



2014-21494/ACE

2. On December 12, 2013, the Medical Review Team (MRT) found Claimant not disabled.
3. On December 19, 2013, the Department sent Claimant a Notice of Case Action denying the application based on MRT's finding of no disability.
4. On December 23, 2013, the Department received Claimant's timely written request for hearing.
5. On February 25, 2014 and July 22, 2014, SHRT found Claimant not disabled.
6. Claimant alleged physical disabling impairment due to severe anemia, severe hypertension, high blood pressure, heart palpitations, blurred vision and left knee pain/arthritis.
7. At the time of hearing, Claimant was 40 years old with [REDACTED] birthdate; she was 5'7" in height and weighed 180 pounds.
8. Claimant is not a high school graduate but did receive a GED.
9. Claimant has an employment history of work as census worker and assembly line worker.
10. Claimant's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

### **CONCLUSIONS OF LAW**

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

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

SDA benefits are available to disabled individuals. BEM 105 (January 2014), p. 1; BEM 260 (July 2013), p. 1; BEM 261 (July 2013), p. 1. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability, or the receipt of Medical Assistance (MA-P,

or Medicaid) benefits based on disability, automatically qualifies an individual as disabled for purposes of the SDA program. BEM 261 (July 2013), p. 2.

At the time of the hearing, Claimant was not an SSI recipient. There was no evidence that she received any of the applicable benefits or services for SDA disability eligibility. See BEM 261, pp. 2-3. Therefore, to be eligible for SDA based on disability, she would have to have a physical or mental impairment sufficient to establish a disability for MA-P purposes as defined in Title XVI of the Social Security Act. 20 CFR 416.901.; BEM 261, p. 4

Disability for MA-P purposes 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). For SDA purposes, the duration requirement is not less than 90 days.

In order to determine whether or not an individual is disabled, federal regulations require application of a five-step sequential evaluation process. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider (1) whether the individual is engaged in substantial gainful activity (SGA); (2) whether the individual's impairment is severe; (3) whether the impairment and its duration meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) whether the individual has the residual functional capacity to perform past relevant work; and (5) whether the individual has the residual functional capacity and vocational factors (based on age, education and work experience) to 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).

In general, the individual has the responsibility 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, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 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, are insufficient to establish disability. 20 CFR 416.927(d).

### **Step One**

As outlined above, the first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is substantial gainful activity (SGA), then the individual must be considered as not disabled, regardless of medical condition, age, education, or work experience. 20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Claimant has not engaged in SGA activity during the period for which assistance might be available. Therefore, Claimant is not ineligible under step 1 and the analysis continues to step 2.

### **Step Two**

Under step 2, the severity of an individual's alleged impairment(s) is considered. If the individual does not have a severe medically determinable physical or mental impairment that meets the duration requirement, or a combination of impairments that is severe and meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for MA-P means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 12 months. 20 CFR 416.922. The duration requirement for SDA is a continuous period of at least 90 days. BEM 261, p. 1.

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). 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); see also *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples include (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b).

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. A disability claim obviously lacking in medical merit may be dismissed. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may 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). However, under the *de minimus* standard applied at step 2, an impairment is severe

unless it is only a slight abnormality that minimally affects work ability regardless of age, education and experience. *Higgs* at 862.

As previously noted, Claimant bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). In the present case, Claimant alleges physical disability due to severe anemia, severe hypertension, high blood pressure, heart palpitations, blurred vision, and left knee pain/arthritis.

██████████ Claimant visited the emergency department complaining of left arm swelling and left knee pain. She admitted that she was not taking her blood pressure medication. The doctor noted a mild erythema with mild pain on the volar aspect of her left arm but no fluctuance or evidence of abscess. The doctor also noted that there were no red or hot swollen joints, including the left knee. The doctor diagnosed Claimant with acute cellulitis, chronic left knee pain, and hypertensive urgency asymptomatic. She was discharged in good condition.

