



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: March 31, 2017  
MAHS Docket No.: 17-001353  
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 March 1, 2017, from Detroit, Michigan. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by [REDACTED], manager, and [REDACTED], specialist.

### **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 (see Exhibit 2, pp. 1-29)
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 2, pp. 32-38).
4. On [REDACTED], MDHHS denied Petitioner's application for SDA benefits and mailed a Notice of Case Action informing Petitioner of the denial.

5. On [REDACTED], Petitioner requested a hearing disputing the denial of SDA benefits (see Exhibit 2, p. 45).
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 47-year-old male.
8. Petitioner's highest education year completed was the 12<sup>th</sup> grade.
9. Petitioner has a history of unskilled employment, with no known transferrable job skills.
10. Petitioner's medical history does not restrict Petitioner from performing sedentary 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).

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 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.*

Petitioner requested a hearing to dispute the denial of a 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 2, pp. 40-43) dated January 17, 2017, verifying Petitioner's application was denied based on a determination that Petitioner was not disabled.

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 [90 days for SDA eligibility]. 20 CFR 416.905.

SGA means a person does the following: performs significant duties, does them for a reasonable length of time, and does a job normally done for pay or profit. *Id.*, p. 9. Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute SGA. *Id.*

The person claiming a physical or mental disability has the burden to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 413.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled. 20 CFR 416.920. If there is no finding of disability or lack of disability at each step, the process moves to the next step. 20 CFR 416.920 (a)(4).

The first step in the process considers a person's current work activity. 20 CFR 416.920 (a)(4)(i). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The 2016 monthly income limit considered SGA for non-blind individuals is \$1,130.00.

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 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 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> Cir. 1988). Similarly, Social Security Ruling 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1<sup>st</sup> Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirements are intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1<sup>st</sup> Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis. 20 CFR 416.920 (5)(c). In determining whether 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.

Ophthalmologist office visit notes (Exhibit 1, pp. 51-58) dated [REDACTED], were presented. It was noted that OCT examination revealed evidence of macular edema. A right eye intravitreal injection was performed.

Ophthalmologist office visit notes (Exhibit 1, pp. 59-67) dated [REDACTED], were presented. Petitioner reported stable vision since most recent visit. OCT examination noted improvement. A right eye intravitreal injection was performed.

An Affidavit of Attending Physician (Exhibit 1, p. 10) dated [REDACTED], was presented. The "affidavit" was not stated to be completed under any oath. It was stated Petitioner was unable to perform any work until [REDACTED], due to heart failure.

Cardiologist office visit notes (Exhibit 1, p. 94-102) dated [REDACTED], were presented. It was noted Petitioner presented for a second opinion concerning heart problems. Petitioner reported dyspnea upon walking 2 blocks, walking stairs, and performing housework. Described restrictions were classified as NYHA functional class III. It was noted described symptoms were disproportionate to the verified diagnosis of mild diastolic dysfunction. A cardiopulmonary exercise testing and an echocardiogram were recommended.

Ophthalmologist office visit notes (Exhibit 1, pp. 68-76) dated [REDACTED], were presented. Petitioner reported stable vision but increase cloudiness in vision. A right eye intravitreal injection was performed.

Ophthalmologist office visit notes (Exhibit 1, pp. 77-85) dated [REDACTED], were presented. Petitioner reported "pretty good" vision since last visit. A right eye intravitreal injection was performed.

Cardiology office visit notes (Exhibit 1, pp. 3-5, 103-106) dated [REDACTED], were presented. It was noted Petitioner complained of ongoing dyspnea and fatigue. It was noted Petitioner reported dyspnea upon dressing, but not when showering. Petitioner's EF was noted to be 55% following an echocardiogram; normal diastolic function was also noted. Chest x-rays were noted to be negative. Ongoing diagnoses included heart failure with preserved ejection fraction, HTN, secondary pulmonary HTN, severe obesity, DM with retinopathy, and dyspnea. An improvement of blood pressure following a medication change was noted. Increased physical exercise was recommended. A follow-up in 4 months was planned.

An Affidavit of Attending Physician dated [REDACTED] (Exhibit A, p. 3) was presented. The "affidavit" was not stated to be completed under any oath. It was stated Petitioner was unable to perform any work until [REDACTED]. Diagnosis of angina, HTN, DM, and dyslipidemia were noted.

Ophthalmologist office visit notes (Exhibit 1, pp. 86-93) dated [REDACTED], were presented. Petitioner reported some right-eye cloudiness. A right eye intravitreal injection was performed.

