

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

**IN THE MATTER OF:**

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

MAHS Reg. No.: 15-023569  
Issue No.: 4009  
Agency Case No.: ██████████  
Hearing Date: February 11, 2016  
County: Wayne-District 57  
(Conner)

**ADMINISTRATIVE LAW JUDGE: Alice C. Elkin**

**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 February 11, 2016, from Detroit, Michigan. Petitioner appeared and represented herself. The Department was represented by ██████████, Medical Contact Worker.

**ISSUE**

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

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On February 25, 2015, Petitioner submitted an application seeking cash assistance on the basis of a disability.
2. On September 9, 2015, the Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 5-7).
3. On September 25, 2015, the Department sent Petitioner a Notice of Case Action denying the application based on MRT's finding of no disability (Exhibit A, pp. 5-8).
4. On December 11, 2015, the Department received Petitioner's timely written request for hearing (Exhibit A, pp. 2-3).

5. Petitioner alleged disabling impairment due to chronic back pain, osteoarthritis of the knees and hands, asthma, chronic obstructive pulmonary disease (COPD), sleep apnea, congestive heart failure, hypertension (HTN), angina, acid reflux, and depression.
6. On the date of the hearing, Petitioner was [REDACTED] years old with a [REDACTED] birth date; she is [REDACTED] in height and weighs about [REDACTED] pounds.
7. Petitioner is a high school graduate and has some college experience.
8. At the time of application, Petitioner was not employed.
9. Petitioner has an employment history of work as parts packer/factory worker, cashier, and medical record clerk.
10. Petitioner has a pending disability claim with the Social Security Administration (Exhibit B).

### **CONCLUSIONS OF LAW**

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

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

A disabled person is eligible for SDA. BEM 261 (July 2015), p. 1. An individual automatically qualifies as disabled for purposes of the SDA program if the individual receives Supplemental Security Income (SSI) or Medical Assistance (MA-P) benefits based on disability or blindness. BEM 261, p. 2. Otherwise, to be considered disabled for SDA purposes, a person must have a physical or mental impairment for at least ninety days which meets federal SSI disability standards, meaning the person is unable to do any substantial gainful activity by reason of any medically determinable physical or mental impairment. BEM 261, pp. 1-2; 20 CFR 416.901; 20 CFR 416.905(a).

Determining whether an individual is disabled for SSI purposes requires the application of a five step evaluation of whether the individual (1) is engaged in substantial gainful activity (SGA); (2) has an impairment that is severe; (3) has an impairment and duration that meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) has the residual functional capacity to perform past relevant work; and (5) has the residual functional capacity and vocational factors (based on age, education and work

experience) to adjust to other work. 20 CFR 416.920(a)(1) and (4); 20 CFR 416.945. If an individual is found disabled, or not disabled, at any step in this process, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4).

In general, the individual has the responsibility to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 20 CFR 416.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, are insufficient to establish disability. 20 CFR 416.927(d).

### **Step One**

The first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is SGA, then the individual must be considered not disabled, regardless of medical condition, age, education, or work experience. 20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Petitioner has not engaged in SGA activity during the period for which assistance might be available. Therefore, Petitioner is not ineligible under Step 1 and the analysis continues to Step 2.

### **Step Two**

Under Step 2, the severity and duration of an individual's alleged impairment is considered. If the individual does not have a severe medically determinable physical or mental impairment (or a combination of impairments) that meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for SDA means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 90 days. 20 CFR 416.922; BEM 261, p. 2.

An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities mean the abilities and aptitudes necessary to do most jobs, such as (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple

instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28.

In the present case, Petitioner alleges disabling impairment due to chronic back pain, osteoporosis, osteoarthritis of the knees and hands, asthma, COPD, sleep apnea, congestive heart failure, HTN, angina, acid reflux, and depression. The medical evidence presented at the hearing was reviewed and is summarized below.

A June 26, 2014 left knee x-ray showed no acute fracture or dislocation and minimal calcific tendinopathy at the insertion of the quadriceps tendon (Exhibit A, p. 109). A June 26, 2014 left hip x-ray showed no acute fracture or dislocation (Exhibit A, p. 110).

Petitioner had cataract surgery on both eyes, on January 6, 2015 on her left eye and on April 15, 2015 on her right eye, with no complaints after the surgeries (Exhibit A, pp. 35-61).

A March 13, 2015, psychiatric evaluation diagnosed Petitioner with major depressive disorder, recurrent, severe without psychosis and found she had a global assessment of functioning (GAF) of 48. The doctor noted that Petitioner had a history of depressive symptoms including depressed and anxious mood, crying episodes, sleeping difficulty, hopelessness, helplessness, decreased concentration, changes in appetite, lack of motivation, low self-esteem, and auditory hallucinations. She also had several physical illnesses, including chronic pain; unemployment; lack of income; and unresolved issues regarding being the victim of domestic violence. The prognosis was conditional pending compliance, stability of physical illness, and circumstances. (Exhibit A, pp. 10-18.)

On April 15, 2015, the Department received a medical examination report from Petitioner's primary care physician who indicated he had treated her since November 16, 2013 and last examined her in February 2015. He listed Petitioner's diagnoses as HTN, COPD, cervical radiculopathy, chronic low back pain, chronic hip pain, and cataracts in right eye. Her blood pressure was listed as 126/79. The doctor indicated that Petitioner could lift up to 10 pounds frequently and never more; could sit less than 6 hours in an 8-hour day; and could not do any repetitive actions with her hands/arms or feet/legs. (Exhibit A, pp. 122-124.)

In an April 28, 2015 office visit, Petitioner complained of pain in the base of her thumbs and numbness in both hands, worse on the right. The doctor noted that an EMG showed very mild right carpal tunnel syndrome and old x-rays showed bilateral thumb carpometacarpal (CMC) osteoarthritis. Because relief from cortisone shots was short-lived, the doctor recommended a right trapeziectomy (hematoma distraction arthroplasty). (Exhibit A, pp. 9, 91, 108.)

In June 2015 through August 2015, Petitioner engaged in occupational therapy to regain range of motion and strength for her right thumb. The occupational therapy notes indicate that weight bearing was as tolerated. (Exhibit 2, pp. 7-9, 25).

On August 3, 2015, Petitioner was examined by a doctor at the Department's request. The doctor noted that Petitioner wore a left knee brace. Petitioner reported having right hand and wrist surgery and cataract surgery in both eyes. Petitioner's visual acuity without glasses was 20/30 on the right and 20/20 on the left. Her blood pressure was 110/70. The doctor reported that Petitioner got on and off the examination table slowly; she had a limp on the left side; she could tandem walk, heel-walk and toe walk slowly; she had slightly decreased range of motion in her right thumb; and her straight leg raise was 0-50 while lying and 0-90 while sitting. The doctor found that Petitioner had normal range of motion except concerning the following: the flexion of the lumbar spine was 80 degrees (normal is 0 to 90 degrees); the forward flexion of both hips was 50 degrees (normal was 0 to 100), and flexion of the right hand joints was limited. The doctor found that Petitioner complained of pain when standing, bending, stooping, carrying, pushing, pulling, button clothes, making a fist, and picking up coins and pencils. Her JAMAR grip strength was 20 pounds on the right, 40 pounds on the left. The doctor concluded that Petitioner had a history of asthma, smokes cigarettes and uses an inhaler; has sleep apnea and uses a c-pap machine; has HTN with blood press under good control; has a previous stroke with no sequelae; has hyperlipidemia, currently on a statin drug; has a history of depression; has a history of arthritis in her hands and knees, particularly on her left, and has a left-sided limp; has chronic back pain and fibromyalgia although she has never had an MRI. (Exhibit A, pp. 19-27.)

A September 25, 2015 x-ray of Petitioner's lumbar spine showed osteoporosis but no evidence of fracture, subluxation or arthritis and showed normal alignment and curvature of the lumbar spine with normal intervertebral disc spaces (Exhibit 3).

October 15, 2015 office visit notes showed that Petitioner had mild inactive gastritis and concluded that her epigastric pain could be secondary to her gastritis and duodenitis (Exhibit 1).

In consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Petitioner suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days. Therefore, Petitioner has satisfied the requirements under Step 2, and the analysis will proceed to Step 3.

### **Step Three**

Step 3 of the sequential analysis of a disability claim requires a determination if the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920(a)(4)(iii). If an individual's impairment, or combination of impairments, is of a severity to meet or medically equal

the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

Based on the medical evidence presented in this case, listings 1.02 (major dysfunction of a joint), 1.04 (disorders of the spine), 2.04 (loss of visual efficiency), 3.02 (chronic pulmonary insufficiency), 3.03 (asthma), 3.10 (sleep-related breathing disorders), 4.00 (cardiovascular system), 4.02 (chronic heart failure), 5.00 (digestive system), 12.04 (affective disorders), 12.06 (anxiety-related disorders) were considered. The medical evidence presented does **not** show that Petitioner's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Therefore, Petitioner is not disabled under Step 3 and the analysis continues to Step 4.

### **Residual Functional Capacity**

If an individual's impairment does not meet or equal a listed impairment under Step 3, before proceeding to Steps 4 and 5, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s), including those that are not severe, and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4); 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

Limitations can be exertional, nonexertional, or a combination of both. 20 CFR 416.969a. If individual's impairments and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b). The exertional requirements, or physical demands, of work in the national economy are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a). Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools and occasionally walking and standing. 20 CFR 416.967(a). Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. 20 CFR 416.967(b). 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). 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). Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. 20 CFR 416.967(e).

If an individual has limitations or restrictions that affect the ability to meet demands of jobs **other than** strength, or exertional, demands, the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e., unable to tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi). For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1).

In this case, Petitioner alleges both exertional and nonexertional limitations due to her medical condition. Petitioner testified that she was limited in the use of her hands, explaining that the surgery on her right hand had been unsuccessful and prevented her use of her fingers and while the left-hand was better condition following cortisone shots, the effects were wearing off and she would need surgery on her left hand as well as repeated surgery on her right hand. Petitioner testified that she could walk less than a block before getting tired and her knees buckling. She testified that she had braces on both hands and her left knee. Petitioner acknowledged that her cataract issue had been resolved. She testified that her acid reflux caused severe abdomen pain on a daily basis and affected her eating. Because of her asthma, COPD and sleep apnea, she had to use an inhaler and was put on portable oxygen beginning November 2015. She could sit for longer periods once she got comfortable. She could not lift more than a gallon of milk and needed the assistance of both hands to do so. She could not stand more than 15 minutes. She testified that she lived with her cousin and did none of the housework because she could not stand for long periods, bend, or reach. The Department worker confirmed that Petitioner was visibly fatigued, wearing braces on both hands, having difficulty walking, and carrying oxygen.

The record shows that Petitioner's hypertension and high cholesterol is being controlled with medication. She has osteoporosis but otherwise normal lumbar spine x-ray. However, Petitioner's doctor's diagnosis of chronic back pain and the consultative examination doctor's finding of positive straight leg raise in the lying position and range of motion limitations concerning Petitioner's forward flexion of both hips support Petitioner's complaints of back pain. The consultative doctor also concluded that Petitioner had a history of arthritis in knees, particularly the left, and walked with a left-

sided limp. She found that Petitioner could slowly get on and off the examination table and slowly tandem-walk, heel-walk, and toe-walk but she wore a knee brace and could stand, bend, stoop, carry, push and pull but with complaints of pain. These findings support that Petitioner has limitations in her ability to stand and walk long distances due to pain. Additionally, the medical record showed that Petitioner had surgery on her right hand to address her very mild right carpal tunnel syndrome and thumb carpometacarpal osteoarthritis. The consultative doctor noted limitations in Petitioner's range of motion of her right finger joints and her complaints of pain in making a fist and picking up a coin and pencil even though the record reflects that Petitioner was participating in occupational therapy at the time. Although there was evidence that the left thumb had CMC osteoarthritis as well, there was no evidence of any range of motion limitations or the need for surgery on that hand. Petitioner's doctor indicated Petitioner could lift up to 10 pounds frequently but never more and could not do any repetitive actions with either hands/arms or feet/legs.

With respect to Petitioner's exertional limitations, it is found based on a review of the entire record that Petitioner maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a).

Petitioner also alleged that she had nonexertional limitations due to her depression. She explained that she was depressed concerning her condition but had stopped going to a therapist because she was tired of talking. In a March 13, 2015 psychiatric evaluation diagnosed Petitioner with major depressive disorder, recurrent, severe without psychosis and she was assigned a GAF score 48. The psychiatrist concluded that Petitioner's prognosis was dependent, in part, on her compliance with treatment. Based on the medical record presented, as well as Petitioner's testimony, Petitioner has mild limitations on her mental ability to perform basic work activities.

Petitioner's RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

#### **Step Four**

Step 4 in analyzing a disability claim requires an assessment of Petitioner's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). Past relevant work is work that has been performed within the past 15 years that was SGA and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920. Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy are **not** considered. 20 CFR 416.960(b)(3).

Petitioner's work history in the 15 years prior to the application consists of work as a parts packer/factory worker, cashier, and medical record clerk, a job involving physically transporting medical records. These positions all involve standing most of the day and

lifting between 20 and 50 pounds. Accordingly, they are properly classified as involving light to medium work. Based on the RFC analysis above, Petitioner is limited to no more than sedentary work activities. Because each of her prior employment positions required more than sedentary exertion in performing the tasks of that employment, Petitioner is unable to perform past relevant work. Accordingly, Petitioner cannot be found disabled, or not disabled, at Step 4 and the assessment continues to Step 5.

### **Step 5**

In Step 5, an assessment of Petitioner's RFC and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). If the individual can adjust to other work, then there is no disability. Disability is found if an individual is unable to adjust to other work.

At this point in the analysis, the burden shifts from Petitioner to the Department to present proof that Petitioner has the RFC to obtain and maintain substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). When the impairment(s) and related symptoms, such as pain, only affect the ability to perform the exertional aspects of work-related activities, Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983). However, 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). When a person has a combination of exertional and nonexertional limitations or restrictions, the rules pertaining to the strength limitations provide a framework to guide the disability determination **unless** there is a rule that directs a conclusion that the individual is disabled based upon strength limitations. 20 CFR 416.969a(d).

In this case, Petitioner was ■ years old at the time of application and ■ years old at the time of hearing and, thus, considered to be of advanced age (age 55 and over) for purposes of Appendix 2. She is a high school graduate with some college experience and a history of unskilled, and therefore nontransferable, work experience. As discussed above, Petitioner maintains the RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities and has mild limitations on her mental ability to perform work activities. In this case, the Medical-Vocational Guidelines, 201.04, result in a disability finding based on Petitioner's exertional limitations.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner **disabled** for purposes of the SDA benefit program.

**DECISION AND ORDER**

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reregister and process Petitioner's February 25, 2015 SDA application to determine if all the other non-medical criteria are satisfied and notify Petitioner of its determination;
2. Supplement Petitioner for lost benefits, if any, that Petitioner was entitled to receive if otherwise eligible and qualified;
3. Review Petitioner's continued eligibility in September 2016.



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

Date Signed: **3/8/2016**

Date Mailed: **3/8/2016**

ACE / tlf

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

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

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]