

**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.: 15-012529  
Issue No.: 4009  
Case No.: ██████████  
Hearing Date: August 26, 2015  
County: Wayne (15)

**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 August 26, 2015, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Michigan Department of Health and Human Services (MDHHS) included ██████████, medical contact worker.

**ISSUE**

The issue is whether MDHHS 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 March 31, 2015, Claimant applied for SDA benefits.
2. Claimant's only basis for SDA benefits was as a disabled individual.
3. On June 18, 2015, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (see Exhibits 2-4).
4. On June 26, 2015, MDHHS denied Claimant's application for SDA benefits and mailed a Notice of Case Action informing Claimant of the denial.
5. On July 6, 2015, Claimant requested a hearing disputing the denial of SDA benefits.

6. As of the date of the administrative hearing, Claimant was a 53-year-old female.
7. Claimant has not earned substantial gainful activity since before the first month of benefits sought.
8. Claimant earned an associate's degree in liberal arts.
9. Claimant has a history of semi-skilled employment, with no known transferrable job skills.
10. Claimant alleged disability based on restrictions related panic disorder and back pain.

### **CONCLUSIONS OF LAW**

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

Claimant noted special arrangements in order to participate in the hearing. Claimant's hearing request specifically indicated that she uses a walker and a cane. Claimant uneventfully attended the hearing with the use of a cane. During the hearing Claimant was asked if she needed any special accommodation other than the ability to use her cane. Claimant responded that she did not and the hearing was conducted accordingly.

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 MDHHS 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. SDA differs in that a 90 day period is required to establish disability.

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. The 2015 monthly income limit considered SGA for non-blind individuals is \$1,090.

Claimant credibly denied performing any employment since the date of the SDA 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 application. Accordingly, the disability analysis may proceed to Step 2.

The second step in the disability evaluation is to determine whether a severe medically determinable physical or mental impairment exists to meet the durational 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 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> 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 (1<sup>st</sup> Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirements are intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1<sup>st</sup> 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 48-68) from an encounter dated June 11, 2013, were presented. It was noted that Claimant presented with a complaint of a soft tissue back mass. It was noted that the mass did not cause Claimant pain but Claimant wanted it removed. An excision of the mass was performed.

An annual psychiatric evaluation (Exhibits 74-76) dated July 18, 2014, was presented. It was noted that Claimant reported depression and panic attacks, ongoing for 30 years. A psychiatric history of 23 years was noted. Reported symptoms included hopelessness, anhedonia, poor appetite, irritability, and anger. Noted observations included the following: calm, cooperative, no psychomotor agitation, normal speech, good eye contact, logical stream of mental activity, and no suicidal ideation. An Axis I diagnosis of

panic disorder without agoraphobia was noted. Claimant's GAF was noted to be 65. A plan of ongoing medication therapy was noted.

Hospital documents (Exhibits 34-40) from an encounter dated February 20, 2015, were presented. It was noted that Claimant presented with complaints of lower-back pain, ongoing since last Friday when Claimant attempted to lift a heavy object. A history of chronic back pain which included injections was noted as reported. It was noted that Claimant used a cane for ambulation. Physical examination findings noted lumbar tenderness with palpation and a positive straight-leg-raising test. All lumbar range of motion was noted to be restricted due to pain. Full muscle strength was noted. It was noted that Claimant received pain medication. A discharge diagnosis of lumbar radiculopathy was noted.

Lumbar MRI documents (Exhibits 41-46) dated March 1, 2015, were presented. An impression of grade 1 degenerative anterolisthesis of L4-L5 was noted. Severe spinal canal stenosis at L4-L5 with complete loss of cerebrospinal fluid around the nerve roots was noted. Disc degeneration was also noted at L5-S1.

A handwritten physician document (Exhibit 47) dated April 7, 2015, was presented. The document was mostly illegible, though a follow-up with a surgeon was noted.

