

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

IN THE MATTER OF:

████████████████████
██
████████████████████

Reg. No.: 15-010801
Issue No.: 4009
Case No.: ██████████
Hearing Date: August 05, 2015
County: Allegan

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on August 5, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Family Independence Manager, and ██████████, Eligibility Specialist.

ISSUE

Did the Department properly determine that Claimant was not disabled for purposes of the State Disability Assistance (SDA) benefit program?

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 April 8, 2015, Claimant submitted an application for public assistance seeking SDA benefits.
2. On May 13, 2015, the Medical Review Team (MRT) found Claimant not disabled (Exhibit A, pp. 5-10).
3. On May 20, 2015, the Department sent Claimant a Notice of Case Action denying the application based on MRT's finding of no disability (Exhibit A, pp. 3-4).
4. On June 22, 2015, the Department received Claimant's timely written request for hearing.

5. In connection with his application, Claimant alleged disabling impairment due to chronic obstructive pulmonary disease (COPD); asthma; and back, elbow, and knee pain (Exhibit A, p. 49).
6. On the date of the hearing, Claimant was [REDACTED] years old with a [REDACTED], birth date; he is [REDACTED] in height and weighs about [REDACTED] pounds.
7. Claimant obtained a GED.
8. Claimant has an employment history of work as a tree cutter, receiving clerk, machining worker, parts assembler, and decorative siding worker.
9. Claimant's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

CONCLUSIONS OF LAW

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

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180.

A disabled person is eligible for SDA. BEM 261 (July 2014), p. 1. An individual automatically qualifies as disabled for purposes of the SDA program if the individual receives Supplemental Security Income (SSI) or Medical Assistance (MA-P) benefits based on disability or blindness. BEM 261, p. 2. Otherwise, to be considered disabled for SDA purposes, a person must have a physical or mental impairment for at least ninety days which meets federal SSI disability standards, meaning the person is unable to do any substantial gainful activity by reason of any medically determinable physical or mental impairment. BEM 261, pp. 1-2; 20 CFR 416.901; 20 CFR 416.905(a).

To determine whether an individual is disabled for SSI purposes, the trier of fact must apply a five-step sequential evaluation process and consider the following:

- (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)(1) and (4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4).

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 SGA, then the individual must be considered 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 SDA 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 90 days. 20 CFR 416.922; BEM 261, p. 2.

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). Basic

work activities mean 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. While the Step 2 severity requirement may be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint, 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 v Bowen*, 880 F2d 860, 862-863 (CA 6, 1988), citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985).

In the present case, in connection with his application, Claimant alleged disabling impairment due to COPD, asthma, and elbow, back and knee pain. At the hearing, he also alleged wrist pain. Claimant acknowledged that his wrist injury resulted from a fall occurring after his application was filed. Because this new accident is unrelated to the disabilities alleged at the time of application, it is not considered in assessing whether Claimant is disabled for SDA purposes at the time of his April 8, 2015, SDA application. Therefore, evidence concerning a May 11, 2015, emergency department visit following a fall ten days earlier and leading to the wrist injury is not considered in assessing Claimant's disability allegation. Subject to this restriction, the medical evidence presented at the hearing was reviewed and is summarized below.

A February 26, 2010, chest x-ray showed COPD with biapical scarring and bleb formation (Exhibit A, p. 73). His record showed ongoing treatment for COPD and back, knee and elbow pain (Exhibit A, pp. 57-72; Exhibit 1).

On March 15, 2014, Claimant was examined by a doctor at the Department's request concerning evaluation of COPD, asthma, sore elbows, bad back, and bad knees. The doctor noted that Claimant reported chewing one can of tobacco daily, which the doctor described as equivalent to 140 cigarettes, or seven packs, daily. The doctor found that Claimant's elbow pain was not substantiated because he was able to move his elbows during the range of motion and strength testing without any complaint of pain. He had a normal gait and station and did not use any assistive devices. He could bend about 50% of the way and squat and recover about 75%. His straight leg raise test was about 45 degrees bilaterally. He did have back issues when he bent over; Claimant reported that these issues limited his ability to sit about one hour and to stand for about 30 minutes. He could pick up about 8 pounds occasionally. The doctor concluded that Claimant was able to do all of his activities of daily living without problem. He noted that Claimant's neurological exam was intact and, aside from his asthma which would be

less of a problem if he limited his tobacco use, he was otherwise in very good shape (Exhibit A, pp. 34-38.) A pulmonary function report completed on March 14, 2014, showed that, before bronchodilator, Claimant's highest forced vital capacity (FVC) measurement of three was 4.91 L and his highest forced expiratory volume at one second (FEV₁) of three was 3.88 L. Ten minutes after bronchodilator use, his highest FVC of three was 5.18 and his highest FEV₁ of three was 4.16 (Exhibit A, p. 39.)

