



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: July 25, 2017
MAHS Docket No.: 17-006665
Agency No.: [REDACTED]
Petitioner: [REDACTED]

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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on June 19, 2017, from Detroit, Michigan. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by [REDACTED], hearing facilitator.

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 [REDACTED], Petitioner applied for SDA benefits.
2. Petitioner's only basis for SDA benefits was as a disabled individual.
3. On [REDACTED], the Disability Determination Service determined that Petitioner was not a disabled individual (see Exhibit 1, pp. 7-13), in part, based on a Disability Determination Explanation (Exhibit 1, pp. 14-27).
4. On [REDACTED], MDHHS denied Petitioner's application for SDA benefits.
5. On [REDACTED], Petitioner requested a hearing disputing the denial of SDA benefits.

6. As of the date of the administrative hearing, Petitioner did not have employment earnings amounting to substantial gainful activity.
7. As of the date of the administrative hearing, Petitioner was a 52-year-old female.
8. Petitioner's highest education year completed was the 12th grade (via general equivalency degree).
9. Petitioner has a history of unskilled employment, with no transferrable job skills.
10. Petitioner has restrictions which preclude the performance of light employment.

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).

Petitioner requested a hearing to dispute the denial of an SDA application. Petitioner claimed an inability to work for 90 days due to mental and/or physical disabilities. MDHHS presented a Notice of Case Action (Exhibit 1, pp. 3-6) dated [REDACTED], verifying Petitioner's application was denied based on a determination that Petitioner was not disabled.

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 (July 2015), 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 (January 2015), p. 1. A person is disabled for SDA purposes if he/she:

- Receives other specified disability-related benefits or services... 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., pp. 1-2.

[State agencies] must use the same definition of disability as used under SSI... 42 C.F.R. § 435.540(a). [Federal] law defines disability 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 C.F.R. § 416.905(a). MDHHS adopted a functionally identical definition of disability (see BEM 260 (July 2015), p. 10).

The same definition applies to SDA, though SDA eligibility requires only a 90-day period of disability.

In general, you have to prove... that you are blind or disabled. 20 C.F.R. § 416.912(a). You must inform [MDHHS] about or submit all evidence known... that relates to whether or not you are blind or disabled. *Id.* Evidence includes, but is not limited to objective medical evidence e.g. medical signs and laboratory findings), evidence from other medical sources (e.g. medical history and opinions), and non-medical statements about symptoms (e.g. testimony) (see *Id.*).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled (see 20 C.F.R. § 416.920). If there is no finding of disability or lack of disability at each step, the process moves to the next step (see *Id.*)

The first step in the process considers a person's current work activity (see 20 C.F.R. §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 2016 monthly income limit considered SGA for non-blind individuals is \$1,130.00.

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.*

Petitioner credibly denied performing current employment; no evidence was submitted to contradict Petitioner's testimony. Based on the presented evidence, it is found that Petitioner is not performing SGA. Accordingly, the disability analysis may proceed to the second step.

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 C.F.R. §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 C.F.R. §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 C.F.R. § 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 medical documentation.

Various physician and medical records (Exhibit 1, pp. 212-251, 286-287, 308-311, 212-236) from 2014 and earlier were presented. Ongoing diagnoses of asthma, morbid obesity, HTN, hyperlipidemia, foot ulcers caused by DM, mood disorder, right leg pain, and CAD were noted. It was regularly noted that Petitioner had a sedentary lifestyle. Various medications were prescribed. A referral, to a nutritionist was noted. A low-salt diet was recommended to combat leg swelling. Exercise of 15 minutes a day was recommended.

Right knee radiology reports (Exhibit 1, pp. 245-246) dated [REDACTED], was presented. Marked medial joint space narrowing was noted. Significant narrowing of patellofemoral joint space was noted. "Very little if any" remaining articular cartilage was noted. Right knee injections (see Exhibit 1, pp. 247-251) to treat osteoarthritis and a meniscal tear followed.

Primary care physician (PCP) office visit notes (Exhibit 1, pp. 252-256) dated [REDACTED] were presented. It was noted that Petitioner complained of "severe" bilateral knee pain. A cortisone injection was performed.

PCP office visit notes (Exhibit 1, pp. 257-262) dated [REDACTED], were presented. Ongoing DM treatment was noted. Petitioner's A1C was 7.6%. Diet was reported as not well-controlled due to depression. Difficulty with focusing was reported. Petitioner

reported 9/10 bilateral knee pain. Diclofenac was prescribed for knee pain. Cymbalta was prescribed for depression.

Physician office visit notes (Exhibit 1, pp. 282-285, 298-301) dated [REDACTED], were presented. Petitioner reported for an initial evaluation for treatment of bilateral knee pain. Knee tenderness and restricted ranges of motion were noted. X-rays were noted to demonstrate bilateral osteoarthritis- worse on the right. Mild-to-moderate osteoarthritic changes were noted in Petitioner's left knee. Weight loss was encouraged. A home-strengthening program was recommended. Follow-up in 2 months was planned.

PCP office visit notes (Exhibit 1, pp. 263-268) dated [REDACTED], were presented. Petitioner reported complaints of sleep difficulty, aching knee pain, and chronic fatigue. DM was noted to be well-controlled following A1C test results of 6.8. HTN was noted to be uncontrolled. Pain medication was changed to arthritic Tylenol. A referral to a sleep specialist was issued.

Physical therapy documents (Exhibit 1, pp. 288-294) related to a discharge date of [REDACTED], were presented. "Good progress towards goals" was noted. Improvements in pain reduction, range of motion, and strength were noted. Prolonged walking was noted to be limited. Continued home exercise was recommended.

PCP office visit notes (Exhibit 1, pp. 269-274) dated [REDACTED], were presented. Petitioner reported difficulty with functioning due to depression. Petitioner reported not taking Cymbalta in past month. Cymbalta was restarted.

PCP office visit notes (Exhibit 1, pp. 275-279) dated [REDACTED], were presented. Petitioner reported feeling better after losing 20 pounds. Petitioner's weight was 292 pounds.

Physician office visit notes (Exhibit 1, pp. 36-42) dated [REDACTED], were presented. It was noted that Petitioner reported improved depression. "Uncontrolled" blood pressure was noted. Lisinopril was prescribed. Amlodipine, duloxetine, glipizide, Lopressor, lovastatin, meloxicam, metformin, Seroquel, Tylenol (500mg), and other meds were continued.

A Psychiatric / Psychological Medical Report (Exhibit 1, pp. 313-316) dated [REDACTED] was presented. The report was completed by a consultative licensed psychologist as part of Petitioner's claim for SSA benefits. Petitioner reported frequent suicidal thoughts, low motivation, staying in bed for days at a time, anhedonia, decreased concentration, and irritability. Noted observations of Petitioner made by the consultative examiner included contact with reality, spontaneous tearfulness, obviously distressed, and well-organized speech, and depressed mood. A diagnosis of major depressive disorder (recurrent and severe) was noted. A poor prognosis was indicated. Impaired ability to relate to coworkers was indicated. Concentration and adaptability were

“somewhat” impaired. Petitioner’s emotional state was opined to likely limit and slow employment performance.

An internal medicine examination report (Exhibit 1, pp. 319-324) dated [REDACTED], was presented. The report was signed by a consultative physician as part of Petitioner’s claim of SSA-related disability. No range of motion restrictions were noted. A wide-based and waddling gait, secondary to morbid obesity, was noted. Muscle strength was 5/5. Mild effusion, ligamentous laxity, and crepitus in Petitioner’s right knee was noted.

Psychiatric treatment documents (Exhibit A, pp. 1-7) dated [REDACTED] were presented. Petitioner reported complaints of diminished concentration, anhedonia, hallucinations, excessive anger, irritability, excessive worry, flashbacks of sexual abuse, and recurring suicidal thoughts. It was noted Cymbalta was working well for the past year. Petitioner’s weight was noted to be 310 pounds. Diagnoses of depression (recurrent, severe episode, with psychotic features), anxiety, and PTSD were noted. Topamax was prescribed and Cymbalta was continued. Returning to a support group at church was recommended.

Petitioner testified she has bilateral knee arthritis. Petitioner testified previously performed knee injections only temporarily relieved pain. Petitioner testified she stopped wearing a knee brace because it did not help. Petitioner testified ambulation is further hampered by neuropathy in her feet.

Petitioner testified she has various psychological symptoms. Petitioner testified she avoids talking to people. Petitioner testified she excessively worries and that she usually expects the worst. Petitioner testified she stays home most days typically only leaving her home only for doctor appointments and grocery shopping.

Presented evidence generally verified bilateral knee dysfunction causing restrictions in carrying/lifting, ambulation, and standing. Presented evidence was consistent with psychological dysfunction causing degrees of concentration and social interaction restrictions. Petitioner’s treatment history was established to have lasted at least 90 days and at least since Petitioner’s date of SDA application. It is found that Petitioner established having a severe impairment and the disability analysis may proceed to Step 3.

At the third step, [SSA will] also consider the medical severity of your impairment(s). If you have an impairment(s) that meets or equals... listings in appendix 1 to subpart P of part 404 of this chapter and meets the duration requirement, [SSA] will find that you are disabled. 20 C.F.R. § 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 (see 20 C.F.R. § 416.920 (d)). If your impairment(s) does not meet or equal a listed impairment, [SSA] will assess and make a finding about your residual functional capacity based on all the relevant medical and other evidence in your case record.... 20 C.F.R. § 416.920 (e).

Listings for affective disorders (Listing 12.04, anxiety disorders (Listing 12.06), and stressor disorders (Listing 12.15) were considered based on Petitioner's treatment history. The listings were rejected due to a failure to establish an extreme restriction or multiple marked restrictions to understanding or applying information, interacting with others, concentration or persistence, and/or adaptation. It was also not established that Petitioner had minimal capacity to adapt to changes in environment or to demands that are not already part of daily life.

A listing for joint dysfunction (Listing 1.02) was considered based on knee dysfunction. The listing was rejected due to a failure to establish that Petitioner is unable to ambulate effectively.

It is found that Petitioner failed to establish meeting (or equaling) a SSA listing. Accordingly, the analysis moves to the fourth step.

If your impairment(s) does not meet or equal a listed impairment, [SSA] will assess and make a finding about your residual functional capacity based on all the relevant medical and other evidence in your case record... 20 C.F.R. § 416.920(e). [SSA uses the]... residual functional capacity assessment at the fourth step of the sequential evaluation process to determine if you can do your past relevant work (paragraph (f) of this section) and at the fifth step of the sequential evaluation process (if the evaluation proceeds to this step) to determine if you can adjust to other work (paragraph (g) of this section). *Id.*

Your impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what you can do in a work setting. 20 C.F.R. § 416.945 (a)(1). Your residual functional capacity is the most you can still do despite your limitations. *Id.* We will assess your residual functional capacity based on all the relevant evidence in your case record. *Id.* We will consider all of your medically determinable impairments of which we are aware, including your medically determinable impairments that are not "severe,"... when we assess your residual functional capacity. 20 C.F.R. § 416.945 (a)(2). We will assess your residual functional capacity based on all of the relevant medical and other evidence. 20 C.F.R. § 416.945(a)(3). We will first use our residual functional capacity assessment at step four of the sequential evaluation process to decide if you can do your past relevant work. 20 C.F.R. § 416.945(a)(5). A RDC assessment will be reserved for the final 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 416.960(b)(3).

Petitioner testified she quit her most recent employment as a certified nursing assistant (CNA) in 2016 due to health problems (various pay stubs were presented (see Exhibit 1, pp. 328-347). Petitioner testified her only employment since 2001 was as a part-time CNA averaging 30 hours per week and [REDACTED]/hour. Petitioner testimony implied knee dysfunction precludes her from lifting patients and other CNA duties. Petitioner's testimony was credible and consistent with presented evidence. It is found that Petitioner cannot perform past employment. Accordingly, 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 C.F.R. § 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 Petitioner's age, education and employment history a determination of disability is dependent on Petitioner'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.

Petitioner testified she does not use a cane or walker. Petitioner testified climbing only 2 steps is challenging. Petitioner testified she can only walk for 5 minutes due to pain and dyspnea. Petitioner testified she is limited to standing for 10 minutes; Petitioner testified she could only stand for 5 minutes out of an 8-hour workday. Petitioner testified she can lift/carry 2 gallons of milk, but not for a long distance. Petitioner testified she can sit for approximately 2 hours, but only 3 of 8 hours.

Petitioner testified she has difficulty lifting her left leg into her bathtub. Petitioner testified dressing and housework takes longer than it used to take to perform. Petitioner testified she does laundry, but has to sit when doing it. Petitioner testified she can shop, but leans on her shopping cart. Petitioner testified she is capable of driving.

Petitioner's testimony concerning ambulation and standing were generally consistent with an inability to perform light employment. The analysis will proceed to consider whether Petitioner's statements were supported by presented medical records.

A right knee radiology report (Exhibit 1, p. 205) dated [REDACTED], was presented. Moderate narrowing of medial joint space was noted. Mild joint space narrowing of the patella-femoral joint space was also noted.

A left knee radiology report (Exhibit 1, p. 206) dated [REDACTED], was presented. Moderate medial joint space narrowing with spurring and meniscal chondrocalcinosis was noted. Bone mineralization was described as normal-to-borderline osteopenic.

Based on Petitioner's height and weight reported during the hearing, Petitioner's BMI exceeded 50. Petitioner testified her physicians have told her that weight loss would ease her knee pain, though she was unsure how much her pain would be relieved.

Physician statements were generally consistent with presented knee radiology reports. Loose ligaments and crepitus were documented in a consultative examination. Extended periods of walking was noted to be limited in therapy documents. A near-total loss of cartilage was noted in an older knee radiology report. Tenderness and restricted ranges of motion were noted by a treating physician.

Based on presented evidence, Petitioner's knee dysfunction and morbid obesity would reasonably restrict Petitioner to walking and/or ambulation of 2 hours of an 8 hour workday. The restriction is consistent with Petitioner's performance of sedentary employment, but not light employment. It is found that Petitioner is restricted to sedentary employment.

Based on Petitioner's exertional work level (sedentary), age (approaching advanced age), education (high school with no direct entry into skilled work), employment history (unskilled), Medical-Vocational Rule 201.12 is found to apply. This rule dictates a finding that Petitioner is disabled. Accordingly, it is found that MDHHS improperly found Petitioner 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 Petitioner's application for SDA benefits. It is ordered that MDHHS begin to perform the following actions within 10 days of the date of mailing of this decision:

- (1) reinstate Petitioner's SDA benefit application dated [REDACTED];
- (2) evaluate Petitioner's eligibility subject to the finding that Petitioner 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 in one year from the date of this administrative decision, if Petitioner is found eligible for future benefits.

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

CG/hw



Christian Gardocki
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]

(via email)

Petitioner

[REDACTED]