Ophthalmologist office visit notes (Exhibit 1, pp. 11-18) dated [REDACTED], were presented. It was noted that Petitioner presented for eye testing. Impressions of DM, diabetic macular edema, cataracts, and dry eyes were noted. It was noted Petitioner underwent an intravitreal eylea procedure.

An internal medicine examination report (Exhibit 1, pp. 43-48) dated [REDACTED] was presented. The report was noted as completed by a consultative physician. Petitioner reported a history of controlled HTN, monthly angina, recurring chest pain with exertion (relieved by 2-3 minutes of rest), right eye retinopathy, and CHF. It was noted Petitioner was classified as NYHA functional Class III by his cardiologist.

Petitioner's most recent A1C was 10.6 in June 2016. Bilateral eye vision was noted to be 20/70 (without correction). Phalen's sign was noted as positive bilaterally. Tinel's sign was noted to be positive on the right. All tested ranges of motion were full. Conclusions included suspicion of poorly controlled DM. Exertional and non-exertional restrictions or abilities were not stated.

A Physical Residual Functional Capacity Assessment (Exhibit 1, pp. 34-41) dated [REDACTED], was presented. The assessment was signed by a "single decisionmaker" as part of Petitioner's SSA claim of disability. Stated assessments included occasional lifting of 10 pounds, frequent ability to lift/carry 10 pounds, 6 hours per workday of sitting or standing, unlimited pushing/pulling, frequent ability to climb stairs, and no visual restrictions. Petitioner was deemed capable of performing sedentary employment. No stated basis for assessments was provided.

Ophthalmologist office visit notes (Exhibit 1, pp. 131-137) dated [REDACTED], were presented. Petitioner reported ongoing right-eye cloudiness. Ongoing right eye flashes with intermittent floaters were also reported. A right eye intravitreal injection was performed. Injections were increased to 10 week intervals.

Cardiology office visit notes (Exhibit 1, pp. 3-5, 137-143) dated [REDACTED], were presented. It was noted Petitioner reported increased fatigue since June 2016. A walking maximum ability of 1 block was reported. Petitioner also reported increased blood pressure; high blood pressure was noted to be a likely cause of diastolic dysfunction. It was noted heart testing was indicative of mild volume overloading. A follow-up in 6 months was planned.

Cardiology office visit notes (Exhibit 1, pp. 143-147) dated [REDACTED], were presented. It was noted heart testing demonstrated right-sided EF of 45% and left-sided EF of 52%.

Cardiology office visit notes (Exhibit 1, pp. 22-24) dated [REDACTED], were presented. It was noted that Petitioner presented for follow-up. Petitioner complaints were not noted. Lisinopril was stopped; other medications were continued.

A Procedure Summary (Exhibit 1, p. 25) dated [REDACTED], was presented. It was noted Petitioner underwent heart catheterization with coronary angiography.

Hospital discharge documents (Exhibit 1, pp. 26-28) dated [REDACTED], were presented. Treatment details were not apparent. Instructions to follow up with an endocrinologist were noted.

An Affidavit of Attending Physician (Exhibit 1, p. 10; Exhibit A, p. 1) was presented. The Affidavit was not dated. The "affidavit" was not stated to be completed under any oath. It was stated Petitioner was unable to perform any work until [REDACTED], due to heart failure.

An Affidavit of Attending Physician dated [REDACTED], (Exhibit A, p. 2) was presented. The "affidavit" was not stated to be completed under any oath. It was stated Petitioner was unable to perform any work until [REDACTED], due to heart failure.

Petitioner testified he began to realize he had heart problems in 2016 when he was admitted to the hospital for ankle swelling. Petitioner testified he was then diagnosed with congestive heart failure.

Presented records verified a degree of cardiac dysfunction complicated by DM. The treatment history was consistent with degrees of exertional restrictions, particularly in lifting/carrying. Petitioner's treatment history was established to have lasted at least 90 days and at least since Petitioner's date of SDA application. 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.

A listing for visual acuity (Listing 2.02) was considered based on retinopathy treatment history. This listing was rejected due to a failure to establish a corrected eyesight of worse than 20/200 in Petitioner's best eye.

A listing for chronic heart failure (Listing 4.02) was considered based on Petitioner's cardiac treatment history. The listing was rejected because of the absence of evidence of the following: inability to perform an exercise test, three or more episodes of acute congestive heart failure or a conclusion that an exercise test poses a significant risk to Petitioner's health. Petitioner's ejection fraction does not meet listing requirements.

All cardiac-related listings (Listing 4.00) were considered based on Petitioner's treatment history. Petitioner failed to meet any cardiac listings.

It is found that Petitioner failed to establish meeting (or equaling) an SSA listing. 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 testified he previously worked as a farm laborer. Petitioner testified his heart would be unable to handle the physical labor required of the employment. Petitioner also testified he would need more days off (due to medical problems) than any reasonable employer would allow.

Petitioner testified he worked as a drywall delivery driver. Petitioner testified his duties included carrying loads of 60-80 pounds. Petitioner testimony implied his heart would not allow the heavy lifting required of this employment.

Presented treatment history was indicative that Petitioner is medically unable to meet the demands of previous employment. It is found that Petitioner cannot perform past and relevant 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 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).

Given Petitioner's age, education and employment history a determination of disability is dependent on Petitioner's ability to perform sedentary employment. For sedentary employment, periods of standing or walking should generally total no more than about 2 hours of an 8-hour workday. Social Security Rule 83-10.

Petitioner testified he would need a 20-30 minute break from work if his sugar gets too low. Presented records were indicative of poorly controlled DM, however, Petitioner's statement concerning a need for rest was not credible. Even if Petitioner's statement was credible, Petitioner's current diet appears to be a primary cause for poorly controlled DM. Presented evidence was not indicative of a work-related restriction related to DM outside of Petitioner's control.

Petitioner testified he walks without a walking-assistance device. Petitioner testified he can only walk 4 blocks before losing his breath; Petitioner estimated he would need 10 minutes before being able to walk another 4 block distance.

Petitioner testified he would lose his breather after climbing 20 stairs. Petitioner testified he often loses his breath when bending. As an example, Petitioner testified he loses his breath when washing his legs or feet or when tying his shoes. Petitioner testified he is unable to carry laundry up or down stairs.

Petitioner estimated he is capable of standing 2-3 hours. Petitioner testified he did not have sitting restrictions. Petitioner testified his cardiologist restricted his lifting/carrying to 10 pounds.

Petitioner's testimony was somewhat indicative of an inability to perform sedentary employment. One notable physician statement was consistent with Petitioner's testimony.

Petitioner's cardiologist noted Petitioner's complaints were consistent with A NYHA functional capacity classification of class III. This functional capacity is representative of a patient with cardiac disease resulting in marked limitations of physical activity. It is also consistent with someone comfortable at rest while less than ordinary physical activity causes fatigue, palpitation, dyspnea or anginal pain.

Petitioner also presented multiple "affidavits" from his physician. Each affidavit indicated Petitioner was unable to work.

SSR 96-2p states that if a treating source's medical opinion is well-supported and not inconsistent with the other substantial evidence in the case record, it must be given controlling weight (i.e. it must be adopted). Treating source opinions cannot be discounted unless the Administrative Law Judge provides good reasons for discounting the opinion. *Rogers v. Commissioner*, 486 F. 3d 234 (6<sup>th</sup> Cir. 2007); *Bowen v Commissioner*. Presented evidence was not indicative that Petitioner's NYHA classification renders Petitioner to be disabled.

The presented assessment from SSA emphasized that Petitioner's NYHA classification was based on reported symptoms, not objective evidence. Objective evidence included an ejection fraction of 55%. The EF is not indicative of restrictions. Normal diastolic was

also found. Most notably, presented documents noted that Petitioner's reported symptoms were disproportionate to objective treatment evidence.

Petitioner testified his diabetes is poorly controlled; the testimony is consistent with treatment for retinopathy. Petitioner testified he is "trying" to follow a special diet of low sodium.

Treatment for retinopathy was verified. Petitioner's eye testing results were not indicative of uncorrectable vision that would erode Petitioner's sedentary employment opportunities.

Petitioner testified he last saw his cardiologist in January 2017. Petitioner testified he sees his cardiologist every 6 months. The scheduling is not indicative of cardiac dysfunction preventing the performance of sedentary employment.

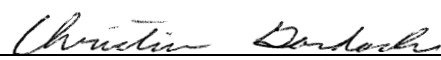
In August 2016, Petitioner's physician recommended Petitioner increase exercise. The recommendation is not indicative of cardiac dysfunction precluding sedentary employment. It is found Petitioner is capable of performing a full range of sedentary employment.

Based on Petitioner's exertional work level (sedentary), age (younger individual aged 45-49), education (high school), employment history (no transferrable skills), Medical-Vocational Rule 201.21 is found to apply. This rule dictates a finding that Petitioner is not disabled. Accordingly, it is found that MDHHS properly 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 properly denied Petitioner's SDA benefit application dated [REDACTED], based on a determination that Petitioner is not disabled. The actions taken by MDHHS are **AFFIRMED**.

CG/hw

  
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**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]

[REDACTED]

**Petitioner**

[REDACTED]