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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: December 9, 2020
MOAHR Docket No.: 20-006272
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, a telephone hearing was held on October 28, 2020, from Detroit, Michigan. Petitioner appeared for the hearing and represented himself. The Department of Health and Human Services (Department) was represented by Kendra Hall, Medical Contact Worker.

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 [REDACTED], 2020, Petitioner submitted an application seeking cash assistance benefits on the basis of a disability.
2. On or around September 2, 2020, the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program. (Exhibit A, pp. 56-68)
3. On September 17, 2020, the Department sent Petitioner an Application Notice denying his SDA application based on DDS' finding that he was not disabled. (Exhibit A, pp. 5-8)
4. On September 24, 2020, Petitioner submitted a written Request for Hearing disputing the Department's denial of his SDA application. (Exhibit A, pp. 5-6)
5. Petitioner's hearing request also indicates that he had a dispute with the Food Assistance Program (FAP). At the hearing, Petitioner withdrew his request for

hearing regarding the FAP, as he had reapplied for benefits and the application was being processed. Thus, the request for hearing regarding the FAP will be dismissed.

6. Petitioner alleged disabling impairments due to epilepsy and uncontrolled seizure disorder. Records also indicate that Petitioner suffers from back pain. (Exhibit A, pp. 23-27)
7. As of the hearing date, Petitioner was ■ years old with a ■■■■■, 1966 date of birth; he was 5'11" and weighed 165 pounds.
8. Petitioner completed high school and has past employment history as a retail sales associate, a bartender, a waiter, and in the hospitality industry as a banquet server. Petitioner has not been employed since December 2012.
9. Petitioner has a pending disability claim with the Social Security Administration (SSA).

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 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.

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.

In 2015, Petitioner was diagnosed with uncontrolled seizures after a neurological evaluation. The treating physician indicated that Petitioner was undergoing treatment and that the duration of the condition was lifetime. Records indicate that Petitioner had also received an epilepsy diagnosis for which he was prescribed anti-seizure medications. (Exhibit A, pp. 79-80)

On [REDACTED], 2020, Petitioner presented to the [REDACTED] for evaluation of decreased vision. Records indicate that Petitioner had history of optic atrophy OU due to epilepsy, as well as myopia. Records show that Petitioner was being treated for diagnoses of: bilateral optic atrophy resulting from history of epilepsy with multiple falls caused by seizures, temporal ON pallor OS> OD, diffuse temporal RNFL thinning with diffuse macular GCL thinning; hypertensive retinopathy of both eyes; bilateral peripheral opacity of cornea with stromal scars; and nuclear sclerosis of both eyes. (Exhibit A, pp. 131-136)

On [REDACTED], 2020, Petitioner was treated at [REDACTED] for epileptic seizures. (Exhibit A, p. 85)

A seizure report completed by Petitioner indicates that his first seizure was in December 2012 and that the type of seizures he experiences have not changed since that time. The report indicates further that there is no warning to Petitioner that any seizure is

about to happen and that after a seizure, he experiences dizziness or weakness, long-lasting headaches, and muscle soreness.

On [REDACTED], 2020, Petitioner was treated at [REDACTED] [REDACTED] for a chief complaint of seizures. Records indicate that Petitioner's seizure history dates back to March 2008, possibly earlier. The spell type 1: indicates that there was no warning to Petitioner's seizures, that he loses consciousness, and that the majority of these seizures were unwitnessed. He had no urinary incontinence and tongue biting but does report sleepiness after. Records documented Petitioner's past epilepsy work up and treatments, including multiple EEGs since 2008. An MRI of Petitioner's brain from [REDACTED] 2014 showed inferior frontal, right temporal, and inferior temporal lobes with mild cerebellar and cerebral volume loss. A CT of the head completed on [REDACTED] showed multiple brain contusions in left temporal, right frontal, and parietal lobes and right 1.2 cm subdural hematoma. [REDACTED] 2008 CTA of the head showed extensive IPH in the temporal lobes and right frontal lobe with a vertical skull fracture. A DEXA scan completed in [REDACTED] 2015 revealed osteoporosis in proximal left radius and osteopenia in the femoral neck. A repeat DEXA scan from [REDACTED] 2017 showed osteopenia in the right radius and left hip. Treatment records indicate that Petitioner has a history of brain trauma with loss of consciousness and traumatic brain injury (TBI) based on the imaging findings. Based on a review of Petitioner's prior medical records, the treating physician concluded that Petitioner had a traumatic brain injury in March 2008, with multiple intraparenchymal bleeds, subdural hemorrhage, and skull fracture. Notes indicate that Petitioner had poor memory of this event and his subsequent placement in an assisted living facility as a result. Seizure disorder, obstructive sleep apnea, and migraines were also noted as diagnoses. Upon examination, Petitioner was observed to have a little bit of an obsessive-compulsive component and maybe a hyper-religious personality. Records show that Petitioner's seizures developed subsequent to his TBI in March 2008 and the examining physician noted that Petitioner was unable to drive or operate heavy machinery due to Michigan DMV laws relating to patients who experience a seizure or any episode of loss of consciousness. Caution should also be used when swimming or having a bath unsupervised, or climbing tall heights/ladders, cooking with oil or grease, etc. (Exhibit A, pp. 105-108)

On [REDACTED], 2019, Petitioner was transported to the Emergency Department (ED) of [REDACTED] via EMS after being found unresponsive. It was reported that Petitioner had a possible seizure, as he was incontinent of urine when he was found. Petitioner did not recall what happened and thinks he had a seizure, as he was confused about how he made it to the hospital. Based on Petitioner's physical examination and presentation, he appeared to be in a postictal state following an acute seizure. Petitioner reported being compliant with his medications of Kepra and Dilantin and indicated it had been some time since his last seizure. However, based on how Petitioner was found, it was concluded that he had a seizure earlier that day. After treatment, he was diagnosed with an acute breakthrough seizure and subtherapeutic Dilantin levels. He was discharged home with medications and instructed to follow up with neurology. (Exhibit A, pp. 113-117)

Records from Petitioner's treatment with ██████████ were presented and reviewed. On ██████████, 2019, Petitioner presented for an evaluation for epilepsy, recurrent seizures, and back pain. Notes indicate that Petitioner's last seizure at that time was in September 2019 and that it was convulsive in nature. The medical records reviewed show that Petitioner was receiving treatment for: back pain, myopia, vitamin D deficiency, lentigo, migraine without aura, epilepsy and recurrent seizures, and anemia. Records from an ██████████, 2019 visit show that Petitioner also had past medical history of chronic sinusitis, bladder disorder, convulsive disorder, depression, liver stomach or bowel disease. Petitioner reported that nearly every day, he has little interest or pleasure in doing things, and that he feels down, depressed or hopeless, that most days, he has trouble falling or staying asleep, trouble concentrating on things and fidgety or unable to sit still, and several days he is feeling tired or little energy, has poor appetite, and feels down like a failure, and like he's letting himself down. Petitioner was referred to physical medicine and rehabilitation and neurology for a follow-up and he was referred to physical therapy for his back pain. (Exhibit A, pp.143 -151)

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 1.04 (disorders of the spine), 11.02 (epilepsy), and 11.18 (traumatic brain injury) 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).

At the hearing, Petitioner testified that he suffers from back pain and recurring headaches. Petitioner testified that he gets migraine headaches five out of seven days each week that require him to sit down due to pain. He reported that he has epilepsy and seizure disorder and as a result, is unable to drive or operate heavy machinery. Records indicate that Petitioner uses the bus for public transportation. Petitioner stated that he was involved in an accident after which he developed seizures. Since that time, Petitioner is unable to stand for long periods of time, is unsteady on his feet and his balance unstable. Petitioner testified that while he is able to sit for longer periods of time, he cannot stand as long. He stated that he has no difficulty gripping or grasping items with his hands and is able to lift only the weight of a gallon of milk. Petitioner suffers from visual impairments for which he testified he receives treatment at [REDACTED]. Petitioner stated that he is unable to climb stairs due to balance issues and that he has been informed that he must avoid ladders due to his seizures. Petitioner testified that he is able to bathe/dress himself, that he has only two plates, two coffee cups, and two forks at his home that he is able to wash. He testified that he prepares only basic meals.

The evidence presented is considered to determine the consistency of Petitioner's statements regarding the intensity, persistence and limiting effects of his symptoms. Based on a thorough review of Petitioner's medical record and in consideration of the reports and records presented from Petitioner's treating physicians documenting Petitioner's history of epilepsy and seizures, migraine headaches, and brain trauma and injury with loss of memory, among other conditions. Thus, 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). Based on the medical records presented, as well as Petitioner's testimony, Petitioner has mild to moderate limitations on his non-exertional ability to perform basic work activities, with respect to performing postural functions of some work such as 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 retail sales associate, a bartender, a waiter, and in hospitality as a banquet server. Petitioner's past employment is categorized as requiring light 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).

However, 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 closely approaching advanced age (age ■ to ■) for purposes of Appendix 2. He is a high school graduate who has unskilled to semi-skilled work history that is nontransferable. 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, with the noted additional nonexertional limitations. Thus, based solely on his exertional RFC, the Medical-Vocational Guidelines result in a disability finding based on Petitioner's exertional limitations. However, as referenced above, Petitioner also has additional nonexertional limitations that impact his ability to perform daily work activities. The Department has

failed to present evidence of a significant number of jobs in the national and local economy that Petitioner has the vocational qualifications to perform in light of his nonexertional RFC, age, education, and work experience. Therefore, the evidence is insufficient to establish that Petitioner is able to adjust to other work. Accordingly, Petitioner is found disabled at Step 5 for purposes of the SDA benefit program.

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 disabled for purposes of the SDA benefit program.


DECISION AND ORDER

Accordingly, the hearing request with respect to FAP is **DISMISSED** and the Department's SDA determination is **REVERSED**.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE THE ORDER WAS ISSUED:

1. Reregister and process Petitioner's [REDACTED], 2020 SDA application to determine if all the other non-medical criteria are satisfied and notify Petitioner of its determination;
2. Supplement Petitioner for lost benefits, if any, that Petitioner was entitled to receive if otherwise eligible and qualified; and
3. Review Petitioner's continued eligibility in October 2021.

ZB/jem



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 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 Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

Via Email:

MDHHS-Wayne-31-Grandmont-Hearings
M. Holden
D. Sweeney
L. Karadsheh
MOAHR

Petitioner – Via First-Class Mail:

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