

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012-78603
Issue No.: 2009; 4031
Case No.: [REDACTED]
Hearing Date: January 9, 2013
County: Allegan

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

HEARING DECISION

This matter is before the undersigned Administrative Law Judge upon Claimant's request for a hearing made pursuant to Michigan Compiled Laws 400.9 and 400.37, which govern the administrative hearing and appeal process. After due notice, a telephone hearing was commenced on January 9, 2013, from Lansing, Michigan. Claimant personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included Lead Worker [REDACTED] [REDACTED]

ISSUE

Whether the Department of Human Services (the department) properly denied Claimant's application for Medical Assistance (MA-P), Retro-MA and State Disability Assistance (SDA)?

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 January 18, 2012, Claimant applied for MA-P, Retro-MA and SDA benefits.
- (2) On September 5, 2012, the Medical Review Team (MRT) denied Claimant's MA/Retro-MA application indicating Claimant was capable of performing other work, pursuant to 20 CFR 416.920(f). SDA was denied due to lack of duration. (Depart Ex. A, pp 1-2).
- (3) On September 11, 2012, the department caseworker sent Claimant notice that his application was denied.
- (4) On September 13, 2012, Claimant filed a request for a hearing to contest the department's negative action.

- (5) On October 26, 2012, the State Hearing Review Team (SHRT) upheld the denial of MA-P and Retro-MA benefits indicating Claimant retains the capacity to perform a wide range of simple unskilled work. S DA was denied due to lack of duration. (Department Exhibit B, pp 1-2).
- (6) Claimant has a history of bipolar disorder, cirrhosis of the liver, hepatitis C, and a bad back.
- (7) Claimant is a 51 year old man whose birthday is [REDACTED] Claimant is 5'9" tall and weighs 190 lbs. Claimant completed a high school equivalent education.
- (8) Claimant was appealing the denial of Social Security disability at the time of the hearing.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department, (DHS or department), 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 State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and Mich Admin Code, Rules 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Current legislative amendments to the Act delineate eligibility criteria as implemented by department policy set forth in program manual s. 2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

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 exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:

(b) A person with a physical or mental impairment which meets federal SSI 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.

Specifically, this Act provides minimal cash assistance to individuals with some type of severe, temporary disability which prevents him or her from engaging in substantial gainful work activity for at least ninety (90) days.

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 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). 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 (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 an 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, Claimant is not involved in substantial gainful activity and testified that he has not worked since before going to prison in 2007. He was unable to give a specific month or year he last worked, stating only that he mowed lawns. Therefore, he is not disqualified from receiving disability benefits under Step 1.

The severity of the individual's alleged impairment(s) is considered under Step 2. The individual 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
6. 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).

In the present case, Claimant alleges disability due to bipolar disorder, cirrhosis of the liver, hepatitis C, and a bad back.

On January 14, 2011, Claimant went through intake admission at the [REDACTED] ([REDACTED] He presented with depression and anxiety. His appearance was appropriate and he was oriented to person, place, time and situation. His behavior and psychomotor behaviors were unremarkable. His speech and affect were appropriate. His mood was anxious and depressed. His memory was intact. Reasoning, impulse control, judgment, and insight were good. His self-perception was realistic. His thought processes were logical and thought content unremarkable. He was receiving hepatitis C treatment and reported to be responding well to the treatment. He was cooperative and compliant with treatment. Diagnosis: Axis I: Depressive disorder; Alcohol dependence; Axis II: Personality disorder; Axis V: GAF=61.

On June 21, 2011, Claimant followed up with infectious disease concerning his hepatitis C treatment. He will complete treatment in two days. On 6/9/11, TSH was 2.4, albumin 4.2, alkaline phosphatase 72, creatinine 0.8, total bilirubin 0.9, ALT 6, AST 18, INR 0.92, hemoglobin 10.4, platelets 119k and ANC 1630. On 2/17/11, he had dose number 30. The following week on 2/22/11, the HCV RNA was undetectable at less than 614 IU per mL by bDNA. He had the same result on 2/25/11 when apparently it was repeated accidentally. He had two teeth pulled about ten days ago and that has not caused any problem. He has not had trouble with bleeding or infection. He has some mild dyspnea with exertion. No decreased vision or hearing. No generalized rash. He was reminded that the ribavirin and pegylated interferon side effects will clear over 4-6 weeks following the end of treatment, but that the ribavirin persists in the testicles for six months after the end of the treatment. That is the same six months when it is not known if he has fully cleared the virus so he must be careful not to transmit it to others. He expects to be in prison during that time so it should not be an issue.

