

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

IN THE MATTER OF:



Reg. No.: 14-004975
Issue No.: 4009
Case No.: [REDACTED]
Hearing Date: October 9, 2014
County: Macomb (20)

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 October 9, 2014 from Warren, Michigan. Participants included the above-named Claimant. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Hearings Facilitator.

ISSUES

The first issue is whether Claimant is entitled to an administrative remedy concerning a DHS failure to meet a standard of promptness.

The second issue is whether DHS properly denied Claimant's State Disability Assistance (SDA) 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 SDA benefits.
2. Claimant's only basis for SDA benefits was as a disabled individual.
3. On [REDACTED], the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 9-10).
4. On [REDACTED] DHS denied Claimant's application for SDA benefits and mailed a Notice of Case Action (Exhibits 4-8) informing Claimant of the denial.
5. On [REDACTED], Claimant requested a hearing disputing the denial of SDA benefits (see Exhibits 2-3).

6. On [REDACTED], SHRT determined that Claimant was not a disabled individual (see Exhibit 80), in part, by reliance on a Disability Determination Explanation (Exhibits 65-79) which determined that Claimant could perform past relevant employment.
7. As of the date of the administrative hearing, Claimant was a 44 year old male.
8. Claimant has no known relevant history of alcohol or illegal substance abuse.
9. Claimant's highest education year completed was the 11th grade.
10. As of the date of the administrative hearing, Claimant was an ongoing Healthy Michigan Plan recipient since 4/2014 and Adult Medical Program recipient since 4/2013.
11. Claimant alleged disability based on impairments related to epilepsy and bipolar disorder.

CONCLUSIONS OF LAW

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. DHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. DHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Claimant requested a hearing to dispute a denial of SDA eligibility. Claimant also persistently expressed displeasure over the timeframe in which his application was processed. Claimant insisted on the admission of a DHS document (Exhibit A1) which stated that Claimant's application was "legally" required to be processed within 60 days. Claimant's submission is consistent with DHS policy.

Generally, DHS is to certify program approval or denial of the application within 45 days. BAM 115 (3/2014), p. 15. One of the exceptions to the general rule is that DHS has 60 days to process SDA applications. *Id.*

DHS took a little under 8 months to determine Claimant's SDA eligibility. Based on DHS policy, DHS far exceeded their standard of promptness. Claimant's testimony implied that he is entitled to receive some type of compensation for the DHS delay; Claimant is not entitled to such a remedy. Claimants who request hearings before DHS processes an action are entitled to an administrative order that DHS process the application. Claimants who request hearings complaining of a delay for a completely processed action are not entitled to any administrative remedy. Claimant's complaints about DHS exceeding the standards of promptness are appropriately dismissed. The analysis will proceed to determine whether the SDA denial of Claimant's application was proper.

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 (1/2013), p. 4. The goal of the SDA program is to provide financial assistance to meet a disabled person's basic personal

and shelter needs. *Id.* To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 (1/2012), p. 1.

A person is disabled for SDA purposes if he/she:

- receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- resides in a qualified Special Living Arrangement facility, or
- is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or
- is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).

Id.

There was no evidence that any of the above circumstances apply to Claimant. Accordingly, Claimant may not be considered for SDA eligibility without undergoing a medical review process (see BAM 815) which determines whether Claimant is a disabled individual. *Id.*, p. 3.

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. The 12 month period is applicable for a disability determination for Medicaid; as noted above, SDA eligibility is based on a 90 day period of disability.

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 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. "Current" work activity is interpreted to include all time since the date of application. The 2014 monthly income limit considered SGA for non-blind individuals is \$1,060.

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 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).

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.

A CT report of Claimant's head (Exhibit 49) dated [REDACTED] was presented. An impression of no acute intracranial process was noted.

An electroencephalogram report (Exhibits 46-47; A25) dated [REDACTED] was presented. It was noted that the EEG was normal. A recommendation of a sleep-deprived or ambulatory EEG recording was recommended.

Documents (Exhibits 38-44) from a neurologist appointment dated [REDACTED] were presented. The documents contained no relevant information other than Claimant's complaint of seizures, depression, and tremors.

An electroencephalogram report (Exhibit 37) dated [REDACTED] was presented. It was noted that testing was performed after Claimant stopped taking medications. An impression of a normal study was noted. A recommendation of a sleep-deprived or prolonged study was recommended if seizure disorder was still a consideration.

Fire department documents (Exhibits A3-A4) and emergency room discharge instructions (Exhibits A5-A6) from a hospital encounter dated [REDACTED] were presented. It was noted that witnesses described Claimant as having a grand mal seizure while on the bus; the seizure was described as lasting 1 minute. A hospital course of action was not provided. A discharge diagnosis of recurrent seizures was noted. A discharge medication of lamotrigine was noted.

Neurologist treatment documents (Exhibits 50-51; A28) dated [REDACTED] were presented. An impression of uncontrolled epilepsy was noted. It was noted that Claimant's previous normal EEGs merited referral to an epilepsy clinic. An increase of Lamictal was noted.

Emergency room discharge instructions (Exhibits A7-A10) dated [REDACTED] were presented. It was noted that Claimant presented with complaints of a seizure. A discharge diagnosis of "no diagnosis specified" was noted.

Physician office visit documents (Exhibits 33-36) dated [REDACTED] were presented. It was noted that Claimant began receiving a prescription of Lamictal in response to complaints of seizures.

Physician office visit documents (Exhibits 16-17; A14-A15) dated [REDACTED] were presented. It was noted that Claimant reported that he had epilepsy for 10 years. It was noted that Claimant reported that he experiences daily absence seizures and occasional grand mal seizures. Claimant's last reported grand mal seizure was in 10/2013. Claimant described his absence spells as periods of staring; in a recent incident, Claimant reported that he found himself chewing a lit cigarette. Claimant reported that staring at lights was one of the triggers for his seizures. It was noted that Claimant took Lamictal. All physical examination findings were negative.

Emergency room discharge instructions (Exhibits A11-A13) dated [REDACTED] were presented. It was noted that Claimant presented with complaints of a seizure. A discharge diagnosis of "no diagnosis specified" was noted.

Cognitive testing (Exhibits 20-25; A16-A21) dated [REDACTED] was presented. It was noted that Claimant underwent testing in the following areas: memory, executive function, attention, and visual-spatial. A global cognitive score of 64.6 was noted. An impression of 35% below average cognitive function in multiple domains (neurology, attention, and

executive functions) was noted. Additional psychological testing noted that Claimant's scores were suggestive of depression and anxiety. A consideration of "dementia in addition to true cognitive decline" was noted.

A Psychiatric/Psychological Medical Report (Exhibits 11-15; A23-A24) dated [REDACTED] was presented. The form was completed by a consultative licensed psychologist. Claimant reported ongoing problems with seizures and depression. A suicide attempt at 14 was reported by Claimant. Claimant reported feelings of hopelessness. Claimant reported that he was not undergoing psychological counseling. Claimant reported that he was homeless. Noted observations of Claimant by the examiner included the following: cooperative, pleasant, adequate eye contact, good grooming and hygiene, intact contact with reality, unremarkable motor activity, no appearance of tremors, and goal directed speech. A diagnosis of persistent depressive disorder (dysthymia) was noted. A good prognosis with therapy was noted. Work training and psychotherapy were recommended.

Claimant alleged disability, in part, due to recurring seizures. Presented medical documents failed to establish any known neurological or other physical basis for the seizures. Claimant's treatment history and testimony was sufficient to establish a probability that Claimant experiences a degree of recurring seizures. Claimant credibly testified that recurring seizures restrict his ability to drive, climb ladders, and work around stoves or other dangerous areas. The evidence sufficiently established a severe impairment related to seizures.

Claimant alleged disability, in part, based on bipolar disorder. Psychological testing verified some degree of depression and anxiety. A consultative examiner provided a diagnosis of depressive disorder. Claimant's restrictions related to the order were less apparent. Claimant has not undergone any ongoing psychological counseling. Verification of psychiatric medication was not apparent. It is not known whether Claimant has social, concentration, adaptation, or other restrictions that affect his ability to work. Claimant's good prognosis is suggestive that Claimant's psychological impairments would likely diminish with treatment. Based on the presented records, Claimant failed to establish severe psychological impairments.

Claimant's testimony did not allege cognitive disabilities though cognitive testing results were presented. Claimant's global cognitive score of 64.6 was not accompanied by substantial analysis. Claimant's scoring is not known to correlate with I.Q. testing. Subsequent testing or treatment records may have assisted in judging the significance of the presented cognitive results; no such records were presented. The limited cognitive testing evidence was sufficient to establish some degree of cognitive limitation.

It is found that Claimant established severe impairments since at least 10/2013, the first month of benefits requested. Accordingly, 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 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.

Claimant's primary employment related to epilepsy. SSA provides two different listings related to epilepsy; the listing read as follows:

11.02 Epilepsy - convulsive epilepsy, (grand mal or psychomotor), documented by detailed description of a typical seizure pattern, including all associated phenomena; occurring more frequently than once a month, in spite of at least 3 months of prescribed treatment. With:

- A. Daytime episodes (loss of consciousness and convulsive seizures) or
- B. Nocturnal episodes manifesting residuals which interfere significantly with activity during the day.

11.03 Epilepsy - nonconvulsive epilepsy (petit mal, psychomotor, or focal), documented by detailed description of a typical seizure pattern including all associated phenomena, occurring more frequently than once weekly in spite of at least 3 months of prescribed treatment with alteration of awareness or loss of consciousness and transient postictal manifestations of unconventional behavior or significant interference with activity during the day.

Claimant testified that he has had approximately 6 grand mal seizures in the last 12 months, though only one since starting seizure medication. Presented documentation did not well verify Claimant's testimony. Lamictal was verified as prescribed no later than 11/2013. Presented documents suggested that Claimant had 2 seizures since 11/2013 though presented hospital documents failed to verify any details surrounding the seizures. More problematic for Claimant is that presented hospital documents only verified a complaint of seizures; a diagnosis for seizures was not verified. Even accepting that Claimant has 2 seizures in the last ten months would result in a finding that Claimant does not meet Listing 11.02.

Claimant testified that he has 4-5 "absence" seizures per week. If Claimant's testimony was verified, Claimant could meet the requirements of Listing 11.03.

There was little evidence to justify finding that Claimant's seizures were neurologically based. Radiology of Claimant's brain and neurological monitoring found no abnormalities. Neurological cognitive function testing was suggestive of functional deficits, however, the documents were not supported with additional treatment or much explanation. If Claimant's seizures are psychologically based (i.e. pseudo-seizures), it is highly problematic that Claimant does not pursue psychological counseling or medications.

A listing for affective disorder (Listing 12.04) was considered based on diagnoses of depression. 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.

A listing for intellectual disabilities (Listing 12.05) was considered. The listing was rejected due to a failure to present I.Q. testing results.

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 his past employment primarily involved cooking. Claimant testified that epilepsy prevents him from working around stoves.

Claimant also testified that he worked as a telemarketer. Claimant testified that his employment extensively involved working with computers. Claimant testified that he has to limit computer usage because it increases the probability of seizures.

Claimant's testimony that he is unable to perform his past employment was credible and consistent with presented evidence. Accordingly, the analysis may proceed to step five.

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).

Claimant did not provide any statements from physicians concerning specific restrictions. Inferences can be made based on presented evidence.

At step 2 of the analysis, it was determined that Claimant established severe impairments related to seizures and cognitive deficits. The evidence was sufficient to infer that Claimant cannot work around dangerous items or computers. It would be reasonable that Claimant should be precluded from performing heavy and very heavy employment due to previous seizures.

The evidence was not sufficient to justify an inference that Claimant cannot perform sedentary, light, or even medium employment not involving computers or other dangerous materials. Employment such as a cashier, stockperson, assembler, and document preparer all appear to be within Claimant's capabilities.

Claimant's claim of disability is most harmed by a lack of documentary medical evidence. It was not disputed that Claimant received State of Michigan-issued health benefits since 4/2013. Thus, Claimant should have no excuse for a failure to pursue and verify neurological and/or psychological treatment.

Based on Claimant's exertional work level (medium), age (younger individual), education (less than high school), employment history (semi-skilled not transferrable), Medical-Vocational Rule 203.26 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 SDA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that Claimant is not entitled to an administrative remedy for DHS exceeding standard of promptness pertaining to an SDA application. Claimant's hearing request is partially **DISMISSED**.

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied Claimant's SDA benefit application dated [REDACTED] based on a determination that Claimant is not disabled. The actions taken by DHS are **AFFIRMED**.

Christian Gardocki

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

Date Signed: **11/3/2014**

Date Mailed: **11/3/2014**

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 48909-07322

CC:

