



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: October 13, 2016
MAHS Docket No.: 16-011568
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on September 14, 2016, from Lansing, Michigan. [REDACTED], the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist.

The following Exhibits were entered into the record during the hearing:

Department Exhibit A:

- o Department's Hearing Summary (Exhibit A, unnumbered)
- o August 15, 2016, Hearing Request (Exhibit A, pp. 1-2)
- o July 12, 2016, Medical-Social Eligibility Certification (Exhibit A, pp. 3-9)
- o July 7, 2016, Social Security Administration (SSA) Physical Residual Functional Capacity Assessment (Exhibit A, pp. 10-17)
- o July 12, 2016, SSA Psychiatric Review Technique (Exhibit A, pp. 18-31)
- o April 26, 2016, Medical-Social Questionnaire (Exhibit A, pp. 32-35)
- o April 23, 2016, Authorization to Release Protected Health Information (Exhibit A, pp. 36-37)
- o January and February 2016, verification of SSA disability appeal (Exhibit A, pp. 38-40)
- o August 2015 through April 2016, records from [REDACTED] (Exhibit A, pp. 41-88)
- o December 2015 through March 2016, records from [REDACTED] [REDACTED] (Exhibit A, pp. 89-112)
- o August 2015 through October 2015, records from [REDACTED], Nurse Practitioner (NP) (Exhibit A, pp. 113-118)

- November 2015 through May 2016, records from [REDACTED] (Exhibit A, pp. 119-146)
- June 2015 through March 2016, records from [REDACTED] (Exhibit A, pp. 147-211)
- February 8, 2016, lumbar spine MRI from [REDACTED] (Exhibit A, p. 212)
- August 2015 through February 2016, lab records from [REDACTED] (Exhibit A, pp. 213-228)
- November 2015 through May 2016, records from [REDACTED] (Exhibit A, pp. 229-247)

ISSUE

Whether the Department properly determined that Petitioner was not disabled for purposes of the Medical Assistance (MA) and/or State Disability Assistance (SDA) benefit programs?

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 13, 2016, Petitioner applied for Medicaid (MA-P), retroactive MA-P and SDA. (Exhibit A, p. 3)
2. On July 12, 2016, the Medical Review Team/Disability Determination Services (MRT/DDS) found Petitioner not disabled. (Exhibit A, pp. 3-9)
3. On July 14, 2016, the Department notified Petitioner of the MRT determination. (Exhibit A, Hearing Summary, unnumbered)
4. On August 15, 2016, the Department received Petitioner's timely written request for hearing. (Exhibit A, pp. 1-2)
5. Petitioner alleged disabling impairments including right knee problem, back pain, bipolar disorder, very bad vision left eye, one kidney functioning about 20% of the time, and high blood pressure. (Exhibit A, p. 32; Petitioner Testimony)
6. At the time of hearing, Petitioner was 44 years old with a [REDACTED], birth date; was 6'1" in height; and weighed 309 pounds. (Petitioner Testimony)
7. Petitioner has a high school education and has a work history as a production worker. (Petitioner Testimony)
8. Petitioner's impairments have lasted, or are expected to last, continuously for a period of 12 months 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 Health and Human Services Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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 person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

Disability is defined as the inability to do any substantial gainful activity 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). The person claiming a physical or mental disability has the burden to establish it 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 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, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant 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).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (i.e. age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(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 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). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

As outlined above, the first step looks at the individual's current work activity. In the record presented, the Petitioner is not involved in substantial gainful activity. Therefore, Petitioner is not ineligible for disability benefits under Step 1.

The severity of the Petitioner's alleged impairment(s) is considered under Step 2. The Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(b). 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 means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.

Id.