██████████ Claimant was admitted into the hospital following complaints of difficulty breathing and chest pains. Chest x-rays and EKG performed during admission were normal. Her past medical history referenced hypertension, sickle cell trait, menorrhagia, and anemia and past surgeries for her left knee and gall bladder. Claimant's blood pressure was 178/127. She was diagnosed with iron-deficiency anemia. She was given blood pressure medication and transfused 2 units of packed red blood cells. A uterine ultrasound revealed cysts, with a large cystic lesion of the left ovary placing the ovary at risk for torsion, and short-term follow-up was recommended for further evaluation. Claimant was given 2 grams of iron and a transfusion and her condition stabilized. At discharge ██████████ she was progressing well and was released with no restrictions on work, lifting or driving.

██████████ Claimant's family practitioner, who first evaluated Claimant in ██████████ completed a DHS-49, medical examination report, indicating that Claimant suffered from profound anemia and severe hypertension. The doctor indicated that Claimant had limitations expected to last more than 90 days as follow: (i) she could occasionally lift up to 10 pounds and never lift 10 or more pounds; (ii) she could stand and/or walk less than 2 hours in an 8-hour workday; (iii) she could use either hand and/or arm for repetitive actions; (iv) she could use only the right leg and/or foot for repetitive actions; (v) her sustained concentration was limited due to anxiety and apprehension resulting from her illness. No limitations concerning her ability to sit were identified.

██████████ a psychiatrist at ██████████ signed a "discharge summary" concerning Claimant that indicated that she was diagnosed with major depressive disorder, recurring, and panic disorder and had a global assessment functioning (GAF) score of 48. The summary showed that she had participated in an intake evaluation on

██████████, four individual sessions, and one medical review. The progress notes indicated that Claimant was not in treatment long enough to determine if her symptoms had decreased.

██████████ Claimant's orthopedic surgeon completed a DHS 49, medical examination report. He identified her diagnosis as moderate tri-compartmental arthritis in the left knee based on an x-ray showing moderate degenerative change at all three compartments. He noted that Claimant moved with a limp, without the use of an aid. Range of motion was 0 to 125. The doctor indicated that Claimant's condition was deteriorating and she had the following limitations that were expected to last more than 90 days: (i) she could frequently lift up to 10 pounds and never lift 20 pounds or more; (ii) she could stand and/or walk at least 2 hours in an 8-hour workday; (iii) she could use either hand and/or arm for repetitive actions; and (iv) she could use her right foot/leg for repetitive actions. The doctor prescribed a brace for Claimant's left knee.

Claimant's medical history established that she does have some physical limitations on her ability to perform basic work activities. In consideration of the *de minimis* standard necessary to establish a severe impairment under step 2, the foregoing medical evidence is sufficient to establish that Claimant suffers from severe impairments as a result of her hypertension, anemia, high blood pressure, heart palpitations and left knee arthritis that have lasted, or are expected to last, for a continuous period of not less than 90 days. Therefore, Claimant has satisfied the requirements under step 2, and the analysis will proceed to step 3.

It is noted that although Claimant also alleges blurred vision, there is no medical documentation to support this alleged impairment. Accordingly, it is not a severe physical impairment. Social Security Ruling 96-4p.

### **Step Three**

Step 3 of the sequential analysis of a disability claim requires a determination if the individual'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 an individual's impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

The evidence shows diagnosis of, and treatment for, severe anemia, severe hypertension, high blood pressure, heart palpitations, and left knee pain/arthritis. Based on the objective medical evidence presented, Listing 7.02 (chronic anemia), Listing 1.02 (major dysfunction of a joint due to any cause) and 1.03 (reconstructive surgery or surgical arthrodesis of a major weight bearing joint), and Listing 4.00 (cardiovascular system) were considered with respect to these diagnoses.

