

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

IN THE MATTER OF:

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Reg. No.: 2014-14964
Issue Nos.: 2009, 4009
Case No.: ██████████
Hearing Date: March 17, 2014
County: Wayne (18)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 March 17, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included

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ISSUE

Whether the Department properly determined that Claimant is not "disabled" for purposes of the Medical Assistance (MA-P) and State Disability Assistance (SDA) programs?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. On August 23, 2013, Claimant applied for MA-P and SDA.
2. On October 29, 2013, the Medical Review Team denied Claimant's request.
3. The Department sent Claimant a Notice of Case Action dated November 6, 2013, denying Claimant's MA-P application. Exhibit 1.
4. On November 14, 2013, Claimant submitted to the Department a timely hearing request.

5. On February 12, 2014, the State Hearing Review Team (SHRT) found Claimant not disabled and denied Claimant's request.
6. An Interim Order was entered on March 19, 2014 requesting Claimant and the Department to obtain additional medical evidence including a DHS-49 from Claimant's treating doctor.
7. The new evidence was provided to SHRT on May 15, 2014, and the SHRT denied disability on July 16, 2014.
8. At the time of the hearing, Claimant was 51 years old with a birth date [REDACTED] Claimant is now 52. Claimant's was 5'1" tall and weighed 180 pounds.
9. Claimant completed the equivalent of a high school education and received certificates as a nurse's assistant and a nail tech.
10. Claimant has employment experience (last worked 2010) as a private duty nurse's assistant.
11. Claimant alleges physical disabling impairments due to carpal tunnel syndrome in both hands, fibromyalgia, hip arthritis and osteoporosis, back pain, migraines, with some tumors shown on testing. Claimant also has had seizures but was not on any seizure medication at the time of the hearing. Claimant has experienced these seizures since she was a child and they are non-epileptic. Claimant walks with a limp and uses a cane which is medically necessitated by her physical conditions and as a result of her fractured left ankle.
12. Claimant has alleged mental disabling impairments due to major depression and bipolar disorder.
13. Claimant's impairments have lasted or are expected to last for 12 months or more.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. 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.

The Department conforms to State statute in administering the SDA program.

2000 PA 294, Sec. 604, of the statute states:

Sec. 604. (1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempted from the supplemental security income citizenship requirement who are at least 18 years of age or emancipated minors meeting 1 or more of the following requirements:

- (a) A recipient of supplemental security income, social security, or medical assistance due to disability or 65 years of age or older.
- (b) A person with a physical or mental impairment which meets federal supplemental security income disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

Pursuant to Federal Rule 42 CFR 435.540, the Department uses the Federal Supplemental Security Income (SSI) policy in determining eligibility for disability under MA-P. Under SSI, 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 set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience are reviewed. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

Medical evidence may contain medical opinions. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge reviews all medical findings and other evidence that support a medical source's statement of disability. 20 CFR 416.927(e).

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence or pace; and ability to tolerate increased mental demands associated with competitive work). 20 CFR, Part 404, Subpart P, Appendix 1, 12.00(C).

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Pursuant to 20 CFR 416.920, a five-step sequential evaluation process is used to determine disability. An individual's current work activity, the severity of the impairment, the residual functional capacity, past work, age, education and work experience are evaluated. If an individual is found disabled or not disabled at any point, no further review is made.

The first step is to determine if an individual is working and if that work is "substantial gainful activity" (SGA). If the work is SGA, an individual is not considered disabled regardless of medical condition, age or other vocational factors. 20 CFR 416.920(b).

Secondly, the individual must have a medically determinable impairment that is "severe" or a combination of impairments that is "severe." 20 CFR 404.1520(c). An impairment or combination of impairments is "severe" within the meaning of regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work. 20 CFR 404.1521; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p. If the claimant does not have

a severe medically determinable impairment or combination of impairments, he/she is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

The third step in the process is to assess whether the impairment or combination of impairments meets a Social Security listing. If the impairment or combination of impairments meets or is the medically equivalent of a listed impairment as set forth in Appendix 1 and meets the durational requirements of 20 CFR 404.1509, the individual is considered disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the trier must determine the claimant's residual functional capacity. 20 CFR 404.1520(e). An individual's residual functional capacity is his/her ability to do physical and mental work activities on a sustained basis despite limitations from his/her impairments. In making this finding, the trier must consider all of the claimant's impairments, including impairments that are not severe. 20 CFR 404.1520(e) and 404.1545; SSR 96-8p.

The fourth step of the process is whether the claimant has the residual functional capacity to perform the requirements of his/her past relevant work. 20 CFR 404.1520(f). The term past relevant work means work performed (either as the claimant actually performed it or as is it generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. If the claimant has the residual functional capacity to do his/her past relevant work, then the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth step.

In the fifth step, an individual's residual functional capacity is considered in determining whether disability exists. An individual's age, education, work experience and skills are used to evaluate whether an individual has the residual functional capacity to perform work despite limitations. 20 CFR 416.920(e).

In the current case, Claimant suffers carpal tunnel syndrome in both hands, fibromyalgia, hip arthritis and osteoporosis, back pain, migraines with some tumors shown on testing. Claimant also had seizures, but was not on any seizure medication at the time of the hearing. Claimant has experienced these seizures since she was a child and they are non-epileptic. Claimant walks with a limp and uses a cane which is medically necessitated by her physical conditions and as a result of her fractured left ankle.

Claimant has alleged mental disabling impairments due to major depression and bipolar disorder.

A summary of Claimant's medical evidence presented at the hearing follows.

Claimant was seen by her treating psychiatrist [REDACTED]. A Mental Residual Functional Capacity assessment was performed at that time. Claimant was markedly

limited in her ability to remember locations and work-like procedures and her ability to carry out detailed instructions. The remainder of the examination noted that Claimant was moderately limited in all other categories. Moderately limited indicates that the evidence supports the conclusion that the individual's capacity to perform the activity is impaired. Claimant's diagnosis was bipolar disorder. The GAF score was 53. Claimant sees her psychiatrist monthly. Claimant's original diagnosis of December 2012 was also bipolar disorder and her GAF was 50 at that time. The psychiatric evaluation noted that Claimant had been receiving treatment since [REDACTED]. The evaluation also notes that, [REDACTED] Claimant sought psychiatric treatment at another clinic when she became severely depressed, withdrawn, and isolative after she broke her ankle, lost her job and was diagnosed with lupus. At the time of the exam, her attention was intact, concentration was intact and intellectual functioning was average. Claimant's judgment was fair and insight was fair. The diagnosis was major depressive disorder recurrent moderate. The GAF score was 53.

A Medical Examination Report was completed [REDACTED] by Claimant's treating doctor. The diagnosis was fibromyalgia, hypertension, lupus, osteoporosis, GERD, migraine headaches, and morbid obesity. The examiner noted that Claimant was in pain and was fatigued. She had wheezing and respiratory problems; COPD was also noted. Headache radiculopathy was noted. The clinical impression was that Claimant was deteriorating and limitations were imposed. Claimant could stand or walk less than two hours in an eight-hour work day and could lift no weight. Claimant's ability to use either hand or arm was limited for simple grasping, reaching, pushing/pulling, and fine manipulating. Claimant was also restricted from using foot/leg controls. It was noted that Claimant was limited in her social interactions. The findings that supported the limitations were fibromyalgia, chronic pain, and headaches. Also noted was that a cane was medically required for ambulation and due to her carpal tunnel diagnosis. Although the examiner checked "no" with regard to whether the client could meet her needs in the home, the examiner also stated Claimant needs assistance with daily chores. Claimant sees her doctor monthly. The treatment notes from this doctor [REDACTED] note a BMI of 50. A prior examination completed by Claimant's treating doctor was conducted [REDACTED]. The examination again noted deterioration of Claimant's conditions and imposed similar limitations but, at that time, Claimant was capable of simple grasping and reaching. Again, assistance with daily chores was noted.

Claimant was admitted to the hospital [REDACTED] by her treating doctor. At the time of her discharge, Claimant was noted as having non-epileptic spells, major depressive disorder and acute chronic abdominal pain. The hospitalization records notes a history of seizure-like spells since the age of 14 characterized by darkening of the vision or dots in her vision before a blackout. The seizures are brought on by stress and strobe lights. At the time, Claimant was not taking anti-seizure medication. During this hospitalization, a total of six non-epileptic spells was recorded. There were no electrographic epileptiform correlates during the spells. During the spells, Claimant had difficulty holding objects. At the time, Claimant was advised to follow up with psychiatry as well as outpatient neurological services. Bone testing done at the time noted osteopenia.

A psychiatric examination was performed [REDACTED]. The diagnosis at that time was major depressive disorder recurrent moderate and noted that her reported symptoms match her diagnosis of major depressive disorder.

A nerve conduction and EMG report were completed [REDACTED] noting that the abnormal findings are compatible with bilateral carpal tunnel syndrome with the left side being severe and the right side being moderate. No evidence was found of ulnar neuropathy bilaterally.

An MRI was performed [REDACTED]. The vertebral body heights in alignment appeared maintained, no compression deformities were seen. There is no evidence of focal disc protrusion, central canal stenosis or neural foraminal narrowing at any of the imaged levels. Existing nerve root sleeves are uneffaced at all levels. There is normal signal intensity within the vertebral bodies and surrounding paraspinal soft tissue structures. The exam was within normal limits. At the same time a normal MRI of the left hip was also performed.

An examination by a consultative examiner was conducted [REDACTED]. At that time, clinical impressions were one-year history of chronic pain, left ankle. Thickening and edema was noted as to the left anterior ligaments with restriction of range of motion of the left ankle. Chronic diffuse pain with diagnosis of fibromyalgia was noted. A history of carpal tunnel syndrome was noted. On review, the examiner noted that Claimant had abnormal findings on an MRI of the left ankle and concluded that use of the cane in the right hand may be indicated for distance, slopes, or on the even ground to help take some weight off the left ankle. Perception of pain may well have become ingrained to be included as an impairment. Claimant also had puffiness at the wrist suggestive of an inflammatory process. Restrictions of range of motion of the wrists were noted. The examiner notes that Claimant would have difficulty opening a jar, but could button, write, tie her shoes and pick up a coin. At the time of the examination, Claimant was noted to have limitations stooping, carrying, and pushing/pulling.

Claimant's most recent evaluation by a consultative examiner performed on [REDACTED] [REDACTED] noted in the assessment that claimant suffers from fibromyalgia with multiple trigger points. As far as low back pain, the evaluator noted that there was stiffness, tenderness and muscle spasm in the lower back. Claimant was noted as suffering from psychogenic seizures and does not take Dilantin. She does have migraine headaches and an MRI showed a small meningioma of the frontal lobe needing follow-up. The examiner noted intrinsic muscle loss in both hands, left worse than the right. She does appear to suffer from mental depression and needs consult for that. As far as walking is concerned, she walks with a cane and limps on the left side. The examiner also noted that Claimant had fibromyalgia trigger points at various sites during the examination. Also noted were positive tender points on the base of the skull, lower cervical spine and shoulders as well as the elbows. Claimant's range of motion straight leg raising was limited to 30° bilaterally. Use of a cane as a walking aid was supported by the clinical evidence.

A consultative psychiatric examination was performed [REDACTED] which noted that Claimant was moderately limited in the four categories normally assessed on a mental residual functional capacity assessment. At the time of this exam, the diagnosis was major depressive disorder, mild, recurrent with anxious distress. The prognosis was fair.

Here, Claimant has satisfied requirements as set forth in steps one and two, as Claimant is not employed and has demonstrated impairments which have met the step 2 severity requirements.

In addition, Claimant's impairments have been examined in light of the listings and, after a review of the evidence, Claimant's impairments do not meet a listing as set forth in Appendix 1, 20 CFR 416.926. Listing 11.00 Seizures and Listing 12.04 Affective Disorders including depression and bipolar disorder were reviewed and were determined based upon the available medical evidence not met due to the fact that the seizures were not treated with epilepsy medications and none were prescribed and no seizures had occurred for one year. The mental status exams performed by Claimant's treating psychiatrist did not support the requisite marked limitations. Listing 1.02 was also examined with respect to Claimant's carpal tunnel and was determined not met. Listing 14.02 Systemic Lupus Erythematosus was also reviewed but also was determined not to be met.

Therefore, vocational factors will be considered to determine Claimant's residual functional capacity to do relevant work.

In the present case, Claimant has been diagnosed by her treating physician since 2011 with fibromyalgia, hypertension, lupus osteoporosis, GERD, migraine headaches and morbid obesity.

Claimant has a number of symptoms and limitations, as cited above, as a result of these conditions. Claimant's treating physician noted that Claimant would be able to stand and walk for less than 2 hours in an 8-hour day, was limited to lifting no weight, was noted as unable to reach or push and pull, grasp simple objects and fine manipulation with both hands and unable to operate foot controls. Claimant was evaluated as stable but required assistance with cooking, laundry and grocery shopping.

Claimant credibly testified to the following symptoms and abilities. Claimant could not walk more than a half block; she could stand for 2 to 3 minutes and could sit for 30 minutes and gets leg cramps. Claimant could lift no more than a quart of milk. Claimant can shower and dress herself but sometimes cannot do so. Claimant experiences numbness and tingling in her feet and legs. Claimant experiences severe fatigue. Claimant has help with her laundry as she cannot go up and down stairs and carry her laundry.

In the fourth step of the analysis, the issue to be considered is whether the claimant has the ability to perform work previously performed by the claimant within the past 15 years. The trier of fact must determine whether the impairment(s) presented prevent the claimant from doing past relevant work. In the present case, Claimant's past employment was as a private duty nurse's assistant. Claimant last worked in 2010

Given Claimant's documented limitations with the use of her hands and the lifting and standing restrictions imposed by her treating doctor, Claimant cannot perform her past work as an nurse's assistance as such a job requires lifting of patients, shopping cooking and performing household chores and being on her feet all day which she can no longer do. The job also required record keeping and completing paperwork which is made difficult due to the restrictions imposed because of her carpal tunnel syndrome which she has bilaterally. This Administrative Law Judge finds, based on the medical evidence and objective, physical limitations testified to by Claimant and confirmed by her treating doctor's assessment and imposition of limitations, that Claimant is not capable of the physical activities required to perform any such position and cannot perform past relevant work. Thus, a step 5 analysis is required 20 CFR 416.920(e).

In the final step of the analysis, the trier of fact must determine if the claimant's impairment(s) prevent the claimant from doing other work. 20 CFR 416.920(f). This determination is based upon the claimant's:

1. residual functional capacity defined simply as "what can you still do despite your limitations?" 20 CFR 416.945;
2. age, education, and work experience, 20 CFR 416.963-965; and
3. the kinds of work which exist in significant numbers in the national economy which the claimant could perform despite her limitations. 20 CFR 416.966.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor. 20 CFR 416.967.

Sedentary work. Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 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. Jobs are sedentary if walking and

standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the 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. 20 CFR 416.967(b).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

In step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of hearing, Claimant was 51 years old and is presently 52 and, thus, considered to be a person approaching advanced age for MA-P purposes. Claimant has a high school education and a certificate as a nurse's aide. She has been restricted from use of her hands due to carpal tunnel syndrome. 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).

The evaluations and medical opinions of a "treating" physician is "controlling" if it is well-supported by medically acceptable clinical and laboratory diagnostic techniques and is not inconsistent with the other substantial evidence in the case record. 20 CFR

§404.1527(d)(2). Deference was given by the undersigned to objective medical testing and clinical observations by Claimant's treating physician. In addition, Claimant's evaluation by his treating psychiatrist also painted a picture of someone with depression. After a review of the entire record, including Claimant's testimony and medical evidence presented, and the objective medical evidence provided by Claimant's treating physician, who places Claimant at less than a sedentary level, the total impact caused by the physical impairment suffered by Claimant must be considered. In doing so, it is found that the combination of Claimant's physical impairments outlined above, which are severe, has a major impact on her ability to perform even basic work activities. Accordingly, it is found that Claimant is unable to perform the full range of activities for even sedentary work as defined in 20 CFR 416.967(a). After review of the entire record, and in consideration of Claimant's age, education, work experience and residual functional capacity, it is found that Claimant is disabled for purposes of the MA-P and SDA programs at step 5.

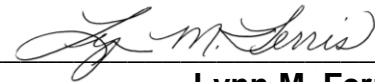
DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that Claimant is medically disabled as of September 2010.

Accordingly, the Department's determination is REVERSED.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Review of the application dated August 23, 2013 if not done previously, to determine Claimant's non-medical eligibility.
2. Issue a supplement to Claimant for SDA benefits Claimant is otherwise eligible to receive.
3. A review of this case shall be set for August 2015.



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

Date Signed: August 14, 2014

Date Mailed: August 14, 2014

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

LMF/pf

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