On April 1, 2014, Claimant's doctor completed a medical examination report, DHS-49, listing Claimant's diagnoses as COPD and dyspnea. The doctor noted that Claimant had difficulty breathing on exertion. The doctor concluded that Claimant's condition was stable and identified the following limitations: (i) he could frequently lift and carry up to 10 pounds but never more and (ii) he could stand and/or walk less than 2 hours in an 8-hour workday. The doctor indicated that Claimant had no limitation on his ability to use any extremity for repetitive action and did not identify any sitting restrictions. (Exhibit A, pp. 44-46.)

On November 26, 2014, Claimant went to the emergency department complaining of dizziness and vertigo, concerned that he may have suffered a concussion from a fall the previous week. The record indicated that Claimant was a daily alcohol drinker. A November 26, 2014, CT of the head showed no acute intracranial abnormalities or hematomas and mild brain volume loss, disproportionate for his age of 48 years. His diagnoses included acute head injury and acute alcohol intoxication with alcoholism (Exhibit 2.)

A March 13, 2015, x ray of Claimant's chest and left ribs following Claimant's complaints of left-sided chest pain and COPD showed COPD and acute fractures of the left ninth and tenth ribs. There were also left seventh and eighth ribs fractures, age indeterminate (Exhibit A, p. 15.)

Doctor notes from Claimant's April 8, 2015, office visit to his primary care physician showed diagnoses of COPD, with dyspnea at rest and on exertion and with excessive sputum; past history of alcoholic hepatitis; rib fracture after two dogs jumped on him; and arthralgia. He was referred to rehabilitation services to treat his alcohol abuse and to hepatitis testing arising from his alcoholism to determine the cause of liver inflammation (Exhibit A, pp. 19-22; Exhibit 2.) Notes from the March 9, 2015, office visit show that Claimant admitted drinking a fifth per day and was strongly encouraged to participate in a detox program to treat his alcohol abuse (Exhibit A, pp. 23-27). Notes from May 15, 2015, and June 8, 2015, office visits showed Claimant continued to use alcohol (Exhibit 2).

A spirometry report completed on May 4, 2015, showed that, before bronchodilator, Claimant's highest FVC measurement of four was 4.29 L and his highest FEV₁ of four was 3.88. Ten minutes after bronchodilator use, his highest FVC of four was 4.39 and his highest FEV₁ of four was 3.84. The evaluator concluded that Claimant had mild restrictions (Exhibit 1).

May 15, 2015, chest x-ray showed COPD but was negative for acute cardiopulmonary process (Exhibit 2).

On May 29, 2015, Claimant went to the emergency department visit after his left knee gave out. Two x-ray views of the left knee did not reveal any fractures or dislocations and showed normal soft tissue and bony structures. A June 9, 2015 MRI of Claimant's left knee showed acute or subacute non-depressed intraarticular fracture of the posterior aspect of the left lateral tibial plateau, full thickness left anterior cruciate ligament (ACL) tear of uncertain chronicity, moderate reactive edema and moderate/large joint effusion, and small horizontal tear of the posterior/horn of the left lateral meniscus with apparent extension of the inferior/tibial articular surface. Notes from a June 8, 2015, office visit showed that Claimant could bend his knee only 15 degrees and stand only with an immobilizer. An orthopedic surgeon concluded that Claimant had an ACL tear of the left knee (Exhibit 2.)

In consideration of the *de minimus* standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Claimant suffers from severe impairments 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.

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 medical evidence presented does **not** show that Claimant's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Listings 1.02 (major dysfunction of a joint), 1.04 (disorders of the spine), 3.02 (chronic pulmonary insufficiency), and 3.03 (asthma) were considered. Because Claimant's impairments are insufficient to meet, or to equal, the severity of a listing, Claimant is not disabled under Step 3 and the analysis continues 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 RFC takes into consideration the total limiting effects of all impairments, including those that are not severe. 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, nonexertional, 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 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.

If an individual has limitations or restrictions that affect the ability to meet demands of jobs **other than** strength, or exertional, demands, the individual is considered to have only non-exertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e., unable to 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).

In this case, Claimant alleges exertional limitations due to his medical condition. Claimant testified that he could walk a block but then he would be out of breath and need to rest; he wore a knee brace but it was difficult to use crutches with his broken wrist and arm brace; he could sit for up to an hour before his back hurt; he could stand no more than 15 minutes before his back hurt; he could not bend or squat; he had difficulty taking stairs; and he could lift up to 10 pounds before his back would hurt. He testified that he could use his fingers and hands to grip and grasp; could slowly do household chores such as cooking, cleaning and laundry; could bathe himself but used a chair in the bathtub; could slowly dress himself; and could shop using an electric scooter.

Claimant records support a diagnosis of COPD; a May 4, 2015, spirometry report showed that he had mild breathing restrictions. In the April 1, 2014 DHS-49, Claimant's doctor, noting his lumbar pain and difficulty breathing, limited Claimant to occasionally lifting up to 10 pounds and never more and to standing and/or walking less than 2 hours in an 8-hour day but identified no sitting restrictions or limitations on his use of his arms, legs, hands or feet to perform repetitive actions. The May 15, 2014, consultative examination report concluded that Claimant's elbow pain could not be substantiated, noting that Claimant did not complain of any pain related to his elbow during the range of motion and strength testing. However, the doctor did note that Claimant's straight leg raise test was about 45 degrees bilaterally. The doctor concluded that Claimant was able to do all of his activities of daily living. At the hearing, Claimant confirmed that, while he was slowed because of his conditions, he was able to do his household chores and dress and bathe himself. Claimant's May 29, 2015, ACL injury limits his ability to perform a full-range of activities involving standing or walking and his ability to use foot and leg controls but not his ability to sit.

With respect to Claimant's exertional limitations, it is found based on a review of the entire record that Claimant maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a). See SSR 96-9p. It is again noted that, because Claimant's wrist injury was due to a fall occurring after the date he filed his April 8, 2015, application and was due to a fall unrelated to any of the conditions identified as disabling conditions in the application, it is not considered in assessing his exertional RFC at the time of application.

Claimant's RFC is considered at both steps four and five. 20 CFR 416.920(a)(4), (f) and (g).

Step Four

Step 4 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 SGA 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 work history in the 15 years prior to the application consists of work as a tree cutter (heavy, unskilled), receiving clerk (heavy, unskilled), and decorative siding worker (heavy, unskilled). Based on his exertional RFC, Claimant is unable to do any of this prior relevant work. Claimant also testified that he was temporarily employed as a parts assembler, a position he described as involving no standing or lifting. However, Claimant testified that this job was one of three he did for a temporary staffing agency and together all three positions lasted less than a year. It does not appear that this position satisfies the requirement of past relevant work. Exhibit A, p. 51; 20 CFR 416.973(e). As such, it is not considered in assessing whether Claimant is capable of past relevant work. Accordingly, 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). 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.

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).

When the impairment(s) and related symptoms, such as pain, only affect the ability to perform the exertional aspects of work-related activities, Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, 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).

In this case, Claimant was ■ years old at the time application and ■ years old at the time of hearing and, thus, considered to be a younger individual (age ■) for purposes of Appendix 2. He has a GED with a history of unskilled and semi-skilled work experience. Because his semi-skilled employment was tied to heavy work, it is not transferrable. As discussed above, Claimant maintains the RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities. In this case, the Medical-Vocational Guidelines, 201.21, result in a finding that Claimant is **not** disabled based on his exertional limitations.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant **not disabled** for purposes of the SDA benefit program.

DECISION AND ORDER

Accordingly, the Department's determination is **AFFIRMED**.



Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **8/12/2015**

Date Mailed: **8/12/2015**

ACE / tlf

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]