Although Claimant's family practitioner indicated in [REDACTED] [REDACTED] medical examination report that Claimant suffered from severe hypertension and there was evidence that she was admitted to the hospital [REDACTED] complaining of breathing difficulties and chest pains, the medical evidence presented concerning Claimant's hypertension and high blood pressure, as well as heart palpitations, fails to establish any impairment sufficient to meet, or equal, any listing under Listing 4.00.

For Claimant's anemia to satisfy a listing under 7.02, the medical evidence must show hematocrit persisting at 30% or less due to any cause and either (i) one or more blood transfusions on an average of at least once every two months or (ii) evaluation of the resulting impairment under criteria for the affected body system. There was only one incident of blood transfusions in the medical packet presented and there was no evidence of any other body system being affected by the anemia. Accordingly, Claimant did not meet a listing, or the equivalent to a listing, under 7.02.

For Claimant's knee arthritis to meet, or equal, a listing under 1.02 or 1.03, there must be an inability to ambulate effectively in a major peripheral weight-bearing joint (in this case, the knee). An inability to ambulate effectively is defined as follows:

an extreme limitation of the ability to walk; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. Ineffective ambulation is defined generally as having insufficient lower extremity functioning . . . to permit independent ambulation without the use of a hand-held assistive device(s) that limits the functioning of both upper extremities.

In this case, Claimant's orthopedic surgeon noted in [REDACTED] [REDACTED] medical examination report that Claimant had moderate arthritis in the knee but she was able to move with a limp without the use of an aid. Accordingly, the medical evidence does not establish that Claimant cannot ambulate effectively. As such, her impairment does not satisfy a listing under 1.02 or 1.03.

Therefore, the evidence does not show that Claimant's impairments of hypertension/high blood pressure, heart palpitations, severe anemia and left knee arthritis meet, or equal, the required level of severity of a listing to be considered as disabling without further consideration. The disability analysis therefore proceeds to Step 4.

### **Residual Functional Capacity**

If an individual's impairment does not meet or equal a listed impairment under step 3, before proceeding to step 4, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. Impairments, and any related symptoms, may cause physical and mental limitations that affect what a person can do

in a work setting. 20 CFR 416.945(a)(1). RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s) and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4). The total limiting effects of all impairments, including those that are not severe, are considered. 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicants 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).

Limitations can be exertional, non-exertional, or a combination of both. 20 CFR 416.969a. If the limitations and restrictions imposed by the individual's impairment(s) and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b). To determine the exertional requirements, or physical demands, of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a).

Sedentary work.

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

Light work.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. 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. If someone can do light work, . . . he or she can also do sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time.

Medium work.

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of



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objects weighing up to 25 pounds. If someone can do medium work, . . . he or she can also do sedentary and light work.

Heavy work.

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

Very heavy work.

Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. If someone can do very heavy work, . . . he or she can also do heavy, medium, light, and sedentary work. 20 CFR 416.967.

In this case, Claimant suffers from hypertension, anemia and left knee arthritis.

At the hearing, Claimant testified that she had no issues concerning her upper body and could lift items. However she had difficulty walking more than a block because of her knee pain and she had dizziness and blurred vision from her uncontrolled high blood pressure. She acknowledged that she did not use a cane or other walking aid but stated that when she stood she would experience swelling that then led to a grinding in her knee. She was unable to squat and would bend at the waist instead. She testified that her uncontrolled high blood pressure resulted in dizzy spells, breathing issues, and lack of concentration. She would have panic attacks that sometimes led her to suicidal thoughts.

She testified that she lived with her 17-year-old daughter who helped her shower and shop. She was able to drive. She could mostly dress herself although her daughter helped her with more difficult tasks, such as putting on tall boots. She did not cook for herself because she would get dizzy and forget what she was doing. She did not clean because of the difficulty she had standing. She testified that she had limited social interactions.