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 *citing Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a Petitioner's age, education, or work experience, the impairment would not affect the Petitioner's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, Petitioner alleged disabling impairments including right knee problem, back pain, bipolar disorder, very bad vision left eye, one kidney functioning about 20% of the time, and high blood pressure. (Exhibit A, p. 32; Petitioner Testimony)

August 2015 through October 2015, records from [REDACTED], NP, document diagnosis and treatment for anxiety disorder and bipolar II disorder. (Exhibit A, pp. 113-118)

In November 2015, Petitioner was seen at [REDACTED] for re-evaluation of right knee pain. Petitioner had a history of high tibial osteotomy (HTO) in 2012. Petitioner did improve postoperatively but had a gradual recurrence of pain the last year. The impression section indicates a plan to try an intra-articular injection of corticosteroid, if no improvement in symptoms then possible recommendation for hardware removal, which would be required prior to a total knee replacement. It was noted that Petitioner would ultimately benefit from the total knee replacement as arthritis and symptoms progress. Petitioner had the intra-articular injection of corticosteroid on [REDACTED]. (Exhibit A, pp. 130-134) A [REDACTED], telephone encounter note indicates the doctor recommended removal of hardware from the knee

and then at least a year or more time and significant weight loss before total knee replacement. (Exhibit A, p. 138)

On [REDACTED], Petitioner was seen in the emergency department for leg swelling and high blood pressure. (Exhibit A, pp. 49-53)

December 2015 through March 2016, records from [REDACTED] document diagnoses including bipolar II disorder and anxiety disorder. February and March 2016 records indicate improvement with moods, stress due to disability process, divorce, and medical issues. (Exhibit A, pp. 89-112)

June 2015 through March 2016, records from [REDACTED] document pain management treatment. (Exhibit A, pp. 151-211) From the [REDACTED], record diagnoses were long term current use of opiate analgesic, wedge compression fracture of first lumbar vertebra (L1 compression fracture), pain in right knee, and spondylosis without myelopathy or radiculopathy thoracolumbar region. (Exhibit A, pp. 151-154) A [REDACTED], MRI of the lumbar spine showed: minimal wedge shaped deformity of T12 probably related to old minimal compression origins of the degenerative compression kyphosis, no acute fracture identified; all level degenerative changes of the facets; and moderate annulus at L5-S1 level with minimal prominence towards the right side and mild effacement of the CSF space. (Exhibit A, p. 212)

A [REDACTED], record from [REDACTED] documents re-evaluation for significant right knee osteoarthritis with history of HTO in 2012. X-rays showed severe tricompartmental knee osteoarthritis with severe lateral component involvement. There was retained hardware from the prior HTO. Use of a cane and brace were recommended prior to surgery. Petitioner was scheduled for hardware removal. (Exhibit A, pp. 61-68 and 126-129)

On [REDACTED], Petitioner underwent removal of deep orthopedic implant in his right knee. (Exhibit A, pp. 69-74 and 124-125)

On [REDACTED] Petitioner was seen in the emergency department for abdominal wall pain in epigastric region, cough, and bilateral leg pain. (Exhibit A, pp. 76-88)

A [REDACTED], record from [REDACTED] documents follow up since the removal of hardware from the knee on [REDACTED]. The plan indicated preparation for a total knee replacement down the road, including working on gentle leg strengthening with isometrics and lowering body mass index (BMI). At this time, activity was limited by pain. There was to be no impact activity. Petitioner was to gradually return to knee range of motion and continue using cane for ambulation. (Exhibit A, pp. 120-123)

November 2015 through May 2016, records from [REDACTED] document diagnosis and treatment of multiple conditions including: hypercholesterolemia, hypertension, obesity, post-traumatic osteoarthritis of both hips, post-traumatic osteoarthritis of right knee, atrophy of left kidney, obstructive sleep apnea, and bipolar disorder. (Exhibit A, pp. 229-247)

As previously noted, Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Petitioner has presented medical evidence establishing that he does have some limitations on the ability to perform basic work activities. The medical evidence has established that the Petitioner has an impairment, or combination thereof, that has more than a *de minimis* effect on the Petitioner's basic work activities. Further, the impairments have lasted, or can be expected to last, continuously for twelve months; therefore, the Petitioner is not disqualified from receipt of MA or SDA benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the Petitioner's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The evidence confirms recent diagnosis and treatment of multiple conditions including: severe osteoarthritis of right knee; back pain with minimal wedge shaped deformity of T12, spondylosis, degenerative changes of facets at all levels of lumbar spine, and moderate annulus at L5-S1 level; osteoarthritis of both hips; hypercholesterolemia; hypertension; obesity; atrophy of left kidney; obstructive sleep apnea; anxiety; and bipolar disorder.

Based on the objective medical evidence, considered listings included: 1.00 Musculoskeletal System and 12.00 Mental Disorders. However, the medical evidence was not sufficient to meet the intent and severity requirements of any listing, or its equivalent. Accordingly, the Petitioner cannot be found disabled, or not disabled, at Step 3; therefore, the Petitioner's eligibility is considered under Step 4. 20 CFR 416.905(a).

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

To determine the physical demands (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 (exertional requirements, i.e. sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty to function 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.*

The evidence confirms recent diagnosis and treatment of multiple conditions including: osteoarthritis of right knee; back pain with minimal wedge shaped deformity of T12, spondylosis, degenerative changes of facets at all levels of lumbar spine, and moderate annulus at L5-S1 level; osteoarthritis of both hips; hypercholesterolemia; hypertension;

obesity; atrophy of left kidney; obstructive sleep apnea; anxiety; and bipolar disorder. Petitioner's testimony indicated he can walk 2 minutes, stand 3 minutes, sit 30-40 minutes if he can lean on something, and lift a gallon of milk. Petitioner described difficulties with walking through the zoo recently, having to stop and rest every 2 minutes and almost being unable to make it back to his vehicle at the end of the two and a half hours there. Petitioner also described difficulties with bending, stooping, and squatting, such as having to hold on to something to sit on the toilet to prevent falling. (Petitioner Testimony) Petitioner's testimony regarding the severity of his limitations is somewhat supported by the medical evidence and found only partially credible. For example, the records support the testimony that there is a plan for a total knee replacement, however, the records indicate this would occur down the road and at least a year after the removal of the hardware from the right knee. (Exhibit A, pp. 120-138) The [REDACTED], record from the pain management provider indicated that Petitioner was able to manage his activities of daily living with pain medications and was not interested in pursuing other treatment recommendations. In part, the importance of increasing exercise was discussed. (Exhibit A, pp. 151-154) Additionally, the February and March 2016 records from the treating mental health provider indicate improvement with Petitioner's moods and do not indicate significant functional impairments. (Exhibit A, pp. 89-100) After review of the entire record it is found, at this point, that Petitioner maintains the residual functional capacity to perform sedentary work as defined by 20 CFR 416.967(a) on a sustained basis.

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 he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). 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 considered. 20 CFR 416.960(b)(3).

Petitioner has a work history as a production worker. As described by Petitioner, this involved significant standing, walking and lifting up to 70 pounds. (Petitioner Testimony) In light of the entire record and Petitioner's RFC (see above), it is found that Petitioner is not able to perform his past relevant work. Accordingly, the Petitioner cannot be found disabled, or not disabled, at Step 4; therefore, the Petitioner's eligibility is considered under Step 5. 20 CFR 416.905(a).

In Step 5, an assessment of Petitioner's residual functional capacity 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). At the time of hearing, Petitioner was 44 years old and, thus, considered to be a younger individual for disability purposes. Petitioner has a high school education and has a work history as a production worker. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Petitioner to the Department to present proof that the

Petitioner has the residual capacity to 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). 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).

The evidence confirms recent diagnosis and treatment of multiple conditions including: osteoarthritis of right knee; back pain with minimal wedge shaped deformity of T12, spondylosis, degenerative changes of facets at all levels of lumbar spine, and moderate annulus at L5-S1 level; osteoarthritis of both hips; hypercholesterolemia; hypertension; obesity; atrophy of left kidney; obstructive sleep apnea; anxiety; and bipolar disorder. As noted above, Petitioner maintains the residual functional capacity to perform sedentary work as defined by 20 CFR 416.967(a) on a sustained basis.

After review of the entire record, and in consideration of the Petitioner's age, education, work experience, RFC, and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 201.28, Petitioner is found not disabled at Step 5.

In this case, the Petitioner is also found not disabled for purposes SDA benefits as the objective medical evidence also does not establish a physical or mental impairment that met the federal SSI disability standard with the shortened duration of 90 days. In light of the foregoing, it is found that Petitioner's impairments did not preclude work at the above stated level for at least 90 days.

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 Petitioner not disabled for purposes of the MA and SDA benefit programs.

DECISION AND ORDER

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 Petitioner disabled/not disabled for purposes of the MA and SDA benefit programs.

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

CL/mc



Colleen Lack
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

DHHS

[REDACTED]

Petitioner

[REDACTED]