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

IN THE MATTER OF:

[redacted]

Reg. No.: 14-019504
Issue No.: 2009
Case No.: [redacted]
Hearing Date: March 02, 2015
County: OAKLAND-DISTRICT 4 (NORTH SAGINAW)

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, an in-person hearing was held on March 2, 2015, from Pontiac, Michigan. Participants on behalf of Claimant included the Claimant. [redacted], the Claimant's Authorized Hearing Representative (AHR), also appeared. Participants on behalf of the Department of Human Services (Department) included [redacted], Eligibility Specialist.

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. The Claimant applied for MA-P on February 18, 2014 and requested retro MA for November 2013.

2. The Medical Review Team denied Claimant's request on April 9, 2014.

3. The Department sent the Claimant a Notice of Case Action on April 17, 2014. The Department did not send the Claimant's AHR Advomas a copy of the Notice. The Claimant's AHR filed a timely hearing request on December 19, 2014.

4. The Claimant has alleged physical disabling impairments which include neck pain with herniated cervical disc, migraines, low back pain and heart attack.

5. The Claimant alleges mental disabling impairments including bipolar disorder and was also diagnosed with adjustment disorder with mixed anxiety.

6. The Claimant's past relevant work was as an adult caregiver for a mentally impaired individuals. The Claimant completed a GED.

7. At the time of the hearing the Claimant was [redacted] years old with a [redacted] birth date. The Claimant was 5'3" and weighed 150 pounds.

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 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.

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 (e.g., 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 to 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 impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from Step 3 to Step 4. 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 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 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. In the record presented, the Claimant is not involved in substantial gainful activity and, therefore, 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 916.920(a)(4)(ii); 20 CFR 916.920(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 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(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 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).

The Claimant has alleged physical disabling impairments which include neck pain with herniated cervical disc, migraines, low back pain and heart attack.

The Claimant alleges mental disabling impairments including bipolar disorder and was also diagnosed with adjustment disorder with mixed anxiety.

A summary of the Medical Evidence presented follows.

The Claimant was admitted for a three day stay on [redacted]. Claimant was taken to hospital by family who found her lethargic. Two echocardiograms were performed with ejection fractions of 65% and 60%. The Discharge diagnosis was non ST elevation myocardial infarction, acute kidney injury (resolved), chronic anemia, hyperkalemia (resolved), history of drug overdose, pulmonary hypertension, bipolar disorder, hypocalcemia, history of transient ischemic attack, acute delirium improved, and history of opioid abuse. The Claimant was deemed stable for discharge. Once she was stabilized the Claimant had no signs of ischemia.

A consultative mental status exam performed by a psychologist was conducted on [redacted]. The Claimant presented with a chief complaint of depression. The Claimant demonstrated limited insight of her concerns and demonstrated fair judgment. The assessment noted low-average intelligence. The examiner concluded that with adequate control of her affective symptoms, and any medical conditions notwithstanding Claimant was assessed as capable of employment that are consistent with her aptitudes and general laborer experience. The Diagnosis was Adjustment Disorder with mixed anxiety and depressed mood with unknown remission status and rule out

personality disorder. It also noted moderate to severe physical health problems, occupational problems. Prognosis was fair to poor, highly intervention dependent. The report concluded that Claimant may have difficulty with judicious management of her benefits.

The Claimant was seen at a Physiatrist with reported pain 4/10. The Claimant was prescribed pain medication.

In an Activities of Daily Living form previously completed with the Claimant's MA-P application, the Claimant at that time was able to cook a several course dinner. She also slept on and off taking naps during the day. Claimant could drive and grocery shop.

The Claimant was seen in the emergency room on [redacted] with lower quadrant pain with nausea and an episode of vomiting. The Claimant presented as not anxious or depressed. A CT was indicative of appendicitis; however, ultimately the study was negative. The Claimant also had an ECG which was abnormal which showed sinus tachycardia. The Claimant was discharged in stable condition after the workup.

On [redacted] Claimant was seen for an overdose ingestion characterized in the records as an accidental overdose. The initial impression was substance drug abuse. The Claimant presented with depression and headache. The Claimant had taken 10 Fiorocet, Ambien, two Xanax, Seroquel and three Soma. On examination the Claimant was slow, withdraws to pain, mood was somnolent with disorientation noted. All testing was within normal limits and Claimant was alert and in no acute distress. The clinical impression was drug overdose. No admission was apparent and no treatment, if any, not noted. The Claimant signed a statement of refusal of care.

On [redacted] the Claimant was seen for accidental overdose and complaint of right flank pain with foley catheter previously placed and blood in urine. The Claimant was discharged and given medications including morphine. The impression was acute hematuria. No other treatment information or records were available. The hospital records note the Claimant reported that a foley catheter was placed four days ago because her kidney does not work well.

On [redacted] a one page record indicates the Claimant was seen for Hematuria. No further information regarding this ER visit was available.

On [redacted] the Claimant was seen in the ER for chronic abdominal pain noting chronic ulcer. The Claimant underwent an Esophagogastroduodenoscopy to examine esophagus and stomach. The Claimant had previously undergone a gastrectomy and Nissan Fundoplication one year prior. The post-procedure diagnosis was gastritis. The exam was normal.

The Claimant was seen in the emergency room on [redacted] with abdominal pain and was diagnosed with sharp throbbing pain in the kidney area and vomiting. A CT of the kidneys and bladder was performed with the impression of non-obstructive tiny right renal stone and right renal cyst measuring 3.2x3.1x1.7 cm. No obstructive uropathy or appendicitis. The CT of the abdomen revealed an impression of small fat containing ventral abdominal wall hernia. The bowel was not obstructed and no inflammatory changes are present. The Claimant was discharged on [redacted]

On [redacted] the Claimant was taken to the emergency room arriving by EMS for suspected overdose of drugs. Seroquel pills not missing, Norco half missing. The Claimant was given IV fluids and discharged home. All testing, including an ECG, was within normal limits with a vent rate of 69.

The Claimant was also seen on [redacted] and discharged the same day. The discharge summary only contained test results with no information regarding the admission.

The Claimant was also seen in [redacted] with complaints of headache, light headedness, sensitivity to light and weakness, with tightness and neck pain. The Claimant had parathesis, numbness to pin prick in lower right leg. On [redacted] the Claimant was seen in the ER for migraine and neck pain persisting for last two days with pain assessment 7/10. The Claimant had a CT of the head because of reported symptoms of three days of right-sided weakness with foot drop. The CT results noted no acute intracranial process, mild areas of low attenuation with bilateral internal capsules, likely related to chronic small vessel ischemic disease. No definitive CT evidence for acute territorial infarction. MRI with diffusion weighted imaging is more sensitive for evaluation for infarct. A chest x-ray noted no acute cardiopulmonary process identified. The Claimant was discharged after a one-day stay.

As previously noted, the Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, the Claimant has presented objective medical evidence establishing that she does have some physical limitations on her ability to perform basic work activities. Accordingly, 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.

Listing 4.04 Ischemic Heart Disease was considered in light of the Claimant's prior heart attack and medical history. The listing requires several clear requirements that were not met or demonstrated by the medical evidence. There was no evidence of a sign or

exercise limited tolerance test demonstrating the required manifestations, 4.04A; three separate ischemic episodes, each requiring revascularization or not amenable to revascularization, 4.04B; or coronary artery disease demonstrated by angiography or other appropriate medically acceptable imaging, 4.04C. Clearly, the Listing was not met.

Listing 12.04 Affective Disorders was also reviewed in light of the Claimant's testimony of Depression and Bipolar Disorder. The Listing for either of these impairments requires that both parts A and B of the listing be met. The consultative examination performed in August 2013 referenced above does not significantly demonstrate that either Listing is met. It concluded that with adequate control of her affective symptoms, and any medical conditions notwithstanding, Claimant was assessed as capable of employment that are consistent with her aptitudes and general laborer experience. The diagnosis was adjustment disorder with mixed anxiety and depressed mood with cocaine dependence - unknown remission status and rule out personality disorder. It also noted moderate to severe physical health problems, occupational problems. Prognosis was fair to poor, highly intervention dependent. The report concluded that Claimant may have difficulty with judicious management of her benefits. The consult psychologist also noted that Claimant displayed generally intact mental capacities and fairly stable affective state. The GAF score was 50. In addition, a full mental residual assessment was not made. No marked restrictions of activities of daily living, maintaining concentration, persistence or pace, marked difficulties in maintaining social functioning or repeated episodes of decompensation of extended duration were documented.

Listing 1.04 was not consulted because although the Claimant had complaints of neck and back pain with herniated discs, there was no evidence presented to review or support the listing. Specifically no evidence as required of nerve root involvement. A reference from 2011 regarding a nerve block was insufficient as no records regarding any treatment were presented.

Ultimately, it is found that the Claimant suffers from some medical conditions; however, the Claimant's impairments do not meet the intent and severity requirement of either Listing 4.04, 12.04 or 1.04. A careful review of the medical evidence was made and it was found that the listings were not met. Therefore, the Claimant cannot be found disabled, or not disabled, at Step 3. Accordingly, the Claimant's eligibility is considered under Step 4. 20 CFR 416.905(a).

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 are 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.

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 additional 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, e.g., 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 to the demands of past relevant work must be made. *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 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 (e.g., 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 Claimant's prior work history consists of employment was personal caregiver of mentally impaired adult individuals. As such the Claimant was required to lift and transfer patients weighing 150 pounds several times per day and required being on her feet much of the day. The Claimant completed a GED. In light of the Claimant's testimony and records, and in consideration of the Occupational Code, the Claimant's prior work is classified as unskilled medium work. It is determined that the Claimant can no longer do such work as a caregiver due to her heart problems and the rigorous requirements of lifting and standing much of the day. The job required the Claimant to stand most of the day and lift 150 pounds moving patients several times per day.

The Claimant testified that she is able to walk less than half a block, and can sit for 20 minutes and then must move around. The Claimant can shower and dress herself, tie her shoes and touch her toes. The Claimant is left handed and has no problem or pain in her left hand or arm. There were complaints of numbness in the right hand. No medical records regarding this condition were presented. The Claimant could carry 8 pounds, and can sit at a computer for 20 or 25 minutes looking at Facebook. The Claimant prepares her own meals and can vacuum as well as shop with assistance. She can also climb stairs slowly, with some pain in her knees, back and neck.

If the impairment or combination of impairments does not limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. 20 CFR 416.920. In consideration of the Claimant's testimony, medical records, and current limitations, it is found that the Claimant is not able to return to past relevant work; due in large part to the lifting requirements and standing requirements. Thus, the fifth step in the sequential analysis is required.

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). The Claimant is 46 years old and, thus, is considered to be an individual of younger age for MA purposes. The Claimant has completed a GED. 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 reveals that the Claimant has alleged both physical and mental impairments. The Claimant has not received ongoing therapeutic treatment or any hospitalization for any of her mental impairments and was last hospitalized in [redacted] and with a non ST elevation myocardial infarction and released in stable condition with no signs of ischemia.

Based upon the foregoing objective medical evidence, there is no evidence that the Claimant would have difficulty performing work while sitting and has the use of her hands. Sedentary work requires lifting 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.

This Administrative Law Judge did not take into account Claimant's complaints of pain in that the available diagnoses presented do not support such claims based upon the objective medical evidence provided. Subjective complaints of pain where there are objectively established medical conditions that can reasonably be expected to produce the pain must be taken into account in determining a Claimant's limitations. Here the medical evidence did not support taking into account complaints of pain. *Duncan v Secretary of HHS*, 801 F2d 847, 853 (CA6, 1986); 20 CFR 404.1529, 416.929.

After a review of the Claimant's medical records, hospital reports, and Claimant's own testimony, Claimant has failed to establish limitations which would compromise her ability to perform sedentary work activities on a regular and continuing basis.

In consideration of the foregoing and in light of the objective limitations, it is found that the Claimant does retain the residual functional capacity for work activities on a regular and continuing basis to meet at the physical and mental demands required to perform sedentary work. After review of the entire record, the Findings of Fact and Conclusions of Law, and in consideration of the Claimant's age, education, work experience and residual functional capacity, it is found that the Claimant is not disabled for purposes of the MA-P program at Step 5.

DECISION AND ORDER

Accordingly, the Department's determination is AFFIRMED.

Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **4/01/2015**

Date Mailed: **4/01/2015**

LMF / cl

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, 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 48909-8139

cc: [redacted]
[redacted]
[redacted]
Oakland-District 4 (North Saginaw)
BSC4-Hearing Decisions
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[redacted]
[redacted]
EQADHShearings
AH