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

IN THE MATTER OF:

[redacted]

Reg. No.: 2014-22313
Issue No(s).: 2009, 4009
Case No.: [redacted]
Hearing Date: June 3, 2014
County: Van Buren

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 June 3, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [redacted] the Claimant, and [redacted], [redacted], Authorized Hearing Representative. 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 evidence. The evidence was received, reviewed, and forwarded to the State Hearing Review Team ("SHRT") for consideration. The SHRT found Claimant not disabled. This matter is now before the undersigned for a final determination.

ISSUE

Whether the Department properly determined that Claimant was not disabled for purposes of the Medical Assistance (MA) and/or 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 July 31, 2013 and August 22, 2013, Claimant applied for Medicaid (MA-P), retroactive MA-P and SDA.

2. On October 15, 2013, the Medical Review Team (MRT) found Claimant not disabled.

3. On or about October 30, 2013, the Department notified Claimant of the MRT determination.

4. On January 7, 2014, the Department received Claimant's timely written request for hearing.

5. On March 13, 2014, and August 12, 2014, the State Hearing Review Team (SHRT) found Claimant not disabled.

6. Claimant alleged disabling impairments including degenerative disc disease, bursitis in hip, arthritis, degenerative joint disease, COPD, attention and concentration problems, anxiety, and depression.

7. At the time of hearing, Claimant was 52 years old with an [redacted], birth date; was 5'2" in height; and weighed 190 pounds.

8. Claimant has a GED and work history including customer service, dj/concessions, and hairstylist.

9. Claimant's impairments have lasted, or are expected to last, continuously for a period of 12 months or longer.

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 purusant 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 impariment 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 testified she is only working part time at a laundry mat and dry cleaner. Claimant takes in/ out dry cleaning, can sit when needed, and does not lift over 10 pounds. Claimant works 4 hour shifts, 2-3 days per week earning $[redacted] per hour. The earnings are not sufficient to be considered substantial gainful activity. Therefore, Claimant is not 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.

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 disabling impairments including degenerative disc disease, bursitis in hip, arthritis, degenerative joint disease, COPD, attention and concentration problems, anxiety, and depression. While some older medical records

were submitted and have been reviewed, the focus of this analysis will be on the more recent medical evidence.

A [redacted], MRI of the right knee showed medial meniscocapsular separation with medial meniscal subluxation, popliteal cyst, and a small amount of marrow edema involving the posterior medial aspect of the patella.

A [redacted], x-ray of the right hip showed mild osteoarthritis.

An [redacted], MRI of the lumbar spine draft report indicates a large left paracentral disc protrusion at L4-L5 that is creating moderate to severe right and severe left lateral recess narrowing.

A [redacted], visit summary, in part, indicates Claimant hurt her back in an altercation at a bike event over the weekend.

A [redacted], encounter report documented diagnoses of chronic low back pain, osteoarthritis of both knees, chronic right hip pain, left shoulder pain, pain of right thumb, obesity, ADD, tobacco use disorder, depression, GERD, chronic anxiety and panic attacks. Physical exam findings, musculoskeletal, included: right shoulder, right knee, left knee, normal; left shoulder decreased range of motion, tenderness, pain, and decreased strength; lumbar back exhibits pain; and right hand decreased strength. It was noted the by history, Claimant will have pain in both knees with walking for about two hours. There was pain in the low back with bending or lifting, but range of motion was intact. Pain with sitting after about an hour or two and then must change position. Gets stiff after an hour or two as well. Abnormalities and pain with the right thumb were noted, but the remainder of the fingers were normal. Abnormalities and pain with the left shoulder were also noted.

A [redacted], DHS-49 Medical Examination Report from a family practice doctor did not list any diagnoses. While somewhat blurry, it appears the only physical limitation marked was never lifting over 10 pounds. The doctor indicated there were no mental limitations.

On [redacted], Claimant attended a consultative mental status evaluation. Diagnoses were cognitive disorder and chronic major depressive disorder. Claimant's Global Assessment of Functioning (GAF) was [redacted] The prognosis was guarded. Claimant appears to have chronic depression that may be influencing her medical issues. Pain is chronic and limiting, motivation is low and ability to literate stress is low.

On [redacted] Claimant attended a consultative medical evaluation. It was stated that Claimant's stomach ulcers do not limit her in any way. Regarding the bulging discs, Claimant has pain but it was stated she is able to ambulate well without any assistance. Claimant was limited to 10% with squatting primarily due to knee and hip pain. Claimant had good dexterity, but had some pain with squeezing the examiner's fingers really hard.

On [redacted], Claimant was seen in the emergency department for low back pain.

Claimant was hospitalized [redacted], to [redacted] for perforation of gastrojejunostomy requiring revision of anastomosis, post-operative pneumonia, acute delirium, and hypokalemia. On admission, additional conditions included COPD, depression, diabetes, and hypomagnesaemia.

July 2013 after visit summaries list multiple problems, including wound infection, arthritis, COPD, depression, diabetes, GERD, substance abuse, morbid obesity, bronchitits, menorrhagia, sinusitis, perforated viscus, acute delirium, hypomagnesaemia, hypokalemia, and chronic anxiety. A [redacted], note from the surgeon stated Claimant recently had surgery, has an open wound, needs to avoid heavy lifting, and should be excused from work through [redacted].

