[redacted]

Date Mailed: July 2, 2019
MOAHR Docket No.: 19-004828
Agency No.: [redacted]
Petitioner: [redacted]

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. After due notice, a telephone hearing was held on June 5, 2019, from Detroit, Michigan. Petitioner appeared and represented herself. The Department of Health and Human Services (Department) was represented by [redacted] Eligibility Specialist.

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 November 26, 2018, Petitioner submitted an application seeking cash assistance on the basis of a disability.

2. On May 3, 2019, the Disability Determination Service (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 572-578).

3. On May 6, 2019, the Department sent Petitioner a Notice of Case Action denying the application based on DDS/MRT's finding of no disability (Exhibit B, pp. 1-5).

4. On May 15, 2019, the Department received Petitioner's timely written request for hearing (Exhibit B, pp. 6-8).

5. Petitioner alleged disabling impairment due to tremors, fibromyalgia, restless leg syndrome, pain, fatigue, history of TIA (transient ischemic attack), memory problems, pain and fatigue, depression and anxiety.

6. On the date of the hearing, Petitioner was 56 years old with a [redacted] birthdate birth date; she is [redacted]n height and weighs about [redacted]

7. Petitioner has a bachelor's degree.

8. At the time of application, Petitioner was not employed.

9. Petitioner has an employment history of work as a receiving manager; data entry worker; patient care certified nurse assistant; and fast food restaurant shift manager.

10. Petitioner has a pending disability claim with the Social Security Administration.

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.

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, she 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. 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 reviewed and is summarized below.

A January 25, 2017 x-ray of Petitioner's right elbow showed soft tissue edema but no fractures or dislocations (exhibit A, pp. 258.)

A May 10, 2017 brain MRI showed a few scattered T2/FLAIR white matter hyper intensities which could represent chronic small vessel ischemic change but otherwise negative. (Exhibit A, pp. 91-92, 259 400).

An August 7, 2017 electromyogram showed evidence of moderately severe median neuropathy at the wrist bilaterally, worse in the right; no definite evidence of polyneuropathy; suggestion of lumbar stenosis; and chronic neuropathic changes in arm muscles, probably due to chronic cervical radiculopathies. A trial period for splints at night for carpal tunnel syndrome were recommended. (Exhibit A, pp. 94-100, 120-126, 261-267.)

An August 29, 2017 MRI of the lumbar spine showed severe facet osteoarthritis L4-L5 with some foraminal encroachment abutting the L4 nerve roots and combination of degenerative changes resulting in moderate right foraminal stenosis at L5-S1 (Exhibit A, pp. 129-130.) An August 29, 2017 MRI of the cervical spine showed very mild cervical spine degenerative changes (Exhibit A, pp. 127-128.)

On July 7, 2017, Petitioner was referred to [redacted] neurologist, for complaints of pain, weakness, and numbness in all four limbs as well as upper back and cramps in legs, back, and head. [redacted] noted a wide-based, slow gait. On October 25, 2017, [redacted] noted that EMG showed bilateral carpal tunnel syndrome, moderately severe, and an MRI showed degenerative changes of the lumbar spine, but nothing that explained Petitioner's symptoms. (Exhibit A, pp. 131-138, 227-245.)

On May 21, 2018, [redacted], a rheumatologist, diagnosed Petitioner with fibromyalgia (exhibit A, pp. 144-160, 191-223.)

Petitioner visited her primary care physician, [redacted], from January 17, 2017 to October 16, 2018 for bilateral lower extremity pain, cramping, and weakness. The notes for October 16, 2018 showed a diagnosis of debilitating severe muscle pain and fibromyalgia. (Exhibit A, pp. 106-119, 185-189, 252-256, 271-287.)

On December 13, 2018, Petitioner consulted with a neurologist, [redacted] She complained of balance abnormality, paresthesia in the shoulder and lower extremities, headache, memory loss, pain in the lower extremities, intermittent tremors in the lower extremities and both hands, insomnia, anxiety, depression, and gait abnormality requiring use of an assistive device. The neurologist observed that Petitioner had left and right abnormal antalgic, difficulty with tandem walking and wide based stance; was alert and oriented to person place and time; was depressed and anxious; had intact remote memory and normal recollection of past events; had intact recent memory and immediate memory; had good concentration, attention span, and immediate recall; had normal quality language and speech; had normal reflexes; and had intact fine motor movements. [redacted] noted an essentially normal EEG (electroencephalogram) study and abnormal VENG (videonystagmography) study. He diagnosed Petitioner with unsteadiness on feet; paresthesia of skin; headache; weakness; and mild cognitive impairment, so stated. He ordered physical therapy to address gait instability and vestibulopathy. (Exhibit A, pp. 165-170, 398, 401-403.)

Petitioner participated in physical therapy at Orthopedic Rehab Specialists from December 19, 2018 to January 17, 2019 to reduce her dizziness and instability. In the discharge notes from December 27, 2018, Petitioner reported a 95% improvement in her dizziness symptoms since starting physical therapy and her home exercises the prior week. There was no pain related to the dizziness. (Exhibit A, pp. 71-82 357-374.)

In his January 14, 2019 notes, [redacted] noted that Petitioner's dizziness, VENG and feelings of unsteadiness had greatly improved with physical therapy. (Exhibit A, pp. 163-164 396-397).

From February 13, 2019 to March 19, 2019, Petitioner reengaged in physical therapy to treat her fibromyalgia, muscle weakness, and difficulty walking. Petitioner reported aching, constant pain in her right hip, left knee, left shoulder, and lower back, with pain at 8/10 at worse, 3/10 at best. It was noted that Petitioner ambulated using a standard cane. In notes for treatment date March 11, 2019, Petitioner reported progress towards her goals since starting physical therapy, with it easier for her to get dressed with less shoulder and hip pain and ability to walk short distances with moderate to severe difficulty rather than severe difficulty. It was found through objective and functional progress documented on the reevaluation that Petitioner was steadily improving and extension of the current plan of care would be beneficial for her to return to normal activities of daily living including walking longer distances, climbing stairs, and reaching overhead. (Exhibit A, pp. 17-55, 289-343.)

On March 18, 2019, Petitioner participated in a physical examination at the Department's request. Petitioner reported as follows: chronic pain for over two years and being diagnosed with fibromyalgia 18 months previously; pain in the lumbar spine, bilateral wrist, shoulders, elbows, and knees; fatigue, depression, and short-term memory issues; trip and fall resulting in hitting her head on a cement pole 18 months previously; baseline pain level of 7/10; sleeping in 1 to 2 intervals at night due to pain and requiring two daytime naps; using a cane for the past 12 months; being able to lift

and carry the weight of a gallon of milk with either upper extremity; no issues with bathing; difficulty putting on her bra, pants, and shirt due to pain; living alone and cooking and cleaning taking frequent breaks; using an electrical cart for shopping; and no issues driving. Petitioner weighed [redacted] pounds and was [redacted]. The doctor reported normal gait but noted Petitioner's use of a cane for ambulation. He also noted that Petitioner was unable to complete a range of motion testing of the hips due to pain and had limited range of motion of the bilateral shoulders; remaining range of motion was intact. Petitioner had positive fibromyalgia tender points at the bilateral trapezius, supraspinatus, gluteal, low cervical, second ribs, lateral upper condyle, and knees straight leg raise was negative in the seated and supine position. Grip strength was 5/5 bilaterally and hands had full dexterity bilaterally. Petitioner had mild difficulty getting on and off the exam table and heel and toe walking and was unable to complete squatting due to pain. Strength was 5/5 throughout. The doctor concluded that Petitioner had a history of chronic pain due to fibromyalgia which she should follow up with her physician as needed and use pain medication as directed. (Exhibit A, pp. 173-176 384-388.)

On March 19, 2019, Petitioner participated in on adult mental status examination conducted by [redacted] a licensed psychologist, at the Department's request. In a March 28, 2019 report, [redacted] observed that Petitioner had a personable demeanor, was pleasant, and did not exaggerate symptoms; was rational and had organized thoughts; no longer contemplated suicide and denied a history of auditory, visual, or olfactory hallucinations; was friendly and had a stable affect; was oriented to time, person, place, and purpose; was able to repeat five digits forwards and backwards; and could recall three of four words after three minutes, 35 seconds. He diagnosed her with adjustment disorder with depressed mood and tobacco use disorder and noted that she takes Cymbalta to alleviate depressive symptoms but does not participate in counseling. He concluded that Petitioner had mild limitations in mental status regarding memory retention, recall, and ability to comprehend instructions; moderate limitations with task persistence, ability to sustain attention, and ability to divide attention; difficulty with more complicated instructions; no limitations with social interaction; the ability to request help when necessary and be appropriate around others; and mildly limited adaption. He also opined that she would be able to manage benefit funds. (Exhibit A, pp. 179-183, 390-394.)

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); 11.04 (vascular insult to the brain); 12.04 (depressive, bipolar and related disorders); 12.06 (anxiety and obsessive-compulsive disorders); and 14.09 (inflammatory arthritis) 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). 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). 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). Where the evidence establishes a medically determinable mental impairment, the degree of functional limitation must be rated, taking into consideration chronic mental disorders, structured settings, medication, and other treatment. The effect on the overall degree of functionality is evaluated under four broad functional areas: (i) understand, remember, or apply information; (ii) interact with others; (iii) concentrate, persist, or maintain pace; and (iv) adapt or manage oneself. 20 CFR 416.920a(c)(3). A five-point scale is used to rate the degree of limitation in each area: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. 20 CFR 416.920a(c)(4).

In this case, Petitioner alleges both exertional and nonexertional limitations due to her medical impairments. Petitioner testified that she walked with a 4-pronged cane but would get winded after 60 feet and have to sit; could pick things up but had problems with smaller items like buttons; could sit no longer than 15 minutes before her legs would go numb; could lift not more than 5 pounds; could not stand more than 10 minutes because of leg pain; had problems going up stairs; and had worsening vision and deafness in the right ear. She lived alone on a fifth wheel camper in her parent's driveway and used grab bars to enter the home. She testified she had difficulty bathing and dressing herself; cooked microwave meals; and relied on her daughter to help clean her home and do laundry. She can drive and uses an electric cart to shop. She naps and is unable to participate in any of her prior hobbies, such as bowling, walking, bicycling, or cross-stitching. The Department worker observed that Petitioner was very winded when she entered the office and used a 4-prong cane to ambulate. He had

difficulty with her memory and ability to concentrate. Petitioner also testified that her whole-body tremors and her balance issues had started after a fall at work.

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 medical evidence presented established that Petitioner was diagnosed with fibromyalgia, as well as carpal tunnel syndrome and osteoarthritis of the lumbar spine. See SSR 12-2p (evidence to establish a person has a medically determinable impairment of fibromyalgia). Her diagnoses and medical history supported her complaints of balance issues, chronic pain, and intermittent tremors. The record also supported Petitioner's use of a cane to ambulate due to gait abnormality. 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). She has nonexertional limitations concerning the use of her hands, as supported by the diagnosis of carpal tunnel syndrome and intermittent tremors; these limitations are mild: in her March 18, 2019 consultative exam, Petitioner reported bilateral wrist pain but able to lift and carry the weight of a gallon of milk with either upper extremity and the doctor noted 5/5 bilateral grip strength and full dexterity.

Petitioner also alleged cognitive limitations. The licensed psychologist who examined her on March 19, 2019 diagnosed her with adjustment disorder with depressed mood and found mild limitations in mental status regarding memory retention, recall, and ability to comprehend instructions; moderate limitations with task persistence, ability to sustain attention, and ability to divide attention; difficulty with more complicated instructions; no limitations with social interaction or the ability to request help when necessary and be appropriate around others; and mildly limited adaption. Dr. Dafnis, the neurologist who examined Petitioner, observed on December 13, 2018 that Petitioner was depressed and anxious, but was alert and oriented to person place and time; had intact remote memory and normal recollection of past events; had intact recent memory and immediate memory; had good concentration, attention span, and immediate recall; and had normal quality language and speech. Based on the medical record presented, as well as Petitioner's testimony, Petitioner has limitations on her mental ability to perform basic work activities as follows: moderate limitations in ability to understand, remember or apply information; mild limitations in ability to interact with others; mild limitations in ability to concentrate, persist, or maintain pace; and mild limitations in ability to adapt or manage oneself.

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 receiving manager; data entry worker; patient care certified nurse assistant; and fast food restaurant shift manager. Petitioner's work as a data entry worker required limited standing and lifting less than 10 pounds regularly, and, as such, is properly characterized as requiring sedentary physical exertion. Based on the RFC analysis above, Petitioner's exertional RFC limits her to sedentary work activities. Her nonexertional limitations concerning her hands and mental condition, as described above, would not preclude her from engaging in her past relevant work as a data clerk. Because Petitioner can perform past relevant work, she is not disabled at Step 4 and the assessment ends.

DECISION AND ORDER

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.

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

AE/tm

Alice C. Elkin
Administrative Law Judge
for Robert Gordon, 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR 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]

Petitioner

[redacted]