

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

IN THE MATTER OF:



MAHS Reg. No.: 15-017463
Issue No.: 4009
Agency Case No.: [REDACTED]
Hearing Date: November 19, 2015
County: Wayne (41)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

Following Petitioner'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 November 19, 2015, from Detroit, Michigan. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by [REDACTED], hearing coordinator.

ISSUE

The issue is whether MDHHS properly denied Petitioner's State Disability Assistance (SDA) eligibility for the reason that Petitioner 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 January 22, 2015, Petitioner applied for SDA benefits (see Exhibits 38-48).
2. Petitioner's only basis for SDA benefits was as a disabled individual.
3. On August 28, 2015, the Medical Review Team (MRT) determined that Petitioner was not a disabled individual (see Exhibits 6-13).
4. On September 2, 2015, MDHHS denied Petitioner's application for SDA benefits and mailed a Notice of Case Action (Exhibits 4-5) informing Petitioner of the denial.
5. On September 21, 2015, Petitioner requested a hearing disputing the denial of SDA benefits.

6. As of the date of application, Petitioner was a 55-year-old male
7. Petitioner has not earned substantial gainful activity since before the first month of benefits sought.
8. Petitioner's highest education year completed was the 12th grade.
9. Petitioner has no employment within the past 15 years.
10. Petitioner alleged disability based on restrictions related to various psychological problems, diabetes, hypertension (HTN), and left-eye blindness.

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).

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 Petitioner. Accordingly, Petitioner may not be considered for SDA eligibility without undergoing a medical review process (see BAM 815) which determines whether Petitioner 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. "Current" work activity is interpreted to include all time since the date of application. The 2015 monthly income limit considered SGA for non-blind individuals is \$1,090.

Petitioner credibly denied performing any employment since the date of the SDA application; no evidence was submitted to contradict Petitioner's testimony. Based on the presented evidence, it is found that Petitioner 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 Petitioners 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 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 (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 Petitioner's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with a summary of presented evidence.

A discharge summary from a drug rehabilitation center was presented. It was noted Petitioner started treatment on April 30, 2014 and successfully completed treatment on August 7, 2014. A corresponding certificate of achievement (Exhibit A15), letter (Exhibit A16), and transition plan (Exhibit 17) were also presented.

A Psychiatric Evaluation (Exhibits 17-20) dated May 23, 2014, was presented. It was noted that Petitioner has a 5-year history of homelessness. Complaints of insomnia, isolative behavior, anger issues, and low mood were noted. Observations of Petitioner included the following: unremarkable appearance, unremarkable behavior during interview, unremarkable motor status, unremarkable speech, angry mood, paranoid ideation, unremarkable perception, difficult immediate memory, unremarkable cognition, fair insight, and fair judgment. An Axis I diagnosis for major depressive disorder (recurrent and mild) was noted. Petitioner's GAF was noted to be 56. A plan for outpatient and case management services was noted.

A Psycho-Vocational Assessment Report (Exhibits A4-A13) dated October 17, 2014, was presented. The report was completed by a nationally certified psychologist. Observations of Petitioner included the following: appropriately dressed, orientation x4, clear and coherent speech, elevated mood, average judgment, and below-average cognitive abilities. Reported concerns of self-esteem, hopelessness, and despair were noted as reported by Petitioner. An Axis I diagnosis of schizo-affective disorder (bipolar type). A guarded prognosis was noted.

The psycho-vocational assessment included cognitive testing. Petitioner underwent Weschler Adult Intelligence Scale- Third Edition (WAIS3) testing. Petitioner's verbal comprehension (89), perceptual reasoning (84), and processing speed (84) scores placed him in the low average range for each category. Petitioner's working memory (74) placed him at the borderline level. Petitioner's full scale score of 80 was considered low-average. The examining psychologist stated that Petitioner's scores suggested difficulties with the following: fluid reasoning, ability to attend to verbally presented information, and formulating a response following processing information.

The psycho-vocational assessment also included Wide Range Achievement Test-Revision 4 (WRAT4) testing. Petitioner's scores were in the low average range for reading (6.9 grade equivalent) and sentence comprehension (8.7 grade). Petitioner's arithmetic scores were average (8.8 grade). Petitioner's spelling scores placed him the borderline range (4th grade equivalent).

The psycho-vocational assessment included personality/emotional functioning testing. It was noted Petitioner was "very prone" to anger. It was noted Petitioner was neat, punctual and displayed rationality in making decisions. Beck Anxiety Inventory (BAI) testing was shown to indicate severe levels of anxiety in Petitioner.

