

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 20125645
Issue No.: 2009
Case No.: [REDACTED]
Hearing Date: January 23, 2012
Wayne County DHS (57)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the claimant's request for a hearing. After due notice, a telephone hearing was held on January 23, 2012 from Detroit, Michigan. The claimant appeared and testified; [REDACTED] appeared and testified on behalf of Claimant. On behalf of Department of Human Services (DHS), [REDACTED], Specialist, appeared and testified.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) on the basis that Claimant is not a disabled individual.

FINDINGS OF FACT

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

1. On 6/7/11, Claimant applied for MA benefits.
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On 10/4/11, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (See Exhibits 3-4).
4. On an unspecified date, DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.
5. On 10/14/11, Claimant requested a hearing disputing the denial of MA benefits.

6. On 12/8/11, the State Hearing Review Team (SHRT) determined that Claimant was not a disabled individual (See Exhibits 185-186), based in part by application of Medical-Vocational Rule 202.20.
7. As of the date of the administrative hearing, Claimant was a [REDACTED] year old female [REDACTED] with a height of 5'8" and weight of 163 pounds.
8. Claimant has no relevant history of tobacco, alcohol or illegal substance abuse.
9. Claimant's highest education year completed was the 12th grade.
10. As of the date of hearing, Claimant received medical coverage through Adult Medical Program (AMP) and has done so since approximately 11/2010.
11. Claimant alleges that she is disabled based on impairments of: back pain, neck pain, asthma and left arm problems.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). DHS (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

The controlling DHS regulations are those that were in effect as of 6/2011, the month of the application which Claimant contends was wrongly denied. Current DHS manuals may be found online at the following URL: <http://www.mfia.state.mi.us/olmweb/ex/html/>.

MA provides medical assistance to individuals and families who meet financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 at 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* AMP is an MA program available to persons not eligible for Medicaid

through the SSI-related or FIP-related categories though DHS does always offer the program to applicants. It was not disputed that Claimant's only potential category for Medicaid eligibility would be as a disabled individual.

Disability for purposes of MA benefits is established if one of the following circumstances applies (see BEM 260 at 1-2):

- by death (for the month of death);
- the applicant receives Supplemental Security Income (SSI) benefits;
- SSI benefits were recently terminated due to financial factors;
- the applicant receives Retirement Survivors and Disability Insurance (RSDI) on the basis of being disabled; or
- RSDI eligibility is established following denial of the MA benefit application (under certain circumstances).

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for Medicaid eligibility without undergoing a medical review process which determines whether Claimant is a disabled individual. *Id.* at 2.

Generally, state agencies such as DHS must use the same definition of SSI disability as found in the federal regulations. 42 CFR 435.540(a). Disability is federally defined as the inability to do any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905. A functionally identical definition of disability is found under DHS regulations. BEM 260 at 8.

Substantial gainful activity means a person does the following:

- Performs significant duties, and
- Does them for a reasonable length of time, and
- Does a job normally done for pay or profit. *Id.* at 9.

Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute substantial gainful activity. *Id.*

The person claiming a physical or mental disability has the burden to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The current monthly income limit considered SGA for non-blind individuals is \$1,000.

In the present case, Claimant denied having any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Without ongoing employment, it can only be concluded that Claimant is not performing SGA. It is found that Claimant is not performing SGA; accordingly, the disability analysis may proceed to step two.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the 12 month duration requirement. 20 CFR 416.920 (a)(4)(ii). The impairments may be combined to meet the severity requirement. If a severe impairment is not found, then a person is deemed not disabled. *Id.*

The impairments must significantly limit a person's basic work activities. 20 CFR 416.920 (a)(5)(c). "Basic work activities" refers to the abilities and aptitudes necessary to do most jobs. *Id.* Examples of basic work activities include:

- physical functions (e.g. walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling)
- capacities for seeing, hearing, and speaking, understanding; carrying out, and remembering simple instructions
- use of judgment
- responding appropriately to supervision, co-workers and usual work situations; and/or
- dealing with changes in a routine work setting.

Generally, federal courts have imposed a de minimus standard upon claimants to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10th Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10th Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6th Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an

individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1st Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirement is intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1st Cir. 1986).

In determining whether Claimant's impairments amount to a severe impairment, all relevant evidence may be considered. The analysis will begin with the submitted medical documentation. Some documents were admitted as exhibits but were not necessarily relevant to the disability analysis; thus, there may be gaps in exhibit numbers.

A Medical- Social Questionnaire (Exhibits 9-11) dated 7/21/11 was presented. The DHS form is intended to be completed by clients for general information about their claimed impairments, treating physicians, previous hospitalizations, prescriptions, medical test history, education and work history. Claimant noted problems with her back, her neck, asthma and arthritis. Claimant noted she was limited in lifting and bending due to her impairments. Claimant listed one previous hospital encounter, in 9/2010 following a vehicle accident. Claimant testified that she also spent the night in the hospital in 11/2011 due to pneumonia.