Claimant's orthopedic surgeon confirmed in the medical exam report he completed [REDACTED] that Claimant had arthritis in the left knee based on x-rays showing moderate degenerative changes. The doctor identified that following limitations to Claimant's activities: (i) she could never lift 20 pounds or more but could frequently lift up to 10 pounds; (ii) she could stand and/or walk at least 2 hours in an 8-hour workday; (iii) she could use either hand and/or arm for repetitive actions; and (iv) she could use her right foot/leg for repetitive actions. The doctor noted that Claimant walked with a limp but used no assistive devices. Her range of motion was 0 to 125.

Claimant's family practitioner completed a medical exam report [REDACTED] that identified Claimant as suffering from profound anemia and severe hypertension and, with respect to those conditions, identified the following limitations: (i) she could occasionally lift up to 10 pounds and never lift 10 or more pounds; (ii) she could stand

and/or walk less than 2 hours in an 8-hour workday; (iii) she could use either hand and/or arm for repetitive actions but could use only her left leg and/or foot for repetitive actions; (v) her sustained concentration was limited due to anxiety and apprehension resulting from her illness. No limitations concerning her ability to sit were identified.

While severe anemia and hypertension are identified in the doctor's [REDACTED] medical exam report, Claimant's remaining medical record has limited evidence supporting the limitations imposed by Claimant's doctor in [REDACTED] medical exam report. When Claimant was admitted [REDACTED] complaining of difficulty breathing and chest pain, she received a blood transfusion and iron and discharged the next day progressing well. No limitations were imposed on her ability to work, drive or lift.

Claimant also testified that her physical impairments had resulted in loss of mental concentration and panic attacks. However, a discharge summary prepared by the clinic that had evaluated her mental condition [REDACTED] concluded that she had not been in treatment long enough to determine the status of her symptoms. Therefore, there are no mental limitations identified in the record.

Ultimately, after review of the entire record to include Claimant's testimony and in consideration of the fact that the record does not support all the limitations identified [REDACTED] medical exam report, it is found based on Claimant's physical conditions that Claimant maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a). Claimant's RFC is considered at both steps four and five. 20 CFR 416.920(a)(4), (f) and (g).

#### **Step Four**

The fourth step in analyzing a disability claim requires an assessment of Claimant's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). 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). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920. 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).

As determined in the RFC analysis above, Claimant is limited to no more than sedentary work activities. Claimant's prior work history in the 15 years prior to the application consists of work as a census worker and an assembly line worker. As a census worker, Claimant did clerical work and field work. Claimant's positions as a census worker in the field and assembly line worker required substantial walking and standing and, at a minimum, required a capacity to perform light work. In light of the

entire record and Claimant's RFC, it is found that Claimant is unable to perform this past relevant work. Although Claimant was also a census worker working in the office doing clerical duties, Claimant testified that this position lasted 4 to 5 months. While the position is a sedentary position, it is not clear from the record presented that it constituted SGA.

Accordingly, the Claimant cannot be found disabled, or not disabled, at step 4, and the assessment continues to step 5.

### **Step 5**

In step 5, an assessment of Claimant's RFC 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 this point in the analysis, the burden shifts from Claimant to the Department to present proof that Claimant has the RFC to obtain and maintain 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 age for younger individuals (under 50) generally will not seriously affect the ability to adjust to other work. 20 CFR 416.963(c). If the individual can adjust to other work, then there is no disability. Disability is found if an individual is unable to adjust to other work. *Id.*

In this case, Claimant maintains the RFC for work activities on a regular and continuing basis to meet the physical and mental demands required to perform sedentary work as defined in 20 CFR 416.967(a). Her limited education render her skills *not* transferable. At the time of hearing, the Claimant was 40 years old and, thus, considered to be a younger individual for MA-P purposes. Accordingly, after review of the entire record and in consideration of 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 201.24, Claimant is found **not** disabled at Step 5.

Because Claimant is found **not** disabled for purposes of the MA-P program, she is **not** disabled for purposes of SDA benefit program.

### **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 SDA benefit program.

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Accordingly, It is ORDERED that the Department's determination is AFFIRMED.



**Alice C. Elkin**  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: August 19, 2014

Date Mailed: August 19, 2014

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

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

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

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

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