The psycho-vocational assessment included a Wonderlic Personal Test. Petitioner scored at a 12; the average job seeker score was noted to be 22.

An Eye Examination Report (Exhibits 27-28) dated December 15, 2014, was presented. It was noted Petitioner had no light perception in his left eye. The physician recommended Petitioner wear protective eyewear to protect his right eye. The optical physician noted Petitioner had no other limitations.

A Psychiatric/Psychological Examination Report (Exhibits 14-16) dated February 28, 2015, was presented. The form was completed by a treating psychiatrist with an approximate 9-month history of treating Petitioner. A diagnostic code for severe depression (without psychotic features) was noted. Diagnostic codes for alcohol and cocaine dependence were also noted. Petitioner's GAF was noted to be 56.

A letter from the executive director of a recovery management services agency dated March 26, 2015 (Exhibit A3; A13) was presented. It was noted Petitioner began his treatment on August 8, 2014, and has been an "ideal client" since.

A Psychiatric Evaluation (Exhibits 23-26; A1-A2) dated June 1, 2015, was presented. It was noted the evaluation was performed as part of Petitioner's annual evaluation (though it was also checked to be an initial evaluation). Multi-decade symptoms of anger, insomnia, low mood, isolative behavior, social isolation, irritability, audio hallucinations, paranoia, and poor concentration were noted. Observations of Petitioner included the following: unremarkable appearance, unremarkable interview behavior, unremarkable motor status, unremarkable speech, sad and hostile mood, paranoid ideation, non-commanding hallucinations, unremarkable cognition, fair insight, and fair judgment. An Axis I diagnosis of bipolar disorder I was noted (single manic episode; severe, with psychosis). Petitioner's GAF was noted to be 56. A plan of outpatient therapy, case management services, and psychotropic drugs was noted.

Petitioner testified he has been homeless for the past 30 years. Petitioner testified that he was a cocaine and alcohol abuser for most of that time. Petitioner testified he is 19 months sober since completing a 120 day program which included transitional housing. Petitioner testified he still often attends group meetings to help maintain his sobriety. Petitioner's testimony was consistent with presented evidence.

Petitioner alleged disability, in part, due to foot pain. Petitioner's testimony speculated his pain may be from diabetes or the mileage on his feet from long-distance walks while homeless. Petitioner also testified he has high cholesterol and HTN. No medical treatment documents were presented. Due to the lack of medical documentation, Petitioner failed to establish impairments related to diabetes, foot pain, or HTN.

Petitioner testified he lost sight in his left eye during a street brawl. Petitioner's testimony concerning a loss of sight was consistent with visual acuity testing.

Petitioner testified he has psychological problems. Petitioner testified he is paranoid, mistrusting, has poor concentration, and exhibits impatience. Petitioner testified he has insomnia and is depressed. Petitioner testified he began attending psychotherapy 19 months ago. Petitioner testified he sees a psychiatrist twice per month and a therapist 2-3 times per month. Petitioner also testified that his psychiatrist recently retired and his medications have been dispensed by a nurse practitioner.

Petitioner alleged disability, in part, due to anxiety, paranoia, depression, and anger. Petitioner's testimony was generally consistent with presented documents.

It is found that Petitioner established significant impairment to basic work activities for a period longer than 90 days. Accordingly, it is found that Petitioner established having a severe impairment and the disability analysis may proceed to Step 3.

The third step of the sequential analysis requires determining whether the Petitioner's impairment, or combination of impairments, is listed in 20 CFR Part 404, Subpart P, appendix 1. 20 CFR 416.920 (a)(4)(iii). If a Petitioner's impairments are listed and

deemed to meet the durational requirement, then the Petitioner is deemed disabled. If the impairment is unlisted or impairments do not meet listing level requirements, then the analysis proceeds to the next step.

Petitioner's primary impairment involved paranoia and other psychological symptoms. A diagnosis for schizoaffective disorder was noted. The SSA listing for schizoaffective disorders reads as follows

12.03 Schizophrenic, paranoid and other psychotic disorders:

Characterized by the onset of psychotic features with deterioration from a previous level of functioning.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one or more of the following:

1. Delusions or hallucinations; or
2. Catatonic or other grossly disorganized behavior; or
3. Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
 - a. Blunt affect; or
 - b. Flat affect; or
 - c. Inappropriate affect; OR
4. Emotional withdrawal and/or isolation;

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence, or pace; or
4. Repeated episodes of decompensation, each of extended duration;

OR

C. Medically documented history of a chronic schizophrenic, paranoid, or other psychotic disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or

3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

A psycho-vocational examiner concluded that Petitioner was not suitable to receive vocational rehabilitation services. The conclusion was based, in part, on Petitioner's 30 year absence from the workforce. It was noted that Petitioner should instead be referred for mental health services, and once stable, Petitioner could benefit from vocational rehabilitation services.

Significant weight can be given to the opinions of the author of the psycho-vocational assessment due to the many details and great efforts put into the examination and report. The psycho-vocational assessment is indicative of borderline marked social and persistence restrictions as of October 2014. The restrictions are not necessarily indicative of Petitioner's functioning level when he applied for SDA benefits in January 2015. Medical evidence closer to January 2015 was less supportive in finding that Petitioner has marked restrictions.

A Mental Residual Functional Capacity Assessment (MRFCA) (Exhibits 21-22) dated December 28, 2014, was presented. The assessment was noted as completed by a treating psychiatrist with an approximate 7-month history of treating Petitioner. Petitioner was found to be moderately restricted in all 20 listed work-related abilities. Some inferences can be made from the functional assessment made by Petitioner's treating psychiatrist.

It is improbable that Petitioner has the same restriction severity for all 20 listed activities. For example, the MRFCAs asks a treater to rate a patient's ability to remember and understand detailed instructions; the treating physician is separately asked about the patient's ability to remember 1-2 step directions. Separate abilities for following complex and 1-2 step directions are also listed. It is improbable that a person would be moderately restricted in following or remembering complex instructions and not be less limited in following or remembering simple instructions.

The unchanged restrictions stated on the MRFCAs also fails to account why Petitioner appears to have the same restrictions for social abilities (an area where Petitioner is documented to be more troubled) than understanding and memory (an area less documented to be a problem).

The most likely explanation for the responses on the MRFCAs is a lack of effort and thought in completing the form by Petitioner's treating psychiatrist. The MRFCAs is found to be unpersuasive in reflecting Petitioner's restrictions. Other treatment documents, however, were also not indicative of marked restrictions.

Petitioner's GAF was 56. The Diagnostic and Statistical Manual of Mental Disorders (4th edition) (DSM IV) states that a GAF within the range of 51-60 is representative of

someone with moderate symptoms or any moderate difficulty in social, occupational, or school functioning. Petitioner's GAF is indicative of moderate, not marked restrictions.

Though Petitioner's treating psychiatrist appeared to put poor effort in assessing Petitioner's restrictions, other treatment documents appeared to be completed competently and accurately indicated Petitioner's functioning level. It is found Petitioner failed to establish marked concentration, social, or persistence restrictions.

It is found that Petitioner failed to establish meeting or the equivalent of any mental disorder listings. Accordingly, the analysis moves to the fourth step.

The fourth step in analyzing a disability claim requires an assessment of the Petitioner'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 Petitioner 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.

Petitioner credibly testified he has not held a full-time job in the last 15 years. Petitioner's testimony was consistent with his history of homelessness, alcohol abuse, and drug abuse. Without any history of SGA earnings in the last 15 years, it can only be found that Petitioner cannot return to perform SGA 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.

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 non-exertional. 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 (e.g. 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).


Petitioner failed to establish any exertional restrictions to his employment opportunities. Left-eye blindness was established. The injury could preclude Petitioner from employment requiring driving (e.g. bus driver, delivery driver, messenger, forklift operator...). Most other employment remains available to Petitioner.

Petitioner's most compelling symptoms involved social isolation. Petitioner credibly testified that he becomes anxious in social situations. Employment heavily reliant on customer service and communication would be unrealistic for Petitioner to perform. Petitioner appears to be capable of more simple work less reliant on communication (e.g. janitorial, assembly, maintenance...). MDHHS did not present evidence of the availability of these jobs, however, they are presumed to be not so rare that such evidence is necessary.

It is found that Petitioner is capable of performing other work. Accordingly, Petitioner is not disabled and it is found that MDHHS properly denied Petitioner's SDA application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly denied Petitioner's SDA benefit application dated January 22, 2015, based on a determination that Petitioner is not disabled. The actions taken by MDHHS are **AFFIRMED**.


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

Date Signed: **12/01/2015**
Date Mailed: **12/01/2015**

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:

