-60%. Noted discharge diagnoses included acute a-fib and acute kidney injury. A discharge date of [redacted] was noted.

Hospital documents (Exhibits A1-A23) from an encounter dated [redacted] were presented. It was noted that Claimant presented with complaints of back pain, abdominal pain and shortness of breath, each ongoing for several months. A history of pulmonary hypertension, atrial fibrillation, and cor pulmonale was noted. It was noted that Claimant had not taken recently prescribed medications. Positive trace edema in lower extremities was noted. A distended abdomen with positive tenderness was noted. Claimant's blood pressure at admission was noted to be 71/40. It was noted that Claimant was transferred to ICU and received various medications. Noted discharge diagnoses included paroxysmal atrial fibrillation with normal sinus rhythm, hypotension, pulmonary HTN, acute kidney injury, hyperkalemia and medical noncompliance.

Presented evidence verified diagnoses of chronic a-fib, hypotension, and body pain. Claimant testified that he had walking, standing, and lifting restrictions due to body pain and shortness of breath. Claimant's testimony was consistent with presented evidence. Based on the presented evidence, it is probable that Claimant's restrictions lasted since [redacted], the first month where MA benefits are sought.

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

A listing for joint dysfunction (Listing 1.02) was considered based on Claimant's complaints of hip pain. The listing was rejected due to a failure to establish an inability to ambulate effectively.

A listing for spinal disorders (Listing 1.04) was considered based on Claimant's back pain complaints. This listing was rejected due to a lack of evidence and a failure to establish a spinal disorder resulting in a compromised nerve root.

A listing for respiratory function (Listing 3.02) was considered based on Claimant's complaints of dyspnea. The listing was rejected due to a lack of respiratory testing evidence.

A listing for cor pulminole (Listing 3.09) was considered. The listing was rejected due to a failure to verify listing required artery pressure or arterial hypoxemia.

Cardiac listings (Exhibits 4.00), including chronic heart failure (Listing 4.02) and recurrent arrhythmias (Listing 4.05), were considered based on multiple hospital admissions for chest pain. The listings were rejected due to a lack of evidence and a failure to verify that Claimant followed prescribed treatment.

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 testified that he last worked in [redacted] or [redacted] Claimant testified that he performed work in the last 15 years, but that his wages never approached $1,000 per month. Claimant's testimony was credible. It is found that Claimant has not earned SGA, and therefore has no past relevant employment. Without past relevant employment amounting to SGA, it can only be found that Claimant cannot return to perform past relevant employment amounting to SGA. 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).

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform medium 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. Medium employment requires comparable standing and walking standards, but with a heavier lifting requirement than light employment.

The medical evidence established that Claimant was repeatedly hospitalized for chest pain and breathing difficulties. Diagnoses of chronic a-fib and COPD were verified. It was further verified that Claimant requires use of a cane. It was somewhat troubling that radiology failed to verify any need for a cane, however, due to Claimant's recurring heart problems and lack of insurance, it is not surprising that treating hospitals did not pursue further radiology. Based on the presented evidence, it is found that Claimant is unable to perform the requirements of medium employment.

Based on Claimant's exertional work level (light), age (advanced age), education (less than high school), employment history (none), Medical-Vocational Rule 202.01 is found to apply. This rule dictates a finding that Claimant is disabled. Accordingly, it is found that DHS improperly found Claimant to be not disabled for purposes of MA benefits.

Though Claimant was found to be disabled, it was well documented that Claimant contributes significantly to his restrictions. Hospital documents verified each of the following factors: illiteracy, morbid obesity, tobacco smoker, history of heroin abuse, ongoing alcohol abuse and chronic medication noncompliance. It is tempting that a disability finding be nullified by Claimant's multiple poor lifestyle choices. The evidence tended to establish that Claimant would still likely be restricted to light employment, at

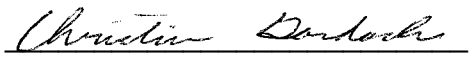
most, even if Claimant was compliant with medications and fully ceased abusing drugs and alcohol.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds that DHS improperly denied Claimant's application for MA benefits. It is ordered that DHS:

(1) reinstate Claimant's MA benefit application dated [redacted], including retroactive MA benefits from [redacted];
(2) evaluate Claimant's eligibility for MA benefits subject to the finding that Claimant is a disabled individual;
(3) initiate a supplement for any benefits not issued as a result of the improper application denial; and
(4) schedule a review of benefits in one year from the date of this administrative decision, if Claimant is found eligible for future MA benefits.

The actions taken by DHS are **REVERSED**.



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

Date Signed: 7/25/2014

Date Mailed: 7/25/2014

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]