



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: May 10, 2017  
MAHS Docket No.: 17-001919  
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 [REDACTED], from Detroit, Michigan. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by [REDACTED], hearing coordinator.

### **ISSUE**

The issue is whether MDHHS properly denied Petitioner's State Disability Assistance (SDA) eligibility for the reason that Petitioner is not a disabled individual.

### **FINDINGS OF FACT**

The administrative law judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On [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. 13-19), in part, based on a Disability Determination Explanation (Exhibit 1, pp. 20-37).
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 pp. 2-3).
6. On [REDACTED], an administrative hearing was held.
7. During the hearing, Petitioner and MDHHS waived the right to receive a timely hearing decision.
8. During the hearing, the record was extended 30 days to allow Petitioner to submit radiology records and his most recent psychiatric evaluation; an Interim Order Extending the Record was subsequently mailed to both parties.
9. Petitioner did not present additional documents.
10. As of the date of the administrative hearing, Petitioner was a 54-year-old male.
11. As of the date of the administrative hearing, Petitioner did not have employment earnings amounting to substantial gainful activity.
12. Petitioner's highest education year completed was the 6<sup>th</sup> grade.
13. Petitioner has a history of unskilled employment, with no known transferrable job skills.
14. Petitioner has back and knee dysfunction which limits him to performing light employment.
15. Petitioner is illiterate.

### **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).

Client's hearing request stated he had an authorized hearing representative (AHR). Petitioner's AHR did not appear for the hearing. During the hearing, petitioner waived his right to representation and the hearing proceeding accordingly.

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 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. 7-11) dated [REDACTED], 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.

A mental status examination report (Exhibit 1, pp. 83-86) dated [REDACTED], was presented. The report was noted as completed by a consultative psychiatrist. Petitioner reported intermittent suicidal ideation, poor sleep, hopelessness, helplessness, and hallucinations. A history of "many" psychiatric hospitalizations was reported by Petitioner. It was noted Petitioner was seeing a psychiatrist. It was noted medical records indicated Petitioner had mood swings and outbursts of anger. It was noted Petitioner "could not read or write well." An impression of bipolar disorder (type I) was noted. Petitioner's GAF was 45. A guarded prognosis was stated. Petitioner was not deemed capable of managing his funds.

A right-shoulder x-ray report (Exhibit 1, pp. 52-53) dated [REDACTED], was presented. An impression of mild degenerative changes of a humeral head and acromioclavicular joint were noted.

A lumbar spine x-ray report (Exhibit 1, pp. 54-55) dated [REDACTED], was presented. Mild disc space narrowing at L4-L5 and mild degenerative bilateral-hip joint changes were noted.

A left knee x-ray report (Exhibit 1, pp. 56-57) dated [REDACTED], was presented. A negative examination was stated.

A right knee x-ray report (Exhibit 1, pp. 58-59) dated [REDACTED], was presented. The report was performed in response to Petitioner's complaints of pain. A lytic lesion indicative of metastatic disease was noted. A MRI was recommended.

Behavioral treatment agency discharge documents (Exhibit 1, pp. 40-44) were presented. The document were signed by a psychiatrist on [REDACTED] [REDACTED] [REDACTED]. Diagnoses included bipolar disorder and polysubstance dependence. It was noted Petitioner was homeless and that Petitioner's whereabouts were not known.

Physician office visit notes (Exhibit 1, pp. 74-75) dated [REDACTED], were presented. It was noted that Petitioner complained of anxiety attacks and lumbar pain. No musculoskeletal examination abnormalities were noted. Further treatment was not apparent.

Physician office visit notes (Exhibit 1, pp. 69-73) dated [REDACTED], were presented. It was noted that Petitioner presented for a wellness examination. Complaints of back pain, memory loss and sleep difficulty were noted. Lumbar tenderness was noted. Ibuprofen was prescribed for back pain. A referral to a neurologist was made concerning reported headaches.

Physician office visit notes (Exhibit 1, pp. 66-68) dated [REDACTED], were presented. It was noted that Petitioner presented to review lab results. Referrals were made for a psychiatrist, rheumatologist to address body pain, and neurologist to address a closed-head injury.

