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

IN THE MATTER OF:

[redacted]

Reg. No.: 14-003110
Issue No.: 2009
Case No.: [redacted]
Hearing Date: November 19, 2014
County: Wayne (76)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, an in-person hearing was held on November 19, 2014 from Detroit, Michigan. Participants included the above-named Claimant. [redacted], Claimant's mother, testified on behalf of Claimant. [redacted] testified and appeared as Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (DHS) included [redacted], Specialist.

ISSUE

The issue is whether DHS properly denied Claimant's Medical Assistance (MA) eligibility for the reason 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 [redacted] Claimant applied for MA benefits, including retroactive MA benefits from 1/2013.

2. Claimant's only basis for MA benefits was as a disabled individual.

3. On [redacted], the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 4-5).

4. On [redacted], DHS denied Claimant's application for MA benefits and mailed a Notice of Case Action informing Claimant of the denial.

5. On [redacted], Claimant's AHR requested a hearing disputing the denial of MA benefits.

6. On [redacted] SHRT determined that Claimant was not a disabled individual, in part, by determining that Claimant does not have a severe impairment.

7. On [redacted], an administrative hearing was held.

8. During the hearing, Claimant and DHS waived the right to receive a timely hearing decision.

9. During the hearing, the record was extended 30 days to allow Claimant to submit Medical Examination Reports and/or treatment documents; an Interim Order Extending the Record was subsequently mailed to both parties.

10. On [redacted], Claimant submitted additional medical documents (Exhibits A1-A26).

11. As of the date of the administrative hearing, Claimant was a 43 year old female with a height of 5'2'' and weight of 247 pounds.

12. Claimant's highest education year completed was the 12th grade.

13. Claimant alleged disability based on impairments and issues including seizures, left knee pain, bipolar disorder, fibromyalgia, and migraine headaches.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

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 (10/2010), p. 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:

- 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).
  BEM 260 (7/2012) pp. 1-2

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*., p. 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 (7/2012), p. 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*., p. 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 CRF 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. "Current" work activity is interpreted to include all time since the date of application. The 2013 monthly income limit considered SGA for non-blind individuals is $1,040.

Claimant credibly denied performing any employment since the date of the MA application; no evidence was submitted to contradict Claimant's testimony. Based on the presented evidence, it is found that Claimant is not performing SGA and has not performed SGA since the date of MA application. 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 F2d 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).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether Claimant's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with a summary of the relevant submitted medical documentation.

Hospital documents (Exhibits 15-68) from an admission dated [redacted] were presented. It was noted that Claimant presented with complaints of chest pain, ongoing for less than 1 day, and a headache, ongoing for 1 week. It was noted that Claimant reported slipping in her kitchen. Noted active problems included the following: syncope, myalgia, athralgia, morbid obesity, fibromyalgia, syncope, and brain mass. A history of multiple syncopal episodes was noted; the most recent episode to have occurred in 11/2012. It was noted that CT of Claimant's head was normal. Claimant's ejection fraction was noted to be 55% in 2012. An EKG was noted as performed and showed no significant changes from 2012 testing. Breathing problems noted on exercise tests were noted as likely caused by sleep apnea. It was noted that Claimant received meds and her chest and abdominal pain resolved. Noted discharge diagnoses included chest pain atypical for ischemia, abdominal pain with unknown etiology, sinus pause secondary to vasovagal episode, HTN, and nicotine addiction. A discharge date of [redacted] was noted. A discharge medication of lisinopril was noted. It was noted that Claimant should continue 12 other meds, which included levtiracetam, gabapentin, albuterol, aspirin, risperidone, and metoprolol.

Hospital documents (Exhibits A7-A26) from an encounter dated [redacted] were presented. It was noted that Claimant presented with complaints of dizziness and hallucinations. It was noted that Claimant recently started taking Prozac. Physical examination findings included full muscle strength (later noted to be 4/5 in upper left extremity), no evidence of orthostasis, and slow ambulating gait with good stride. It was noted that a CT of Claimant's head was negative. A chest x-ray was noted to demonstrate no acute process. An impression of acute psychosis and possible schizo-affective disorder were noted. It was noted that neurological complaints "appear to be psychiatric in nature". A recommendation of psychotherapy was noted.

A Medical Examination Report (Exhibits A5-A6) dated [redacted] was presented. The form was completed by a family medicine physician with an approximate 5 month history of treating Claimant. Claimant's physician listed diagnoses of seizure disorders, fibromyalgia, intractable migraines, chronic pain, osteoarthritis, and hypertension. An impression was given that Claimant's condition was deteriorating. It was noted that Claimant cannot meet household needs of cooking, laundry, grooming, bathing, or shopping.

A Medical Examination Report (Exhibits A3-A4) dated [redacted] was presented. The form was completed by a neurologist with an approximate 3 year history of treating Claimant. Diagnoses of anxiety and obstructive sleep apnea were noted. Bilateral knee pain due to osteoarthritis was noted. It was noted that Claimant was positive for pseudo-tumor seizures. An impression was given that Claimant's condition was deteriorating. Cooking, laundry, and grocery shopping were noted as activities where Claimant needed assistance.

Claimant seeks MA benefits from 1/2013. DHS denied Claimant's application in 2/2014. For that 13 month period, the only provided record was a three day hospitalization from 1/2013. The hospitalization primarily involved a complaint of chest pain which was not diagnosed. Hospital records noted that Claimant fell, however, the fall was noted as caused by a slippage, not by a syncope episode. A secondary diagnosis for a vasovagal episode was noted, however, this was not compelling evidence of ongoing restrictions.

Presented records were insufficient to verify a severe impairment for 1/2013 or for any months until 7/2014, the month of Claimant's next hospital stay. It is found that DHS properly found Claimant to be not disabled for the period of 1/2013 through 6/2014.

It is tempting to end the analysis because Claimant failed to verify a severe impairment through the time that DHS denied Claimant's MA application. Such an outcome would prevent Claimant from establishing disability from 7/2014 through 9/2014, even if Claimant reapplied for MA benefits. In the interest of Claiamnt's due process, the analysis will proceed to consider Claimant's potential disability for the period of 7/2014 and forward.

Claimant's physician diagnosed Claimant with fibromyalgia. Fibromyalgia is understood to be generally related to abnormal brain signals. The diagnosis is appropriately made by a neurologist. Claimant's neurologist did not provide a diagnosis for fibromyalgia. Hospital records referenced fibromyalgia, though it is presumed that the only basis for hospital references of fibromyalgia were Claimant statements. The diagnosis of fibromyalgia by Claimant's physician was not compelling evidence of fibromyalgia symptoms or restrictions.

Presented medical records verified a diagnosis of pseudo-tumor cerebri and symptoms of recurring headaches. Pseudo-tumor cerebri is understood to be consistent with excess cerebral fluid build-up and pressure which mimics the symptoms of a brain tumor. Claimant credibly testified that she experiences headaches, seizures, and concentration difficulties. Claimant's testimony was consistent with presented medical records.

Presented medical records verified a diagnosis of knee osteoarthritis. Treatment history was verified. The evidence was sufficient to infer some degree of knee arthritis which would restrict Claimant's ability to lift/carry and/or ambulate.

It is found that Claimant established significant impairment to basic work activities for a period longer than 12 months, it is found that Claimant established having a severe impairment. Accordingly, the disability analysis may move 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 Claimant's impairments are listed and deemed to meet the 12 month requirement, then the claimant is deemed disabled. If the impairment is unlisted, then the analysis proceeds to the next step.

A listing for joint dysfunction (Listing 1.02) was considered based on Claimant's complaints of knee pain. The listing was rejected due to a failure to establish that Claimant is unable to ambulate effectively.

Listings for epilepsy (Listings 11.02 and 11.03) were considered based on Claimant's history of seizures. The listings were rejected due to a failure to provide a detailed description of a typical seizure pattern or verify that Claimant's experiences compulsive seizures at least once per month.

A listing for affective disorder (Listing 12.04) was considered based Claimant's testimony that she has bipolar disorder. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not established that Claimant required a highly supportive living arrangement, suffered repeated episodes of decompensation or that the residual disease process resulted in a marginal adjustment so that even a slight increase in mental demands would cause decompensation.

It is found that Claimant failed to establish meeting a SSA listing. Accordingly, the 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 testified that she performed past employment as a day care aide. Claimant testified that this employment lasted for less than a year and that her duties included teaching writing and the alphabet to pre-school aged children.

Claimant testified that she also performed employment involving assistant living. Claimant testified that her job lasted approximately one year. Claimant testified that her duties involved assisting persons with dressing and bathing.

All total, Claimant testified that she worked less than 2 years out of the last 15 years. Claimant's testimony was credible and unrefuted.

Based on Claimant's age, education, and work history, Claimant's ability to perform any type of employment will have to be examined at step five of the disability analysis. Thus, a step four analysis is superfluous and will not be undertaken.

In the fifth 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.*

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).

Given Claimant's age, education and employment history a determination of disability is dependent on Claimant's ability to perform sedentary employment. For sedentary employment, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Social Security Rule 83-10.

Physician statements of restrictions were provided. Treating source opinions cannot be discounted unless the Administrative Law Judge provides good reasons for discounting the opinion. *Rogers v. Commissioner,* 486 F. 3d 234 (6th Cir. 2007)*; Bowen v Commissioner.*

On a Medical Examination Report dated [redacted], Claimant's neurologist opined that Claimant was restricted to less than 2 hours of walking/standing. It was noted that Claimant could sit less than 6 hours and about 6 hours over an 8 hour workday. It was noted that Claimant was capable of frequently lifting/carrying 10 pounds; neither higher weight lifting/carrying abilities nor restrictions were noted. "See attached" was noted as a basis to support physical limitations; attached neurologist treatment documents were not presented. Claimant's neurologist stated that Claimant had memory, concentration, reading/writing, and social interaction restrictions. Anxiety and depression were noted as reasons to support mental restrictions.

On a Medical Examination Report dated [redacted] Claimant's family physician opined that Claimant was restricted as follows over an eight-hour workday, less than 2 hours of standing and/or walking, and less than 6 hours of sitting. Claimant's physician checked that Claimant could perform all listed repetitive actions (e.g. grasping, pushing/pulling, fine manipulating…) while stated that actions were limited; how Claimant was limited was not explained. Claimant's diagnoses were the stated findings to justify restrictions. Claimant's physician was found limited in writing, social interaction, sustaining concentration, and memory. Claimant's anxiety and depression were the findings supporting restrictions.

Claimant's neurologist and family physician did not provide radiology to verify ambulation restrictions. Restrictions appeared to be based exclusively on diagnoses and Claimant statements. Generally, diagnoses and Claimant statements are not compelling reasons for significant restrictions. Radiology reports are expected for restrictions based on osteoarthritis; radiology was not presented. Psychiatric treatment records are generally expected to justify social interaction restrictions based on anxiety and depression; psychiatric treatment records were not presented. Cognitive testing is generally expected to justify memory and or writing restrictions; none was presented. All of these factors support rejecting provided physician restrictions.

Restrictions of less than 2 hours of standing/walking and less than 6 hours of sitting are consistent with a finding of disability. Each of the restrictions were provided by two physicians. Similar restrictions provided from multiple physicians is supportive adds credibility to the provided restrictions.

Claimant testified that she experienced approximately 9-10 seizures in the past 12 months. Claimant testified that she had two seizures in the past month. Based on a diagnosis of pseudo-tumor cerebri, disabling psychological and exertional physician-provided restrictions, a hospital encounter involving psychological abnormalities, and Claimant's testimony, the evidence was sufficient to find that Claimant is unlikely capable of performing any type of employment. Accordingly, Claimant is a disabled individual, effective 7/2014.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly determined that Claimant was not disabled for the months of 1/2013-6/2014. The actions taken by DHS are **PARTIALLY AFFIRMED**.

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds that DHS improperly denied Claimant's application for MA benefits. It is ordered that DHS:

(1) reinstate Claimant's MA benefit application dated [redacted];
(2) evaluate Claimant's eligibility for benefits subject to the finding that Claimant is a disabled individual, **effective 7/2014**;
(3) initiate a supplement for any benefits not issued as a result of the improper application denial; and
(4) schedule a review of benefits in one year from the date of this administrative decision, if Claimant is found eligible for future benefits.

The actions taken by DHS are **PARTIALLY REVERSED**.

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

Date Signed: **1/2/2015**

Date Mailed: **1/2/2015**

CG / hw

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]