A [redacted], visit summary listed diagnoses of depression, ADD, candidial dermatitis, perforated ulcer, post-op pneumonia, wound abscess, and chronic anxiety.

An [redacted], DHS-49 Medical Examination Report from a general surgeon indicated a diagnosis of post op, exploratory laparotomy, open wound. It was marked that Claimant had no physical or mental limitations.

September through December 2013, progress notes from the doctor's office, document diagnosis and treatment of multiple conditions, including, attention deficit disorder (ADD), gastro esophageal reflux disease (GERD), and acute sinusitis. The December 2013 record also notes Claimant reported fining for disability because of her chronic back pain, carpal tunnel of the wrists, and arthritis of the knees. However, the records do not indicate any musculoskeletal portion of the physical exams.

On [redacted], Claimant was seen in the emergency department for worsening of chronic low back and hip pain. A work/school excuse form indicated Claimant could return to work in 7 days with restrictions of: no lifting greater than 10 pounds; no push/pull; no repetitive bend/twist or squat; and no prolonged stand/sit over 20 min.

On [redacted], Claimant was seen at her doctor's office, in part, for worsening of chronic low back and hip pain noting a fall at home since the February 2, 2014 emergency room visit. Diagnoses were low back pain, left hip pain, acute sinusitis, ADD, and history of bariatric surgery. A lumbar x-ray showed mild scoliosis concave left, normal alignment and maintenance of disc spaces, mild disc margin spurring, and no evidence of fracture or compression deformity. A left hip x-ray showed boney structures appear intact and there was normal joint spacing, no evidence for fracture.

On [redacted], Claimant was seen in the emergency department for hip pain and low back pain. It was noted that Claimant reported recent x-rays and pending scheduling of an MRI.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Claimant has presented medical evidence establishing that she does have some limitations on the 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, or can be expected to last, 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 recent diagnosis and treatment of multiple conditions, including chronic low back pain, osteoarthritis of both knees, chronic right hip pain, left shoulder pain, pain of right thumb, obesity, ADD, tobacco use disorder, GERD, COPD, chronic anxiety, panic attacks, cognitive disorder and chronic major depressive disorder.

Based on the objective medical evidence, considered listings included: 1.00 Musculoskeletal System, 3.00 Respiratory System, and 12.00 Mental Disorders. However, the medical evidence was not sufficient to meet the intent and severity requirements of any 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.*

The evidence confirms recent diagnosis and treatment of multiple conditions, including chronic low back pain, osteoarthritis of both knees, chronic right hip pain, left shoulder pain, pain of right thumb, obesity, ADD, tobacco use disorder, GERD, COPD, chronic anxiety, panic attacks, cognitive disorder and chronic major depressive disorder. Claimant's testimony indicated she can walk 5-10 minutes, stand 30-45 minutes, sit 15-20 minutes, and lift up to 10 pounds. Claimant's testimony regarding her limitations is not fully supported by the medical evidence and found only partially credible. However, the lifting limitation to 10 pounds would limit Claimant to sedentary level work. Non-exertional limitations from the history of mental health impairments support a finding that Claimant would currently be limited to unskilled work. After review of the entire record it is found, at this point, that Claimant maintains the residual functional capacity to perform limited sedentary work as defined by 20 CFR 416.967(a) on a sustained basis. Limitations would include unskilled work.

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 has a work history of including customer service, dj/concessions, and hairstylist. As described by Claimant, many of the past jobs were only part time and it appears the past full time work was at least light exertional level. In light of the entire record and Claimant's RFC (see above), it is found that Claimant is not able to perform her past relevant work. Accordingly, the Claimant cannot be found disabled, or not disabled, at Step 4; therefore, the Claimant's eligibility is considered under Step 5. 20 CFR 416.905(a).

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 52 years old and, thus, considered to be a closely approaching advanced age for MA-P purposes. Claimant has a GED and work history including customer service, dj/concessions, and hairstylist. 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 evidence confirms recent diagnosis and treatment of multiple conditions, including chronic low back pain, osteoarthritis of both knees, chronic right hip pain, left shoulder pain, pain of right thumb, obesity, ADD, tobacco use disorder, GERD, COPD, chronic anxiety, panic attacks, cognitive disorder and chronic major depressive disorder. As noted above, Claimant maintains the residual functional capacity to perform limited sedentary work as defined by 20 CFR 416.967(a) on a sustained basis. Limitations would include unskilled work.

After review of the entire record, and in consideration of the Claimant's age, education, work experience, RFC, and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.14, Claimant is found disabled at Step 5.

In this case, the Claimant is also found disabled for purposes SDA benefits as the objective medical evidence also establishes a physical or mental impairment that met the federal SSI disabiltiy standard with the shortened duration of 90 days. In light of the foregoing, it is found that Claimant's impairments did 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 disabled for purposes of the MA and SDA benefit programs.

DECISION AND ORDER

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. Initiate a review of the applications dated July 31, 2013 and August 22, 2013, if not done previously, to determine Claimant's non-medical eligibility. The Department shall inform Claimant of the determination in writing. A review of this case shall be set for January 2016.

2. The Department shall supplement for lost benefits (if any) that Claimant was entitled to receive, if otherwise eligible and qualified in accordance with Department policy.

Colleen Lack

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

Date Signed: January 5, 2015

Date Mailed: January 5, 2015

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

CL/las

cc: [redacted]