Physician office visit notes (Exhibit 1, pp. 64-65) dated [REDACTED], were presented. It was noted that Petitioner complained of back and leg pain, ongoing for 20 years. Headaches were also reported. A brain and cervical spine MRIs were planned. A referral to PT was made.

A list of current medications (Exhibit 1, p. 77) dated [REDACTED], was presented. Active medications included Lisinopril, Ibuprofen, Atenolol, Quetiapine, Setrtaline, Trazodone, and Xanax.

An undated behavioral treatment agency document (Exhibit 1, p. 39) was presented. The document appeared to be the final page of a psychiatric office visit note, though the document was unsigned. A GAF of 45 as of [REDACTED], was noted. It was noted taking Seroquel at bedtime was helpful.

Petitioner testified he only completed the 6<sup>th</sup> grade. Petitioner testified he was bullied out of school while completing the 7<sup>th</sup> grade and never returned.

Petitioner testified his car hit a fire hydrant when he was 19-years old. Petitioner testified he remembers waking in the hospital and crying because he did not know who he was. Petitioner testified he suffered a closed-head injury as a result of the accident. Petitioner testimony implied the accident, along with his limited education, leaves him with limited cognitive function. Petitioner testified he is unable to read.

Petitioner testified he has a recent history of recurrent falls. Petitioner testified he began using a cane about 7 days earlier to help to reduce falls.

Petitioner testified he has heart irregularities. Petitioner testified his heart beats too fast and skips beats.

Petitioner testified he is having vision difficulties. Petitioner testified he is trying to get glasses. Petitioner also testified he experiences black-outs.

Much of Petitioner's records were from before 2015. Generally, older medical records are less insightful because they are not indicative of ongoing problems and there is a higher probability of improvement for problems documented in older records. The records are relevant for problems documented in more recent records.

Petitioner's treatment in 2016 involved psychological and physical problems. Knee and back treatment were suggestive of lifting/carrying, sitting, and ambulation restrictions. Psychological treatment was indicative of social and cognitive restrictions. The 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 joint dysfunction (Listing 1.02) was considered based on Petitioner's complaints of knee pain. The listing was rejected due to a failure to establish that Petitioner is unable to ambulate effectively.

A listing for spinal disorders (Listing 1.04) was considered based on Petitioner's lumbar complaints. This listing was rejected due to a failure to establish a spinal disorder resulting in a compromised nerve root.

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

Cardiac-related listings (Listing 4.00) were considered based on Petitioner's testimony concerning heart dysfunction. The listing was rejected due to an absence of cardiac testing.

A listing for affective disorder (Listing 12.04) was considered based on diagnoses of depression. This listing was rejected due to a failure to establish marked restrictions in social functioning, completion of daily activities or concentration. It was also not established that Petitioner required a highly supportive living arrangement, suffered repeated episodes of decompensation, or that the residual disease process resulted in a marginal adjustment so that even a slight increase in mental demands would cause decompensation.

A listing for organic mental disorders (Listing 12.02) was considered based on a diagnosis of closed-head injury. This listing was rejected due to a failure to establish marked psychological restrictions or a mental disorder of 2 years duration that imposes more than a minimal limitation on Petitioner's ability to perform basic work activities.

A listing of intellectual disorders (Listing 12.05) was considered based on a Petitioner's statements of cognitive function. This listing was rejected due to the absence of cognitive function testing.

It is found that Petitioner failed to establish meeting (or equaling) a 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 worked for over 20 years as a laborer. Petitioner testified his job was to carry and pick-up heavy items related to construction. Petitioner testified his employment “broke” him down. Petitioner testimony implied he was unable to perform the lifting/carrying required of his past employment.

Petitioner’s testimony that he is unable to perform the heavy lifting required of past employment was credible and consistent with presented documents. It is found Petitioner cannot perform past employment and the analysis may proceed to the final step.

In the fifth step in the process, the individual's RFC in conjunction with his or her age, education, and work experience, are considered to determine whether the individual can engage in any other substantial gainful work which exists in the national economy. SSR 83-10. While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O’Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983). To determine the physical demands (i.e. exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967.

Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b) Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.*



An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.*

Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.*

Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.*

Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands are considered non-exertional. 20 CFR 416.969a(a). Examples of non-exertional limitations include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (e.g. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i)-(vi) If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2)

Given Petitioner's age, education and employment history a determination of disability is dependent on Petitioner's ability to perform medium 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. Medium employment requires comparable standing and walking standards, but with a heavier lifting requirement than light employment.

Petitioner testified he can only climb 3 stairs; Petitioner testified he gets out of breath and his right knee "is shot" if he climbs more. Petitioner testified his standing is limited to 5 minutes due to leg and back pain. Petitioner did not cite sitting restrictions, though the MDHHS representative indicated Petitioner stood-up a "few times" during the first 36 minutes of the hearing. Petitioner testified he has decreased grip strength due to years of hard labor involving gripping.

Petitioner testified bathing is "a little hard" due to lower back pain and difficulties getting in and out of his bathtub. Petitioner testified he relies on a chair to put-on socks and

shoes. Petitioner testified he needs help moving furniture when doing housework, and that he is unable to use a wet mop. Petitioner testified he does laundry, but relies on a cart to transport laundry. Petitioner testified his friend does his shopping for him because of difficulty with walking. Petitioner testified he used public transportation to get to the hearing.

Petitioner's testimony was highly indicative of an inability to perform medium employment. Petitioner's testimony will be contrasted with presented medical records.

Physician statements of Petitioner restrictions were not presented. Restrictions can be inferred based on presented documents.

A GAF of 45 was documented. The Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> edition) (DSM IV) states that a GAF within the range of 41-50 is representative of a person with "serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job)." The GAF is indicative of marked restrictions. The GAF cannot be considered because it was provided by someone with unknown credentials.

Other documents only verified complaints of anxiety, a need for medication, and a referral to a psychiatrist. It can be inferred that Petitioner has impairments, however, presented evidence does not justify an inference of impairments preventing most types of employment. At most, it can be inferred that Petitioner's concentration difficulties would preclude complex employment. Petitioner had similar problems in establishing physical restrictions.

Complaints of right knee and lumbar pain were documented. A need for MRIs and physical therapy was documented. Presented documents were somewhat suggestive of restrictions precluding medium employment.

Most notably, Petitioner failed to present radiology from 2016, though it was documented and not disputed by Petitioner that radiology was performed. Petitioner was given additional time following the hearing to submit radiology. Petitioner failed to do so.

Petitioner's testimony concerning a need for a cane was seemingly credible. The testimony was simply not documented by presented treatment documents to justify inferences of the degrees of problems implied by Petitioner.

Petitioner at least established a history of lumbar and right shoulder complaints. X-rays verified degrees of abnormalities which were suggestive of dysfunction of Petitioner's hips, lumbar and right shoulder. The history was consistent with dysfunction which would justify concluding that Petitioner is unable to perform regular lifting/carrying of 50 pounds. This conclusion is also consistent with Petitioner's documented history of

complaints, back tenderness as found in recent physical examinations, and prescribed medications.

Given presented evidence, it is found that Petitioner is capable of performing light employment. It is further found Petitioner is incapable of performing medium employment.

Petitioner's testimony concerning severe cognitive dysfunction and illiteracy was also credible. The only apparent reference to literacy came in 2009 was a consultative examiner's statement that Petitioner "cannot read or write well." It is uncertain if the statement was made based on observation, testing, or Petitioner's reporting. The examiner also noted Petitioner was incapable of following written instruction, presumably, in part, due to illiteracy. Though the evidence of Petitioner's illiteracy was 7-years-old, it was recent enough to suggest improbable improvement. Illiteracy was also consistent with a history of a closed-head injury and references to Petitioner's reporting of being in special education classes. It is found that Petitioner is illiterate.

Based on Petitioner's exertional work level (light), age (approaching advanced age), education (illiterate), employment history (unskilled), Medical-Vocational Rule 202.09 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

  
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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]  
[REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]

**Authorized Hearing Rep.**

[REDACTED]  
[REDACTED]  
[REDACTED]