On January 27, 2012, Claimant was informed that the treatment for his hepatitis C did not result in suppression of the virus. He was informed that under the [REDACTED] guidelines he does meet the criteria for continued treatment with peginterferon for hepatitis.

On May 29, 2012, Claimant was seen in healthcare services regarding his upcoming discharge from prison in July, 2012. Claimant agreed to be more forthcoming with prescribing physician. Claimant was seen regarding his mental health functioning and any potential benefit from psychotropic interventions. Claimant admits he is depressed and hearing voices. He admits he had not been forthcoming, which he reported he had not been because of his sense of discouragement. Claimant has a poor appetite and sleeps in 2-3 hour intervals. His speech is monotone. His affect is constricted and his mood is anxious and depressed. His memory is intact. He is cooperative but discouraged. His reasoning, impulse control and insight are fair. He has auditory and visual hallucinations. Thought content reveals paranoia. He has auditory hallucinations daily which are derogatory. His visual hallucinations are less intense. Diagnosis: Axis I: Bipolar, manic in partial remission; Polysubstance dependence; Axis II: Personality Disorder; Axis V: GAF=51.

On July 13, 2012, Claimant's discharge summary from prison indicates Claimant has been receiving mental health services through the outpatient mental health program within the [REDACTED] [REDACTED] [REDACTED] since 1/16/2008. Claimant is being released because he reached his maximum sentence. Primary focus of treatment has been the reduction or elimination of depressive and anxiety symptoms to improve his daily functioning and to address his substance abuse risk factors. He was maintained on a combination of psychotropic medication and cognitive behavioral therapy until he was diagnosed with hepatitis C and began Interferon treatment. A review of his medical records shows that he has been off psychotropic medications since June, 2011. He has cirrhosis of the liver and his current liver functioning prevents him from taking medication to address his mental health needs. He states that he has under-reported his mental health symptoms throughout his incarceration so that his security level would be reduced so he would have more freedoms within the prison setting. He currently reports symptoms of depression and anxiety, and also states that he experiences auditory hallucinations that are persecutory in nature. He states that he copes with these hallucinations and that he is able to ignore the voices he hears by praying, reading books, and by talking with friends. He does note that he occasionally gets into a dialogue with the voices telling them to leave him alone.

On July 18, 2012, Claimant presented to [REDACTED] [REDACTED] [REDACTED] reporting that he was released from prison yesterday and has extreme anxiety, irritation, anger, and depression. He reported that when he is in a deep depression, he has self-derogatory thoughts about being worthless which he attributes to Satan. Claimant was well groomed and cooperative with average eye contact. His speech was clear. He reported that in the past he saw the devil, ghosts, had self-deprecating thoughts/voices and once while in jail a little guy came out of the ground. The examining therapist MA, LLP completing Claimant's intake noted that Claimant's statements and self-report of history do not support enough evidence for psychosis with the belief that the incidents may be anxiety-provoked or substance induced related. Diagnosis: Axis I: Alcohol dependence; Mood disorder; Axis II: Antisocial traits; Axis III: Hepatitis C, liver problems, headaches, history of head injuries; Axis IV: Transitioning from prison; Axis V: GAF=47.

On December 27, 2012, a licensed [REDACTED] for [REDACTED] [REDACTED] at [REDACTED] in [REDACTED] wrote that he had been meeting with Claimant since December 13, 2012. The counselor wrote that he had been in session with Claimant regarding Claimant's anxiety and depression issues, along with his substance abuse history. The counselor opined that Claimant's condition is long term and will require ongoing attention and treatment.