A Psychiatric/Psychological Examination Report (Exhibits 69-71) dated April 9, 2015, was presented. The form was completed by a treating psychiatrist with an approximate 9-month history of treating Claimant. Current medications included Buspar, Xanax, and Ambien. Diagnoses of panic disorder and depression were noted. Claimant's GAF was noted to be 60.

Claimant's psychiatrist also completed a Mental Residual Functional Capacity Assessment (Exhibits 72-73) dated April 9, 2015. This form lists 20 different work-related activities among four areas: understanding and memory, sustained concentration and persistence, social interaction and adaptation. A therapist or physician rates the patient's ability to perform each of the 20 abilities as either "not significantly limited", "moderately limited", "markedly limited" or "no evidence of limitation". It was noted that Claimant was markedly restricted in the abilities of accepting instructions and responding appropriately to criticism, and getting along with others without exhibiting behavioral extremes. Claimant was found moderately restricted in the following abilities:

- Understanding and remembering detailed instructions
- Carrying out detailed instructions
- Maintaining concentration for extended periods
- Working in coordination or proximity to other without being distracting
- Completing a normal workday without psychological symptom interruption
- Interacting appropriately with the general public
- Asking simple questions or requesting assistance
- Responding appropriately to changes in the work setting

- Being aware of normal hazards and taking appropriate precautions
- Traveling to unfamiliar places including use of public transportation
- Setting realistic goals or making plans independently of others.

A Medical Examination Report (Exhibits 13-15) dated April 14, 2015, was presented. The form was completed by an internal medicine physician with an approximate 12-year history of treating Claimant. Claimant's physician listed diagnoses of lumbar radiculopathy and a ruptured disc. An impression was given that Claimant's condition was deteriorating. It was noted that Claimant's limitation(s) was expected to last 90 days. It was noted that Claimant did not need an assistive device for ambulation. Claimant's physician confusingly checked that Claimant could perform all of the following sitting and standing actions over an eight-hour workday: less than 2 hours of standing and/or walking, stand and/or walk about 6 hours, sitting of less than 6 hours, and sitting of about 6 hours. Claimant was restricted from lifting/carrying of 10 pounds or more. Claimant's physician opined that Claimant was restricted from performing the following repetitive actions: bilateral reaching, bilateral pushing/pulling, and bilateral foot controls. It was noted that Claimant cannot meet household needs; specific needs were not stated. Claimant's physician stated that multiple herniated discs justified restrictions.

Spinal clinic documents (Exhibits A1-A6) dated August 20, 2015, were presented. It was noted that Claimant was referred to physical therapy. Physical therapy was noted to be scheduled for 3 times per week for a duration of 4 weeks. It was noted that Claimant underwent a minimally invasive lumbar laminectomy and L4-L5 fusion on May 21, 2015.

Claimant testified she had a slip-and-fall on March 2, 2015. Claimant testified she fell on her behind. Claimant testified that she had back pain before but the fall "soared" her pain.

Claimant testified she expects to start physical therapy on September 1, 2015. Claimant testified that she was unable to begin physical therapy until 3 months after surgery.

Claimant testified that she uses a shower chair; she testified she cannot bathe because she is unable to get into a bathing position. Claimant testified that she can dress herself but sometimes needs assistance with certain tops in pulling them over her head. Claimant says her sons shop for her.

Claimant estimated that she could stand 10 minutes before having back and leg pain. Claimant estimated the same time limits for walking. Claimant testified she has been told not to bend, lift, or walk long distances. Claimant's testimony was credible and consistent with presented documents.

It is found that Claimant established significant impairment to basic work activities for a period longer than 90 days. 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.

Claimant's most prominent impairment appears to be back pain. Spinal disorders are covered by Listing 1.04 which reads:

**1.04 Disorders of the spine** (e.g., herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, vertebral fracture), resulting in compromise of a nerve root (including the cauda equina) or the spinal cord. With:

A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine);

OR

B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours;

OR

C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively, as defined in 1.00B2b.

Looking at Part C, the inability to ambulate effectively is a requirement. SSA defines this as follows:

Inability to ambulate effectively means an extreme limitation of the ability to walk; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. Ineffective ambulation is defined generally as having insufficient lower extremity functioning (see 1.00J) to permit independent ambulation without the use of a hand-held assistive device(s) that limits the functioning of both upper extremities.

Claimant testified that she used a walker about for one month after her back surgery. Claimant testified that she now uses a cane most of the time. Claimant testified that her back pain continues, but it is less than what it was pre-surgery. Claimant testified that she takes Norco (10 mg) and 325mg of Acetaminophen to control her pain. Claimant estimated she'll need at least 8 months of recovery time before she can realistically be expected to return to work.

Presented radiology was compelling. A statement of *severe* stenosis is highly indicative of ineffective ambulation, particularly if combined with a loss of spinal fluid. Physician-stated restrictions were also consistent with a finding of ineffective ambulation.

Presented evidence established that Claimant's inability to ambulate lasted at least from March 31, 2015 (the date of Claimant's SDA application) through June 2015 (the month following intervening surgery). Evidence of ongoing disability is less clear. Claimant's graduation from walker-to-cane is not indicative of an inability to ambulate effectively.

It is found that Claimant meets the listing for spinal disorder for the period of March 2015 through June 2015. It is found that Claimant does not meet the listing for subsequent months. The analysis will continue to determine if Claimant is disabled beginning July 2015.

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.

It is found that Claimant failed to establish meeting a SSA listing beginning July 2015. Accordingly, the analysis moves to the fourth step.

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 had multiple jobs as a licensed practical nurse. Claimant testified that her jobs varied, but most involved extensive standing and/or walking of at least 6 hours per 8 hour workday. Claimant testified she is unable to perform such standing and/or walking.

Claimant testified that her most recent LPN job was on a school bus. Claimant testified that she was sometimes expected to lift children who weighed as much as 50 pounds. Claimant testified that she could no longer do the lifting required of that employment.

Claimant's testimony that she is unable to perform past employment was credible and consistent with presented records. It is found that Claimant cannot perform past, relevant employment and the analysis may proceed to the 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).

Given Claimant's age, education and employment history, 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.

Post-surgery physician statements of restrictions were not presented. Restrictions can be inferred based on presented documents.

It is known that Claimant was referred to PT beginning September 2015. A need for a cane was not verified but is a reasonable expectation within 3 months following spinal fusion surgery. This evidence suggested ongoing restrictions that would prevent the performance of light employment.

A laminectomy is understood to be a surgery with an extensive healing time. It is understood that a 12 month healing time is fairly typical following such surgeries. This consideration is supportive in finding that Claimant is unable to perform light employment in the 12 month period following surgery.

It is possible that Claimant will eventually heal so that she can light or past employment can be performed. That possibility will have to await until June 2014 (12 months after Claimant's surgery) to be re-examined.


Based on Claimant's current and expected exertional work level (sedentary), age (approaching advanced age), education (associate's degree), employment history (semi-skilled with no known transferrable duties), Medical-Vocational Rule 201.14 is found to apply. This rule dictates a finding that Claimant is disabled. Accordingly, it is found that MDHHS improperly 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 MDHHS improperly denied Claimant's application for SDA benefits. It is ordered that MDHHS:

- (1) reinstate Claimant's SDA benefit application dated March 31, 2015;
- (2) evaluate Claimant's eligibility subject to the finding that Claimant is a disabled individual;
- (3) initiate a supplement for any benefits not issued as a result of the improper application denial; and
- (4) schedule a review of benefits no sooner than June 2016, if Claimant is found eligible for future benefits.

The actions taken by MDHHS are **REVERSED**.

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

Date Signed: **8/31/2015**

Date Mailed: **9/01/2015**

GC/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]  
[REDACTED]  
[REDACTED]