On the questionnaire, Claimant listed taking the following prescriptions: Doxazosin, Zoloft, Tramadol, Oxybutynin, Albuterol, Ventolin and iron supplements. Claimant also listed prescriptions for Ciprofloxacin and Advair which she testified that she no longer takes. A list of Claimant's prescription purchase history (Exhibits 12-14) verified the accuracy of Claimant's prescription list.

A Medical Examination Report (Exhibits 15-16) dated [REDACTED] was completed by Claimant's treating physician. A diagnosis of lower back radiating to lower extremity was noted. It was noted that Claimant was capable of meeting her household needs. It was noted that Claimant needed physical therapy to improve her back condition. A "Comprehensive Rehabilitation Outpatient Services" (Exhibit 17) was presented; this form tended to verify that six weeks of three day per week physical therapy was either performed or requested.

Hospital documents (Exhibits 21-23) stemming from a [REDACTED] admission were presented. It was noted that Claimant reported being in a car accident the day before. Claimant complained of neck stiffness and burns to her arms when the airbag deployed. A cervical spine x-ray revealed no obvious fracture or dislocation. The x-ray revealed a "reversal of normal cervical spine lordosis secondary to the patient's positioning".

Urologist documents (Exhibits 24-29) were presented. Claimant went to the urologist on [REDACTED] and [REDACTED] based on complaints of frequent urination. The treating urologist gave an assessment of microscopic hematuria and DSD uninhibited contractions.

A final report from a [REDACTED] examination (Exhibits 30-32) were presented. It was noted that Claimant had a full range of motion in all tested joints. Claimant was also scheduled for an evaluation for depression.

Orthopedic clinic documents (Exhibits 33-41) were presented. The documents concern four different 2011 appointments concerning back pain. It was noted that there was no significant evidence of bulging or herniation. Claimant also denied any ongoing bladder problems.

On [REDACTED], Claimant's spine was examined (see Exhibits 42-45). The examining physician gave an impression that Claimant was negative for fracture or subluxation. An impression of Schmorl's node was evident at L6-S1.

Other documents (Exhibits 52-63, 69-84) were presented. These documents involved procedural aspects of Claimant's application and were not relevant to the disability determination.

Claimant completed an Activities of Daily Living (Exhibits 64-68) dated [REDACTED], a questionnaire designed for clients to provide information about their abilities to perform various day-to-day activities. It was noted that Claimant has trouble sleeping due to tossing and turning. Claimant noted that she fixes her own meals but sometimes receives help. Claimant noted that she works around the house including moving furniture, washing clothes, doing outside work and other chores. Claimant noted that her friend helps her take out the trash. Claimant noted she does her own shopping but has help with the heavier items. Claimant noted that she likes to go fishing once or twice per week, though sometimes she only goes once per month.

An Assistance Application (Exhibits 85-102) dated [REDACTED] was presented. The application verified Claimant's application date but was not otherwise relevant.

Claimant was physically examined on [REDACTED] (see Exhibits 105-110) by a DHS assigned examiner. It was noted that Claimant reported a history of asthma, burns on her left arm, back pain, depression, neck pain and a uterus fibroid. Claimant's gait was normal. Claimant's grip strength was normal in both arms. Claimant had limited ranges of motion concerning all tested cervical and lumbar spine movements; all other ranges of motion were within normal limits. An assessment was provided that Claimant's asthma was under control. It was noted that Claimant ambulated well and there was no reason that Claimant could not perform physical work.

Documents (Exhibits 111-184) concerning a previous application for MA benefits were presented. The documents were evaluated but were not notable other than generally being consistent with more recent medical documentation or being irrelevant to Claimant's current impairments.

Overall, Claimant's testimony was very consistent with the submitted medical documentation. Claimant testified that she is capable of bathing and grooming herself. Claimant stated she does her own shopping. Claimant testified that she performs light cleaning but receives assistance from her friend.

Claimant's stated that she can walk well and has no sitting limitations. Claimant stated she can stand for 30-60 minute periods depending on the whether she is having a good day or bad day. Claimant stated her good days and bad days are evenly split. Claimant stated she had bending limitations due to her back pain.

There was no documentation supporting any psychological barriers, though Claimant's testimony and demeanor presented support for the possibility. Claimant testified that she saw a therapist 2-3 times per month. At one point during the hearing, Claimant cried for unspecified reasons and needed several moments to compose herself. Claimant's prescription for Zoloft also tends to show some degree of problem with depression. However, the lack of documentation makes it impossible to discern a verified degree of Claimant's depression. Due to lack of evidence, it is found that Claimant's depression is not a severe impairment.

Claimant's asthma is an ongoing issue, but Claimant conceded that her asthma has been controlled. This was also verified by medical documentation. It is found that Claimant's asthma is not a severe impairment.

Claimant stated that her left arm is somewhat limited in that she thought she could only hold a cup for approximately a five minute period. Claimant believed that the burns suffered in the 8/2010 vehicle accident is what makes her limited. Though Claimant's testimony was sincere, there is no medical evidence to support any such limitations. The only evidence of grip strength was from an examination that occurred prior to the accident; the examination showed no arm restrictions. It is found that Claimant failed to establish a severe impairment based on arm problems.

Claimant established some restrictions due to her back. It is known that Claimant was recommended for or received physical therapy for her back and neck. It is known that Claimant's complaints of back pain have been ongoing since 8/2010. Claimant's testimony that she was restricted to some degree of lifting was persuasive as Claimant's testimony was very consistent with the submitted medical documents. Claimant was limited in her all tested ranges of back motion. It is found that Claimant established a significant impairment to basic work activity performance.

There was no dispute that Claimant's back problems have occurred for a period of 12 months or longer. Accordingly, it is found that Claimant established a severe impairment based on back problems and the analysis may proceed to step three.

The third step of the sequential analysis requires a determination whether the Claimant's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920 (a)(4)(iii). If any of Claimant's impairments meet the requirements for the respective listing, then the claimant is deemed disabled. If the claimant does not meet the respective listing or the impairment is unlisted, then the analysis proceeds to the next step.

Claimant's primary impairment involved spinal pain and restrictions. Musculoskeletal issues are covered by Listing 1.00. Such impairment are covered by Listing 1.04 and reads:

1.04 Disorders of the spine (e.g., herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture), resulting in compromise of a nerve root (including the cauda equina) or the spinal cord. With:

A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine);

OR

B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours;

OR

C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively, as defined in 1.00B2b.

Claimant failed to present any evidence which establishes any spine disorder other than Schmorl's node at L6-S1. The medical records make no reference to stenosis, arachnoiditis or nerve root compression. Disc space narrowing may be evidence of nerve root compression though this was ruled out based on physician findings made on [REDACTED] following back x-rays (see Exhibit 42). It is found that Claimant failed to meet the listing for spinal disorders.

A listing for depression (Listing 12.04) was also considered. The listing was rejected because Claimant failed to establish marked restrictions in concentration, social functioning and daily activity performance.

A listing for joint dysfunction (Listing 1.04) was considered based on Claimant's spinal and arm complaints. Claimant failed to establish meeting a lower extremity dysfunction because it was not established that Claimant has an inability to ambulate effectively as defined by SSA. Part B of this listing was rejected because there was no evidence that Claimant is limited in both arms.

A listing for asthma (Listing 3.03) was also considered. This listing was rejected because there was no evidence of chronic bronchitis or reoccurring asthma attacks.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the disability analysis moves to step four.

The fourth step in analyzing a disability claim requires an assessment of the Claimant's residual functional capacity (RFC) and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if it is determined that a claimant can perform past relevant work. *Id.*

Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is not considered. 20 CFR 416.960(b)(3). RFC is assessed based on impairment(s), and any related symptoms, such as pain, which may cause physical and mental limitations that affect what can be done in a work setting. RFC is the most that can be done, despite the limitations.

Claimant's employment history was presented (see Exhibit 11). It was noted that Claimant worked full-time taking care of her mother. Claimant clarified that she was paid \$277/month to provide chore services for her mother. The income Claimant received would not qualify for SGA.

Claimant also indicated that she worked for six months as a part-time food preparer. Claimant testified her employment only involved 2-3 day per week shifts of approximately four hours each day worked. Again, Claimant's income would not be sufficient to qualify as SGA.

Claimant testified that she had other part-time jobs in the last 15 years but none appeared to meet SGA requirements. Thus, Claimant failed to perform any SGA within

the last 15 years. Because Claimant has not performed SGA within the last 15 years, it can only be found that Claimant cannot return to perform past relevant employment, (because there was none). Accordingly, the disability analysis may proceed to step five.

In the fifth and last step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. The definitions for each are listed below.

Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b) Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.*

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.*

20125645/CG

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered nonexertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.* In using the rules of Appendix 2, an individual's circumstances, as indicated by the findings with respect to RFC, age, education, and work experience, is compared to the pertinent rule(s).

An examination of the type of work which Claimant is capable of performing is difficult because the medical evidence fails to specify any physical restrictions for Claimant. Reasonable conclusions can be made based on the existing medical records and Claimant's testimony.

For purposes of this decision, only sedentary employment will be evaluated. Claimant may be capable of a higher exertional work level but it is known that based on Claimant's age, education and work history, a finding that Claimant is capable of sedentary employment would require no further evaluation.

Sedentary employment requires minimal lifting (under ten pounds) and minimal standing or walking (two hours within an eight hour shift). Claimant concedes being capable of performing both sedentary employment aspects. Medical evidence such as an examining physician's conclusion that Claimant is not limited in physical work (see Exhibit 8) supports Claimant's testimony.

Based on Claimant's age (younger individual aged 18-44), education (limited but literate and able to communicate in English) and employment history (none), Medical-Vocational Rule 201.24 is found to apply. This rule dictates a finding that Claimant is not disabled. Accordingly, it is found that DHS properly found Claimant to be not disabled for purposes of MA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied MA benefits to Claimant based on a determination that Claimant was not disabled. The actions taken by DHS are AFFIRMED.



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

Date Signed: January 25, 2012

Date Mailed: January 25, 2012

NOTICE: Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases).

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:

20125645/CG

- the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail to:

Michigan Administrative hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

CG/hw

cc:

