



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: January 25, 2019
MAHS Docket No.: 18-010625
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 pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250. After due notice, an in-person hearing was held on November 28, 2018, from Caro, Michigan. The Petitioner appeared for the hearing with his mother/Authorized Hearing Representative [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist.

During the hearing, Petitioner waived the time period for the issuance of this decision in order to allow for the submission of additional records. Petitioner submitted additional records that were received, marked and admitted into evidence as Exhibit 2. The record closed on December 28, 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 May 18, 2018 Petitioner submitted an application for cash assistance on the basis of a disability.
2. On or around September 13, 2018 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. (Exhibit A, pp. 19-25)

3. On September 20, 2018 the Department sent Petitioner a Notice of Case Action denying his SDA application based on DDS' finding that he was not disabled.
4. On October 12, 2018 Petitioner submitted a written Request for Hearing disputing the Department's denial of his SDA application.
5. Petitioner alleged physical disabling impairments due to: back and leg pain; sciatic nerve pain in left leg and foot; seizures; memory loss; and loss of balance.
6. Petitioner confirmed that he did not allege mental disabling impairments.
7. As of the hearing date, Petitioner was [REDACTED] years old with an April 21, [REDACTED] date of birth; he was [REDACTED] and weighed [REDACTED] pounds.
8. Petitioner completed high school and obtained a high school diploma. Petitioner has reported employment history of work as: an electrical apprentice and a general laborer. Petitioner has not been employed since February 2018.
9. Petitioner has a pending disability claim with the Social Security Administration (SSA).
10. Petitioner's case file indicates he also requested a hearing to dispute the Department's actions with respect to the Medical Assistance (MA) program, however, Petitioner confirmed that there was no issue concerning his MA benefits and thus, the request for hearing was withdrawn and will be dismissed.

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 and in response to the interim order was thoroughly reviewed and is briefly summarized below:

Progress notes from Petitioner's June 15, 2018 visit with his primary care doctor show that he was being treated for history of alcohol abuse with withdrawal symptoms, having been six weeks sober at the time of the appointment. Petitioner denied mood swings or agitation, memory changes, headache or dizziness, and denied recent falls. Records indicate that he had an issue with a seizure around the first of the year secondary to alcohol withdrawal, however, his neurologic status had stabilized. Petitioner reported chronic low back pain, secondary to spinal stenosis, for which he was being evaluated by a neurosurgeon. There were no abnormalities noted upon physical examination. Records from April 2018 and May 2018 indicate that he was being treated for alcohol dependency and withdrawal symptoms. (Exhibit A, pp. 61-71).

Petitioner was evaluated for his low back pain by [REDACTED]. There was no evidence of weakness or numbness, but progress notes show that the MRI reflected degenerative disc disease and bilateral pars defect. Tenderness was noted over the facet joints in the back but no swelling, deformity, or muscle atrophy noted. Petitioner was diagnosed with radiculopathy in the cervical region and sacroiliitis. Petitioner received multiple caudal epidural steroid injection for his low back pain in April 2018 and May 2018. (Exhibit A, pp. 81-91)

On February 19, 2018 Petitioner was transported via helicopter to [REDACTED] after being intubated as a result of seizures. It was reported that Petitioner began to seize within five minutes of arrival and continued for 45 minutes. Petitioner was admitted for treatment and mechanically ventilated until his discharge on February 27, 2018. It was determined that Petitioner's seizures were a result of alcohol withdrawal. An MRI of Petitioner's lumbar spine performed on February 25, 2018 showed extensive diffuse marrow signaling abnormalities without compression fracture or cord compression. The findings were highly suspicious for marrow infiltrative disease such as metastatic disease, lymphoma, and multiple myeloma, with further evaluation necessary. There was no herniated nucleus pulposus, cord compression or fracture. (Exhibit A, pp. 160-163, 243-257).

Records from [REDACTED] were presented for review and show that at initial evaluation in May 2018, Petitioner reported experiencing left sided back pain and leg pain on and off for three years. He reported having tried chiropractic care, injections and physical therapy. He denied any weakness or numbness, denied trouble controlling his bladder or bowels but reported that bending, squatting, and heavy lifting make his pain worse. He denied using a cane, walker or wheelchair to assist with ambulation. It was noted that Petitioner had neural foraminal stenosis secondary to pars fracture and grade 1 spondylolisthesis with significant spinal stenosis. Although surgery was discussed, the doctor noted that the condition was not an emergency as long as Petitioner can tolerate the pain without developing motor weakness. During a July 2018 follow-up appointment, Petitioner reported lower back pain that radiates to his left leg and left foot, with numbness on top of the left foot. (Exhibit A, pp. 237-242)

April 2018 and May 2018 Assessments and progress notes from Petitioner's visits to [REDACTED] show that he received treatment for alcohol dependence. (Exhibit A, pp. 269-281)

Records from Petitioner's April 2018 and May 2018 physical therapy treatment indicate that upon discharge, he reported being 100% better since starting physical therapy. He reported not having any pain down the left leg in two weeks. At evaluation on April 3, 2018 Petitioner had a lower extremity functional scale of 24/80 and at discharge on May 2, 2018 the score was 58/80. There was no palpable rotation of L3 or L4 and no gait deficits observed upon entering the clinic or walking back to the treatment area at the time of discharge. In May 2018 his lumbar range of motion was within normal limits with no increased pain and no reported functional limitations. (Exhibit A, pp. 282-314)

Petitioner presented results from an October 1, 2018 Electromyography (EMG) study which indicate that he presented for evaluation of radiating pain to the left lower limb. It is noted that pin sensation is diminished in the feet and ankles, light touch decreased in the L5 distribution on the left, extensor digitorum brevis bulk is diminished on the left and diminished muscle bulk in the lower leg on the left. The nerve conduction studies demonstrated a borderline sural response and an absent superficial peroneal sensory response. Needle electromyography demonstrated abnormal spontaneous activity in the peroneal distribution distal to the fibular head on the left. There were also mild motor unit changes in the proximal L5 distribution. There was electrodiagnostic evidence of a distal symmetric, sensorimotor polyneuropathy that is predominately axonal in nature, which is consistent with Petitioner's history of alcohol use. There was evidence of peroneal neuropathy at or about the fibular head on the left, consistent with his reported severe lower lateral leg pain and associated weakness. Evidence of motor unit remodeling on the left in the L5 distribution suggests mild radiculopathy, but with no acute or active axon loss, consistent with his report of proximal sciatic type of pain. (Exhibit 1)

Petitioner presented additional treatment records from his October 2018 visits with [REDACTED] showing that he continued to report left sided low back pain, described as sharp and aching. He noted exacerbation with prolonged sitting, standing, walking even short distances, with flexion more problematic than extension. He reported that his left leg occasionally gives out and he has leg weakness. The doctor reviewed the results of an August 22, 2018 MRI and notes indicate it showed disc dehydration and disc space narrowing at L5-S1, as well as grade 1 anterior spondylolisthesis. There was bilateral herniation of the disc and hypertrophic changes to the facet joints. Severe bilateral foraminal stenosis with bilateral L5 nerve root impingement noted, however the actual MRI report was not presented. Progress notes from Petitioner's July 2018, August 2018, October 2018 and November 2018 visits with [REDACTED] were also presented and show that he continued to receive treatment for low back pain that radiates down to his left leg and left foot. He received a caudal epidural steroid injection on October 30, 2018. [REDACTED] reviewed the results of Petitioner's August 2018 MRI and noted that it did not show any significant changes since the prior scan in February 2018. (Exhibit 2)

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), 11.02 (epilepsy) 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 suffers from low back pain that radiates down to his leg and that he has sciatic nerve problems. He stated that he is able to walk only a few blocks due to numbness in his left leg and pain. He testified that he does not require a cane or walking aid to assist with ambulation, that he can sit for only 20 minutes and stand only 15 to 20 minutes. Petitioner reported being able to occasionally lift up to 15 pounds but regularly able to lift a gallon of milk. Petitioner's reported nonexertional limitations consist of difficulty bending, squatting and climbing stairs. Petitioner reported that he lives alone, is able to bathe himself (though washing his feet is difficult) and can care for his own personal hygiene and dressing himself, although doing so causes pain and difficulty. Petitioner reported being able to perform normal household chores and cook basic meals, but completion of those tasks takes him a long time.

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. 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, some 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 bending, 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: an electrical apprentice and a general laborer. Petitioner's past employment required standing for 4-6 hours daily and frequently lifting or carrying of objects weighing from 25 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 at the time of hearing, and thus, considered to be a younger individual (age 18-44) for purposes of Appendix 2. He is a high school graduate with 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, 201.21 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 bending, crouching 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 hearing request with respect to MA is **DISMISSED** and the Department's SDA determination is **AFFIRMED**.

ZB/tlf



Zainab A. Baydoun
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 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) 763-0155; 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]

Petitioner

- **Via First-Class Mail:**

[REDACTED]

Authorized Hearing Rep.

- **Via First-Class Mail:**

[REDACTED]