



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: March 22, 2018  
MAHS Docket No.: 17-016346  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun**

**HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250. After due notice, a telephone hearing was held on January 24, 2018 from Detroit, Michigan. Petitioner appeared for the hearing and represented himself. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Facilitator; [REDACTED], Family Independence Specialist; and [REDACTED], Assistance Payments Supervisor.

During the hearing, Petitioner waived the time period for the issuance of this decision in order to allow for the submission of additional records. No additional medical records were received by the undersigned ALJ in response to the Interim Order issued. The record closed on February 23, 2018 and the matter is now before the undersigned for a final determination on the evidence presented.

**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 or around July 6, 2017 Petitioner submitted an application for cash assistance on the basis of a disability.
2. On or around November 8, 2017 the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program. The DDS determined that Petitioner was capable of performing other work.

3. On November 27, 2017 the Department sent Petitioner a Notice of Case Action denying his SDA application based on DDS' finding that he was not disabled.
4. On December 21, 2017 Petitioner submitted a timely written Request for Hearing disputing the Department's denial of his SDA application.
5. Petitioner alleged physical disabling impairments due to: broken ribs, severed artery to kidney, back and hip pain, and lacerated liver.
6. Petitioner confirmed that he did not allege mental disabling impairments.
7. As of the hearing date, Petitioner was [REDACTED] years old with a [REDACTED] date of birth; he was [REDACTED] and weighed [REDACTED] pounds.
8. Petitioner completed the [REDACTED] grade and did not receive a high school diploma or GED. Petitioner has employment history of work as: a self-employed tree trimmer; a welder; a farmer; and an excavator/heavy machine operator for a construction company.
9. Petitioner has not been employed since May 2017.
10. Petitioner has a pending disability claim with the Social Security Administration (SSA). (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 Health and 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.

Petitioner applied for cash assistance alleging a disability. A disabled person is eligible for SDA. BEM 261 (April 2017), 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 was not working during the period for which assistance might be available. Because Petitioner was not engaged in SGA, he is not ineligible at 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.

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. While the Step 2 severity requirement may be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint, under the de minimis standard applied at Step 2, an impairment is severe unless it is only a slight abnormality that minimally affects work ability regardless of age, education and experience. *Higgs v Bowen*, 880 F2d 860, 862-863 (CA 6, 1988), citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, are not medically severe, i.e., 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. If such a finding is not clearly established by medical evidence or if the effect of an impairment or combination of impairments on the individual's ability to do basic work activities cannot be clearly determined, adjudication must continue through the sequential evaluation process. *Id.*; SSR 96-3p.

The medical evidence presented at the hearing was thoroughly reviewed and is briefly summarized below:

On May 27, 2017 Petitioner was injured while working at his tree trimming business when he was hit by a large falling tree limb. Petitioner was admitted to the hospital on May 27, 2017 and treated for his injuries, which included blunt trauma to the abdomen with multiple intraabdominal injuries. CT scans of Petitioner's cervical spine, abdomen and chest were taken and showed, multiple posterior right rib fractures, several lacerations of the liver and dome of the liver, perihepatic right renal artery injury with loss of perfusion of the right kidney and right retroperitoneal hematoma. CT scan of the cervical spine showed no acute spine fracture, however, mild anterior spurring of mid and lower cervical bodies consistent with mild degenerative change was noted. X-ray of Petitioner's right shoulder were taken on May 28, 2017 and showed his bones were intact with normal joints. There were mild degenerative acromioclavicular joint changes seen. Consultation notes from May 29, 2017 indicate that Petitioner's abdominal CT scan showed that Petitioner sustained a hepatic laceration, grade 5+ right adrenal hematoma and possible right renal artery occlusion versus transection; also associated

with retroperitoneal hemorrhage on the right side. There was evidence of acute renal injury and based on his creatinine levels, his right kidney was nonfunctional. Petitioner was diagnosed with a grade 5 liver laceration (the most severe classification), right renal artery injury and kidney infarction and rib fractures. Petitioner was discharged on June 5, 2017, prescribed Norco for his pain and was to follow up in 1-2 weeks. Records indicate that upon discharge, the following restrictions were noted: no pushing, pulling, or lifting over 5 pounds; no bouncing activity, tractor or boat and no marijuana.

On June 15, 2017 Petitioner presented to [REDACTED] for follow-up. It was noted that Petitioner was to continue to follow-up with nephrology, as he now only had one functioning kidney. It was further noted that Petitioner was to avoid activities that might cause an impact to his liver as there is a risk of delayed rupture.

On June 28, 2017 Petitioner presented to the emergency department due to headaches and right-sided pain. Petitioner reported that he is having spasms along the right upper abdomen, as well as into the chest. He reported having headaches across the back of his head as well. He further reported that he ran out of his Norco a few days ago and took some of his mother's. There were no noted abnormalities upon physical exam, with the exception of tenderness to palpation in the side of his chest wall and right upper quadrant. A CT of Petitioner's brain was taken due to reported headaches and results showed no acute intracranial abnormality. Petitioner was diagnosed with headache and right-sided abdominal discomfort status post trauma and subsequently discharged after showing signs of improvement.

On July 21, 2017 Petitioner was a passenger involved in a motor vehicle accident and was taken to the emergency department for treatment. Petitioner reported having chronic right upper quadrant abdominal discomfort which he stated is no longer being helped with Norco. He was being treated by nephrology and his creatinine levels had been improving prior to the current accident. Upon examination, there was mild tenderness in the right upper quadrant without any rebound or guarding and no external signs of trauma. Petitioner was medically cleared and discharged on July 21, 2017 with a prescription for Ultram.

On August 16, 2017 Petitioner was evaluated at [REDACTED] for follow-up after his accidents. It was noted that he functionally had one kidney and was to follow-up with nephrology to re-check his kidney and liver. Petitioner reported that his pain was at 7/10 and is on a 5 pound lifting restriction so he is unable to work. Petitioner's physical exam resulted in normal findings, with only lateral tenderness in the right ribs noted. Petitioner was provided with a 7 day supply of Norco for use only sparingly for breakthrough pain.

On October 21, 2017 Petitioner participated in a consultative physical examination. Petitioner's chief complaints were: lower back pain, kidney injury, liver injury, broken ribs and hip pain. Petitioner reported that his lower back and hip pain first started in 1999 after being injured at his job. He stated that his back pain is referred into his right hip and down his right leg. He reported having a second accident in May 2017 which

resulted in injury to his kidney, liver and right rib cage. He reported that his injuries were considered non-life threatening, that he was treated conservatively, that he can only lift 5 pounds and that he has difficulty with repetitive bending. Petitioner's physical examination showed: he walked with a normal gait without the use of an assistive device; there was no joint instability, enlargement or effusion in the musculoskeletal exam; his grip strength was intact; Jamar Dynamometer testing revealed compressions of 102 pounds in the right hand and 100 pounds in the left hand; dexterity is unimpaired; he could pick up a coin, button clothing and open a door; and he had no difficulty getting on and off the examination table, no difficulty heel & toe walking and no difficulty squatting. Range of motion of Petitioner's joints was within normal limits, his motor strength and function were normal and his sensory function was intact. The doctor concluded that Petitioner seems to have largely recovered from the soft tissue injury suffered in May 2017, as his abdominal exam was benign. The doctor indicated that Petitioner has full range of motion in the hip without tenderness, although tenderness with movement in the lumbar spine was reported. By exam, there did not appear to be evidence of ongoing nerve root impingement as there was no asymmetric reflex changes, motor weakness or sensory loss. Petitioner was observed to walk normally and had well maintained grip strength in both hands.

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 due to any cause), 1.04 (disorders of the spine), 6.05 (chronic kidney disease with impairment of kidney function) were considered. A thorough review of 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). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

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 the light 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).

In this case, Petitioner alleges both exertional and nonexertional limitations due to his medical conditions.

Petitioner testified that he has constant pain since his injury in May 2017 and that it hurts when he walks but he does not require the use of a device to assist with ambulation. Petitioner stated he is able to walk one mile without a break, if needed. Petitioner testified that he can sit for only 10-15 minutes before his back begins to hurt and he gets cramps in his abdomen. Petitioner stated that he can stand for one hour, cannot squat but can bend. He stated that he can climb short stairs and that he is still on a lifting restriction of only 5 pounds. Petitioner testified that he lives at his mother's house and that his daily activities are restricted. He stated that after his accident he needed assistance with bathing, dressing and personal hygiene but is now able to complete these tasks on his own. He testified that he can cook/prepare light meals and do basic household chores such as dishes, light laundry and other cleaning. Petitioner's reported nonexertional limitations consist of difficulty squatting and reaching due to his injury.

A two-step process is applied in evaluating an individual's symptoms: (1) whether the individual has a medically determinable impairment that could reasonably be expected to produce the individual's alleged symptoms and (2) whether the individual's statement about the intensity, persistence and limiting effects of symptoms are consistent with the objective medical evidence and other evidence on the record from the individual, medical sources and nonmedical sources. SSR 16-3p.

The evidence presented is considered to determine the consistency of Petitioner's statements regarding the intensity, persistence and limiting effects of his symptoms. The records presented do not show that Petitioner is continuing to receive medical treatment for the injuries sustained or that he continued to have limitations with respect to his ability to sit, stand, walk, carry or lift. Thus, as referenced above, although Petitioner has medically determinable impairments that could reasonably be expected to produce symptoms, Petitioner's statements about the intensity, persistence and limiting effects of his symptoms are not supported by the objective medical evidence presented for review and referenced in the above discussion.

Based on a thorough review of Petitioner's medical records, as well as the consultative exam performed, all of which are referenced above, with respect to Petitioner's exertional limitations, it is found, based on a review of the entire record, that Petitioner maintains the current physical capacity to perform sedentary work as defined by 20 CFR 416.967(a). Based on the medical records presented, as well as Petitioner's testimony, Petitioner has only mild limitations on his non-exertional ability to perform basic work activities, with respect to performing manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching.



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 by Petitioner (as actually performed by Petitioner or as generally performed in the national economy) 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) and (2). 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 self-employed tree trimmer; a welder; a farmer; and an excavator/heavy machine operator for a construction company. Petitioner's past employment required standing for at least 8 hours daily and frequently lifting or carrying of objects weighing 50 to greater than 100 pounds. Thus, it is characterized as requiring medium to heavy exertion.

Based on the RFC analysis above, Petitioner's exertional RFC limits him to sedentary work activities. As such, Petitioner is incapable of performing past relevant work. Because Petitioner is unable to perform past relevant work, he cannot be found disabled, or not disabled, at Step 4, and the assessment continues to Step 5.

#### **Step 5**

If an individual is incapable of performing past relevant work, Step 5 requires an assessment of the individual's RFC and age, education, and work experience to determine whether an adjustment to other work can be made. 20 CFR 416.920(a)(4)(v); 20 CFR 416.920(c). If the individual can adjust to other work, then there is no disability; if the individual cannot adjust to other work, then there is a disability. 20 CFR 416.920(a)(4)(v).

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(c)(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978).

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).

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 a younger individual (age 18-44) for purposes of Appendix 2. He has a limited or less educational background but is able to read, write and do basic math. He has semi-skilled work history that is not transferrable. As discussed above, Petitioner maintains the exertional RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities. Thus, based solely on his exertional RFC, the Medical-Vocational Guidelines, 201.25, result in a finding that Petitioner is not disabled.

Additionally, as referenced above, Petitioner has a nonexertional RFC imposing only mild limitations on his ability to perform basic work activities, with respect to reaching and stooping. Based on the evidence presented, at this time, it is found that those limitations would not preclude him from engaging in simple, unskilled work activities on a sustained basis. Therefore, Petitioner is able to adjust to other work and is not disabled at Step 5.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner **not disabled** for purposes of the SDA benefit program.

### **DECISION AND ORDER**

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



---

**Zainab A. Baydoun**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

ZB/tlf

**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

**Via Email:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Petitioner – Via First-Class Mail:**

[REDACTED]  
[REDACTED]  
[REDACTED]