On January 4, 2013, a physician in [REDACTED] [REDACTED] wrote that Claimant is now under his care. Claimant has hepatitis C and bipolar disorder. Treatment of hepatitis C may result in depression. Therefore, he must have optimal treatment of his bipolar disorder prior to initiating treatment of his hepatitis C. In the meantime, he is bothered by fatigue from hepatitis C and the issues presented by his bipolar disorder. He finds these features incompatible with working at this time. It will take some time to control the bipolar disorder before beginning treatment of the hepatitis C. In addition, he may experience significant side effects from the hepatitis C therapy. The therapy for

hepatitis C lasts one year. The physician opined that he does not know what level of function Claimant will eventually achieve. This depends on several aspects of his health including his cirrhosis. While his liver may recover and begin repair after hepatitis C treatment and resolution this may take considerable time, perhaps years. It seems that the bipolar disorder is making him miserable. To further complicate this problem, his other physicians have not been able to find appropriate therapy for his bipolar disorder in view of his cirrhosis.

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 some limited medical evidence establishing that he does have some physical limitations on his ability to perform basic work activities. The medical evidence has established that 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, 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 individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. Claimant has alleged physical and mental disabling impairments due to bipolar disorder, cirrhosis of the liver, hepatitis C, and a bad back. It should be noted that there was no evidence of back problems in Claimant's medical records.

Listing 1.00 (musculoskeletal system), Listing 5.00 (digestive system), and Listing 12.00 (mental disorders) were considered in light of the objective evidence. Based on the foregoing, it is found that Claimant's impairment(s) does not meet the intent and severity requirement of a listed impairment; therefore, Claimant cannot be found disabled, or not disabled, at Step 3. Accordingly, 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 individual'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 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 (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.*

Claimant has a history of less than gainful employment. As such, there is no past work for Claimant to perform, nor are there past work skills to transfer to other work occupations. Accordingly, Step 5 of 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).

At the time of hearing, Claimant was 51 years old and was, thus, considered to be approaching advanced age for MA-P purposes. Claimant has a high school equivalent education. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from 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).

Where an individual has an impairment or combination of impairments that results in both strength limitations and non-exertional limitations, the rules in Subpart P are considered in determining whether a finding of disabled may be possible based on the strength limitations alone, and if not, the rule(s) reflecting the individual's maximum residual strength capabilities, age, education, and work experience, provide the framework for consideration of how much an individual's work capability is further diminished in terms of any type of jobs that would contradict the non-limitations. Full consideration must be given to all relevant facts of a case in accordance with the definitions of each factor to provide adjudicative weight for each factor.

In this case, the evidence reveals that Claimant suffers from bipolar disorder, cirrhosis of the liver, hepatitis C, and a bad back. The objective medical evidence lists no restrictions. It is also noted that Claimant had not been on any psychotropic medications while taking the hepatitis C treatment and his medical records consistently stated no unusual anxiety or evidence of depression throughout his hepatitis C treatment.

In light of the foregoing, it is found that Claimant maintains the residual functional capacity for work activities on a regular and continuing basis which includes the ability to meet the physical and mental demands required to perform at least light work as defined in 20 CFR 416.967(b). After review of the entire record using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 202.13, it is found that Claimant is not disabled for purposes of the MA-P program at Step 5.

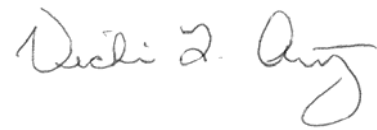
The department's Bridges Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. BEM, Item 261, p 1. Because Claimant does not meet the

definition of disabled under the MA-P program and because the evidence of record does not establish that Claimant is unable to work for a period exceeding 90 days, Claimant does not meet the disability criteria for State Disability Assistance benefits.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds Claimant not disabled for purposes of the MA -P, Retro-MA and SDA benefit programs. Accordingly, it is ORDERED:

The Department's determination is **AFFIRMED**.



Vicki L. Armstrong
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: March 28, 2013

Date Mailed: March 29, 2013

NOTICE: Administrative Hearings 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. Administrative Hearings 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.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing 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:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

2012-78603/VLA

Request must be submitted through the local DHS office or directly to MAHS by mail at
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

VLA/las

cc:

