

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

IN THE MATTER OF:

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Reg. No.: 15-010796
Issue No.: 2001
Case No.: ██████████
Hearing Date: August 3, 2015
County: Wayne (35)

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, a telephone hearing was held on August 3, 2015, from Detroit, Michigan. Participants included the above-named Claimant. ██████████ testified and appeared as Claimant's authorized hearing representative (AHR). Participants on behalf of the Department of Health and Human Services (DHHS) included ██████████, hearing facilitator.

ISSUE

The issue is whether DHHS 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 December 12, 2013, Claimant applied for MA benefits (see Exhibits 11-12), including retroactive MA benefits from November 2013 (see Exhibits 9-10).
2. Claimant's only basis for MA benefits was as a disabled individual.
3. On April 10, 2015, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 15-16).
4. On May 28, 2015, DHHS denied Claimant's application for MA benefits and mailed an Application Eligibility Notice (Exhibit 129) notice informing Claimant's AHR (also Claimant's application authorized representative) of the denial.

5. On June 12, 2015, Claimant's AHR requested a hearing disputing the denial of MA benefits.
6. Claimant turned [REDACTED] old in June 2014.
7. Claimant last earned substantial gainful activity in November 2013.
8. Claimant's highest education year completed was the 9th grade.
9. Claimant has a history of unskilled employment, with no known transferrable job skills.
10. Claimant alleged disability based on restrictions related to breathing difficulties.

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).

Claimant's hearing request noted special arrangements in order to participate in the hearing; specifically, a 3-way telephone hearing was requested. Claimant's AHR's request was granted and the hearing was conducted accordingly.

Claimant's AHR requested an adjournment. Claimant's AHR explained that he was at a location without electricity. The motion was denied because Claimant's AHR had ample time (at least 1 hour) to arrange for an alternative location with electricity and internet availability.

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.* 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 DHHS 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 DHHS regulations. BEM 260 (7/2012), p. 8.

SGA means a person does the following: performs significant duties, 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 SGA. *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 2013 monthly income limit considered SGA for non-blind individuals is \$1,040.

Claimant testified that she worked as a dry clean presser in November 2013. Claimant testified that her work week averaged 25 hours per week at \$14.50 per hour. Claimant testimony denied her November 2013 earnings exceeded \$1,000; however, a calculation of Claimant's pays dictate otherwise. Multiplying Claimant's hourly wage (██████) by her reported weekly hours ██████ results in an average weekly gross payment of ██████. Though Claimant may have not worked in the last few days of ██████ ██████ it is presumed that Claimant received four full weeks of pay in the month (resulting in ██████ in earnings). It is found that Claimant's income exceeded SGA income limits for November 2013.

Claimant testified that she returned to work in ████████████████████. Claimant testified that she only worked approximately 2 weeks before she had to stop due to physical problems. Accepting Claimant's testimony would result in ██████ in earnings for ████████████████████. It is found that Claimant's earning did not exceed SGA income limits for ████████████████████ or any month thereafter. Accordingly, the analysis will continue to determine if Claimant was disabled beginning ████████████████████

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 presented medical documentation.

Hospital documents (Exhibits 81-118) from an admission dated November 25, 2013, were presented. It was noted that Claimant presented with complaints of dyspnea with wheezing, ongoing for 1 day. It was noted that Claimant's breathing improved after administration of steroids, IV antibiotics, and respiratory treatments. A discharge date of November 27, 2013, was noted.

Hospital documents (Exhibits 18-45) from an encounter dated May 9, 2014, were presented. It was noted that Claimant complained of moderate breathing difficulties, ongoing for 1 day. It was noted that medications lessened Claimant's difficulties on the previous day, but Claimant ran out of medications on the day of admission. Claimant was admitted with a diagnosis of marked respiratory distress. It was noted that Claimant's condition improved with breathing treatment. It was noted that Claimant quit smoking 9 months earlier; elsewhere, it was noted that Claimant was a smoker and tobacco cessation was discussed (see Exhibit 27).

A mental status examination report (Exhibits C1-C3) dated May 22, 2014, was presented. The report was noted as completed by a consultative psychiatrist. Claimant reported crying spells and memory difficulties. Noted observations of Claimant made by the consultative examiner include the following: difficulty with remembering, in-contact with reality, insightful, logical stream of mental activity, crying affect, and orientation x3. The examining psychiatrist opined that Claimant could follow simple instructions. It was noted that Claimant would be restricted to work involving brief superficial interactions. An Axis I diagnosis of major depressive disorder (single episode) was noted. Claimant's GAF was noted to be 45-50. A guarded prognosis was noted.

An internal medicine examination report (Exhibits C8-C10) dated May 22, 2014, was presented. The report was noted as completed by a consultative internist. Claimant reported complaints of recurring asthma attacks. Physical examination findings were

unremarkable. An impression of chronic COPD was noted. It was noted that Claimant was clinically able to perform ADLs. It was noted that Claimant had no respiratory distress while at rest. It was opined that Claimant could sit, stand, and walk for 8 hours per day, with intermittent rest periods. It was opined that Claimant could lift 10 pounds without difficulty. It was noted that Claimant should avoid heavy climbing and heavy lifting due to dyspnea.

Hospital documents (Exhibits 17; 46-52; 76; A1) from an admission dated May 25, 2014, were presented. It was noted that Claimant presented with complaints of dyspnea. A chest x-ray was noted to be normal. It was noted that Claimant responded well to nebulizer and steroid treatments. Noted discharge diagnoses included COPD exacerbation and heart murmur. A discharge date of May 27, 2014, was noted.

Pulmonary function test results (Exhibits C4-C6) were presented. The test results were difficult to read but appeared to be dated June 14, 2014. Claimant's best post-bronchodilator FVC was 75% of predicted value. Claimant's best post-bronchodilator FEV1 was 47% of predicted.

Hospital documents (Exhibits 53-75; B1-B8) from an encounter dated June 27, 2014 were presented. It was noted that Claimant presented after waking up with breathing difficulties. It was noted that Claimant ran out of Combivent a week earlier. It was noted that a chest x-ray demonstrated mild pulmonary hyperinflation.

Claimant testified that she has recurring breathing difficulties related to COPD and/or asthma. Presented documents verified subnormal pulmonary function and multiple hospital encounters related to dyspnea. The evidence was sufficient to justify the inference that Claimant has lifting/carrying and ambulation restrictions.

It is found that Claimant established significant impairment to basic work activities for a period longer than 12 months. Accordingly, it is found that Claimant established having a severe impairment and the disability analysis may proceed to Step 3.

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 chronic pulmonary insufficiency (Listing 3.02) was considered based on Claimant's complaints of dyspnea. The listing was rejected because pulmonary function test results failed to meet SSA listing standards for Claimant's height (63 inches).

A listing for asthma (Listing 3.03) was considered based on reported asthma attacks. The listing was rejected due to a failure to establish the occurrence of asthma attacks in spite of prescribed medication.

A listing for affective disorder (Listing 12.04) was considered based on a diagnosis 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.

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 worked as a part-time bartender. Claimant testified that she typically only worked 15 hours per week, and never made more than ██████/month. Claimant's testimony was credible and un rebutted. It is found that Claimant's employment as a bartender did not gross Claimant earnings amounting to SGA. Because Claimant's bartending employment did not amount to SGA, a 4th step analysis is not warranted.

Claimant testified that she worked as a presser for a dry cleaner. Claimant testified that her income from the employment amounted to SGA income limits. Claimant testified that her presser duties included hanging clothes, spraying stains with chemicals, pressing clothes, and ironing. Claimant testified that the work environment was very hot and that the heat would exacerbate her breathing difficulties. Claimant expressed doubt that she could return to her previous dry cleaning job.

Based on presented evidence, it is found that Claimant is unable to perform past relevant employment. Accordingly, the analysis may proceed to the fifth and final step.

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).

For the period through May 2014, the month before Claimant's 50th birthday, 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.

For the period since June 2014, the month of Claimant's [REDACTED] birthday a determination of disability is dependent on Claimant's ability to perform light employment. Social Security Rule 83-10 states that the full range of light work requires standing or walking, off and on, for a total of approximately 6 hours of an 8-hour workday.

Physician statements of Claimant restrictions were not presented. Restrictions can be inferred based on presented documents.

A consultative examination report indicated that Claimant had social restrictions related to depression. Claimant did not allege experiencing any social difficulties. Treatment for social difficulties was not document. The evidence was insufficient to infer that Claimant has any social restrictions.

Claimant testimony alleged that she has memory difficulties. Memory difficulties were noted within a consultative mental status examination report. Treatment for memory difficulties was not presented.

Claimant testified that she is functionally illiterate. Claimant testified that she can read road signs but little else. Claimant testified that she was in special education classes in school. Claimant's testimony was insufficient to establish that Claimant was illiterate. Presented evidence was sufficient to infer that Claimant would have difficulty with complex employment.

Claimant testified that she has a fluttering heart valve. Claimant testified that she is in need of medication for it. Claimant testified that she used to see a cardiologist but no longer does. Claimant testified that she only has cardiac difficulties when she over-

exerts herself. Claimant's testimony was credible and consistent with an ability to perform sedentary and light employment.

Claimant testified that she is able to dress, groom, bath, and shower herself without difficulties. Claimant testified that any outdoor activities make it more difficult for her to breathe, particularly in higher temperature weather.

It is notable that Claimant still does not receive Healthy Michigan Plan (HMP) benefits from MDHHS. It is known that MDHHS began offering HMP to clients beginning April 2014. Claimant testimony indicated that she's been denied HMP benefits multiple times since April 2014. MDHHS responded that Claimant was evaluated for HMP benefits only once, and that Claimant was denied due to excess income. Claimant was advised to reapply. It is presumed that Claimant would be eligible for health coverage if she reapplied. It is also presumed that Claimant's breathing difficulties would lessen once she has access to needed breathing and cardiac medication. This presumption is consistent with hospital records which noted that Claimant's breathing improved following breathing treatment and medication was administered.

It is found that Claimant is capable of performing non-complex sedentary employment. The availability of such employment was not verified, however, the restriction is not deemed to be significant enough to require verification. It is presumed that ample sedentary employment opportunities (e.g. telemarketing, clerical, data entry, reception, office supervision, collection work...) are available to Claimant.

Claimant would have more difficulty with light employment. Claimant's testimony that she would have difficulty sustaining employment involving chemicals was credible. Thus, Custodian employment would be improbable. Claimant also credibly testified that outdoor employment would be difficult.

Presented records verified Claimant has not had hospital treatment in the past year. Claimant has successfully avoided hospital encounters despite not taking needed medication (though Claimant testified she has access to nebulizers). Multiple hospital encounters from over one year earlier are not sufficient to infer that Claimant cannot perform light employment.

It is found that Claimant is capable of performing non-complex light employment. The availability of non-complex light employment was not verified, however, the restriction is not deemed to be significant enough to require verification. It is presumed that ample light employment opportunities (e.g. cashier, security guard, retail, light assembly...) are available to Claimant.

From December 2013 (the first month of benefits sought where Claimant did not earn SGA) through May 2014 (the month before Claimant's [REDACTED] birthday), based on Claimant's exertional work level (light), age (younger individual), education (limited but literate and able to communicate in English), employment history (unskilled), Medical-


Vocational Rule 202.17 is found to apply. This rule dictates a finding that Claimant is not disabled.

From June 2014 (the month of Claimant's [REDACTED] birthday) through the present, based on Claimant's exertional work level (light), age (closely approaching advanced age), education (limited or less), employment history (unskilled), Medical-Vocational Rule 202.10 is found to apply. This rule also dictates a finding that Claimant is not disabled.

It is found that MDHHS properly found Claimant to be not disabled for purposes of MA benefits. Accordingly, it is found that MDHHS properly denied Claimant's MA application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly denied Claimant's MA benefit application dated December 12, 2013, including retroactive MA benefits, based on a determination that Claimant is not disabled. The actions taken by DHHS are **AFFIRMED**.


Christian Gardocki
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human
Services

Date Signed: August 10, 2015

Date Mailed: August 10, 2015

CG/tm

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]
[REDACTED]
[REDACTED]
[REDACTED]
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