



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: October 4, 2016  
MAHS Docket No.: 16-009563  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

### **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; and 45 CFR 205.10. After due notice, a telephone hearing was held on September 6, 2016, from Lansing, Michigan. [REDACTED], the Petitioner, appeared on her own behalf. [REDACTED], Case Manager, Recovery Technology, appeared as a witness for Petitioner. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist, and [REDACTED], Family Independence Manager.

The following Exhibits were entered into the record during the hearing:

Department Exhibit A:

- o July 8, 2016, Notice of Case Action (Exhibit A, pp. 1-4)
- o June 30, 2016, Medical-Social Eligibility Certification (Exhibit A, pp. 5-11)
- o June 29, 2016, Social Security Administration (SSA) Explanation of Determination (Exhibit A, p. 12)
- o March 2015 through May 2016, records from [REDACTED] (Exhibit A, pp. 13-57)
- o June 29, 2016, SSA Explanation of Determination (Exhibit A, p. 58)
- o June 29, 2016, SSA Psychiatric Review Technique (Exhibit A, pp. 59-72)
- o June 29, 2016, SSA Mental Residual Functional Capacity Assessment (Exhibit A, pp. 73-76)
- o June 30, 2016, SSA Physical Residual Functional Capacity Assessment (Exhibit A, pp. 77-84)
- o May 26, 2016, Activities of Daily Living-Third Party (Exhibit A, pp. 85-94)
- o May 26, 2016, Activities of Daily Living (Exhibit A, pp. 95-101)
- o September 2015 through May 2016, records from [REDACTED] (Exhibit A, pp. 102-145)

- January 2016 through May 2016, records from [REDACTED] (Exhibit A, pp. 146-170)
- August 2015 and October 2015, records from [REDACTED] (Exhibit A, pp. 171-174)
- Medical Advice Request Maintenance (Exhibit A, pp. 175-177)
- June 2015 and September 2015, records from [REDACTED] (Exhibit A, pp. 178-204)
- May 10, 2016, records from [REDACTED] (Exhibit A, pp. 205-214)
- July 31, 2015, records from [REDACTED] Pathology (Exhibit A, pp. 215-219)
- May 8, 2015, Medical Examination Report from Orthopedic Doctor (Exhibit A, pp. 220-222)
- April 25, 2016, Medical Social Questionnaire Update (Exhibit A, pp. 223-226)
- April 21, 2016, Medical Social Questionnaire Update (Exhibit A, pp. 227-229)
- Undated Section VII-Other Claim Information (Exhibit A, p. 230)

### **ISSUE**

Whether the Department properly determined 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. Petitioner was found disabled and eligible for SDA as of March 2014, based on equaling listing 12.03. (Exhibit A, pp. 58 and 175)
2. The next review of April 2015 continued the disability finding for one year. (Exhibit A, pp. 58 and 175)
3. Petitioner's case was due for another review in May 2016. (Eligibility Specialist Testimony)
4. On June 30, 2016, the Department's Medical Review Team/Disability Determination Services (MRT/DDS) found Petitioner not disabled for SDA (Exhibit A, pp. 5-11)
5. On July 8, 2016, the Department notified Petitioner of the MRT determination regarding SDA. (Exhibit A, pp. 1-4)

6. On July 18, 2016, the Department received Petitioner's timely written request for hearing. (Hearing Request)
7. Petitioner alleged disabling impairments including schizoaffective disorder, post-traumatic stress disorder (PTSD), anxiety, severe arthritis in right ankle, and recent severe pain in arm, shoulder, and neck. (Exhibit A, pp. 223-229; Petitioner Testimony)
8. At the time of hearing, Petitioner was 49 years old with a [REDACTED], birth date; was 5'9" in height; and weighed 188 pounds. (Petitioner Testimony)
9. Petitioner completed the 11<sup>th</sup> grade and has a worked history including cashier and making parts for cars. (Petitioner Testimony)
10. Petitioner's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

### **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 Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (SSI) disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness, automatically qualifies an individual as disabled for purposes of the SDA program.

Disability is defined as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. 20 CFR 416.905(a). The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from

qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 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, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicants 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).

Once an individual has been found disabled for purposes of MA benefits, continued entitlement is periodically reviewed in order to make a current determination or decision as to whether disability remains in accordance with the medical improvement review standard. 20 CFR 416.993(a); 20 CFR 416.994. In evaluating a claim for ongoing MA benefits, federal regulation requires a sequential evaluation process be utilized. 20 CFR 416.994(b)(5). The review may cease and benefits continued if sufficient evidence supports a finding that an individual is still unable to engage in substantial gainful activity. *Id.* Prior to deciding an individual's disability has ended, the department will develop, along with the Petitioner's cooperation, a complete medical history covering at least the 12 months preceding the date the individual signed a request seeking continuing disability benefits. 20 CFR 416.993(b). The department may order a consultative examination to determine whether or not the disability continues. 20 CFR 416.993(c).

The first step in the analysis in determining whether an individual's disability has ended requires the trier of fact to consider the severity of the impairment(s) and whether it meets or equals a listed impairment in Appendix 1 of subpart P of part 404 of Chapter 20. 20 CFR 416.994(b)(5)(i). If a Listing is met, an individual's disability is found to continue with no further analysis required.

If the impairment(s) does not meet or equal a Listing, then Step 2 requires a determination of whether there has been medical improvement as defined in 20 CFR 416.994(b)(1); 20 CFR 416.994(b)(5)(ii). Medical improvement is defined as any decrease in the medical severity of the impairment(s) which was present at the time of the most favorable medical decision that the individual was disabled or continues to be disabled. 20 CFR 416.994(b)(1)(i). If no medical improvement found, and no exception applies (see listed exceptions below), then an individual's disability is found to continue. Conversely, if medical improvement is found, Step 3 calls for a determination of whether

there has been an increase in the residual functional capacity (“RFC”) based on the impairment(s) that were present at the time of the most favorable medical determination. 20 CFR 416.994(b)(5)(iii).

If medical improvement is not related to the ability to work, Step 4 evaluates whether any listed exception applies. 20 CFR 416.994(b)(5)(iv). If no exception is applicable, disability is found to continue. *Id.* If the medical improvement *is* related to an individual’s ability to do work, then a determination of whether an individual’s impairment(s) are severe is made. 20 CFR 416.994(b)(5)(iii), (v). If severe, an assessment of an individual’s residual functional capacity to perform past work is made. 20 CFR 416.994(b)(5)(vi). If an individual can perform past relevant work, disability does not continue. *Id.* Similarly, when evidence establishes that the impairment(s) do (does) not significantly limit an individual’s physical or mental abilities to do basic work activities, continuing disability will not be found. 20 CFR 416.994(b)(5)(v). Finally, if an individual is unable to perform past relevant work, vocational factors such as the individual’s age, education, and past work experience are considered in determining whether despite the limitations an individual is able to perform other work. 20 CFR 416.994(b)(5)(vii). Disability ends if an individual is able to perform other work. *Id.*

The first group of exceptions (as mentioned above) to medical improvement (i.e., when disability can be found to have ended even though medical improvement has not occurred) found in 20 CFR 416.994(b)(3) are as follows:

- (i) Substantial evidence shows that the individual is the beneficiary of advances in medical or vocational therapy or technology related to the ability to work;
- (ii) Substantial evidence shows that the individual has undergone vocational therapy related to the ability to work;
- (iii) Substantial evidence shows that based on new or improved diagnostic or evaluative techniques the impairment(s) is not as disabling as previously determined at the time of the most recent favorable decision;
- (iv) Substantial evidence demonstrates that any prior disability decision was in error.

The second group of exceptions [20 CFR 416.994(b)(4)] to medical improvement are as follows:

- (i) A prior determination was fraudulently obtained;
- (ii) The individual failed to cooperate;
- (iii) The individual cannot be located;
- (iv) The prescribed treatment that was expected to restore the individual’s ability to engage in substantial gainful activity was not followed.

If an exception from the second group listed above is applicable, a determination that the individual's disability has ended is made. 20 CFR 416.994(b)(5)(iv). The second group of exceptions to medical improvement may be considered at any point in the process. *Id.*

As discussed above, the first step in the sequential evaluation process to determine whether the Petitioner's disability continues looks at the severity of the impairment(s) and whether it meets or equals a listed impairment in Appendix 1.

In the present case, Petitioner alleged disabling impairments including schizoaffective disorder, PTSD, anxiety, severe arthritis in right ankle, and recent severe pain in arm, shoulder, and neck. (Exhibit A, pp. 223-229; Petitioner Testimony) While some older medical records were submitted and have been reviewed, the focus of this analysis will be on the more recent medical evidence.

A September 10, 2015, x-ray report of the right ankle showed moderate degenerative changes in the right ankle joint and mild degenerative changes in the subtalar joint. There was soft tissue swelling around the ankle and post calcaneal spurs. (Exhibit A, p. 24)

Petitioner was seen in the emergency department September 20, 2015, for an injury to her left shoulder after falling down the stairs two days prior. Petitioner had excellent range of motion. X ray revealed no fractures or dislocations. (Exhibit A, pp. 193-198)

Petitioner was hospitalized October 19, 2015, through October 22, 2015, for sepsis secondary to pneumonia, bilateral lower lobe pneumonia, hypokalemia, and bipolar disorder with recent admission to mental health unit. (Exhibit A, pp. 25-35) It was noted that Petitioner had been discharged from [REDACTED] [REDACTED] approximately a couple of months ago. (Exhibit A, p. 29)

Petitioner was admitted to [REDACTED] from January 27, 2016, through February 10, 2016. (Exhibit A, pp. 35-46) Petitioner completed detox and residential treatment, and had after care in place prior to discharge. Final diagnoses indicated severe opioid, cannabis, and cocaine dependence; anxiety; severe depression; and schizophrenia. Petitioner's Global Assessment of Functioning was 40 at admission and 51 at discharge. (Exhibit A, pp. 36-37)

Petitioner was seen in the emergency Department on May 9, 2016, for pain on the right side from her neck down through her shoulder as well as right arm, flank, and lower extremity. The primary diagnosis was torticollis. (Exhibit A, pp. 47-57)

Petitioner was seen in the emergency Department May 10, 2016, for intractable neck pain. A MRI of the cervical spine noted that the study was severely degraded by motion artifact. Mild multilevel degenerative changes were incompletely assessed. (Exhibit A, pp. 205-214)

September 2015 through May 2016, records from [REDACTED] document a recent active diagnosis of unspecified schizophrenia spectrum and other psychotic disorder. As of September 29, 2015, Petitioner's GAF was 60, which remained the listed GAF through the May 2016 records. (Exhibit A, pp. 103-145) An April 19, 2016, Medication Review Note, in part, states that Petitioner's appearance, physical presentation, affect, speech, memory, perception, thought content, orientation, and intellectual were within normal limits. (Exhibit A, p. 138) A May 17, 2016, Medication Review Note, in part, indicates that substance use was addressed, multiple substances, and reported last use was over two weeks ago. (Exhibit A, p. 103) At that time Petitioner's appearance was average, affect was constricted, thought processes were logical, no delusions or hallucinations, memory was intact, concentration was ok, insight was improved, and judgement was good. (Exhibit A, pp. 103-105)

January 2016 through May 2016, records from [REDACTED] document treatment for intermittent musculoskeletal pain. In March 2016, the pain was in the right foot, and recurrent neuropathy from the three prior foot surgeries was noted. In May 2016, the pain was in the right elbow and right shoulder. (Exhibit A, pp. 147-170)

Based on the objective medical evidence, considered listings included 1.00 Musculoskeletal System and 12.00 Mental Disorders. However, the medical evidence was not sufficient to meet the intent and severity requirements of any listing, or its equivalent. For example, regarding listing 12.03, Schizophrenic, paranoid, and other psychotic disorders, the medical records did not show that the requirements for both the A and B criteria, or the C criteria were satisfied. Accordingly, the Petitioner cannot be found disabled, or not disabled at this step.

Step 2 requires a determination of whether there has been medical improvement. Petitioner was found disabled and eligible for SDA as of March 2014, based on equaling listing 12.03. The next review of April 2015 continued the disability finding for one year. (Exhibit A, pp. 58 and 175) As described above, the recent medical records document medical improvement regarding the mental health impairments. For example, Petitioner's GAF increased to 60 as of September 29, 2015, and the April and May 2016 medication review notes do not document ongoing hallucinations or delusions, and indicate many findings within normal limits. (Exhibit A, pp. 103-105) While Petitioner has had three surgeries on her ankle, Petitioner testified that she only has trouble with it once in a while, such as when it is raining or if she is more active. This supports a finding that there has also been improvement with the ankle impairment. (Petitioner Testimony) In consideration of all medical evidence, it is found that, overall, there has been medical improvement. The exceptions contained in 20 CFR 416.994(b)(3) and 20 CFR 416.994(b)(4) are not applicable. Accordingly, an assessment of the Petitioner's Residual Functional Capacity (RFC) to perform past relevant work is required. 20 CFR 416.994(b)(5)(vi).

An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b). Even though weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.* Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). An individual capable of performing medium work is also capable of light and sedentary work. *Id.* Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.* Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands (exertional requirements, i.e. sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered non-exertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty to function 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. can't tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi). If the impairment(s)



and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

Petitioner testified she was not sure how long she can walk or stand before needing to stop and rest, but estimated 10 minutes. Petitioner stated she can sit for about 10 minutes at a time, noting that she does not want to sit too long and her mind races a lot. Petitioner was not sure if she would currently be able to lift a full gallon of milk with the recent severe pain problems. Petitioner indicated they are not really sure what is going on with the pain she has been having in her arm, neck, and shoulder areas, but reported that while it was on the right side, it has changed to her left side. Petitioner also stated that she has had numbness in two fingers on the right hand following a steroid shot on the right side. (Petitioner Testimony) Petitioner described difficulties with being around people and mostly staying at home, however, Petitioner also testified that she is in recovery, goes to group, and has started a GED program. (Petitioner Testimony)

Petitioner's Case Manager testified that she thinks Petitioner could get along with others, but racing thoughts and anxiety would play apart in not staying on task and calling in. Especially in the beginning, Petitioner may cancel frequently. Once she is more comfortable, this is better though there are still some issues with paranoia, which they have seen with getting Petitioner to go to group. (Case Manager Testimony)

Petitioner's testimony regarding her limitations is not fully supported by the medical evidence and is found only partially credible. The recent medical records described above do not support the reported severity of Petitioner's exertional and non-exertional limitations. After review of the entire record it is found, at this point, that Petitioner maintains the residual functional capacity to perform limited light work as defined by 20 CFR 416.967(b). The record supports the limitations as indicated in the June 29, 2016, SSA Psychiatric Review Technique and Mental Residual Functional Capacity Assessment, which include occasional climbing of ramps, stairs, ladders, rope, scaffolds; occasional crawling; avoidance of extreme cold and hazards; and limitation to performing simple 1-2 step tasks on a routine and regular basis. (Exhibit A, pp. 59-76)

Petitioner has a work history including cashier and making parts for cars. As described by Petitioner, the work making car parts appears to have been closer to medium exertional level work involving mostly standing, walking, and lifting of 20 pounds or more. Petitioner described that cashier work as involving standing but no lifting or carrying. (Petitioner Testimony) However, for many cashier jobs the types registers utilized may require more than simple 1-2 step tasks on a routine and regular basis. In light of the entire record and Petitioner's RFC (see above), it is found that Petitioner is not able to perform her past relevant work. Accordingly, the Petitioner cannot be found

disabled, or not disabled at this step. Therefore, the analysis continues to an assessment of whether the Petitioner is able to perform other work in consideration of vocational factors such as Petitioner's age, education, and past work experience.

An assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v) At the time of hearing, Petitioner was 49 years old and, thus, considered to be a younger individual for purposes of this review. Petitioner completed the 11<sup>th</sup> grade and has a history of work including cashier and making parts for cars. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Petitioner to the Department to present proof that the Petitioner has the residual capacity to substantial gainful employment. 20 CFR 416.960(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). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

As noted above, Petitioner maintains the residual functional capacity to perform limited light work as defined by 20 CFR 416.967(b). The record supports the limitations as indicated in the June 29, 2016, SSA Psychiatric Review Technique and Mental Residual Functional Capacity Assessment, which include occasional climbing of ramps, stairs, ladders, rope, scaffolds; occasional crawling; avoidance of extreme cold and hazards; and limitation to performing simple 1-2 step tasks on a routine and regular basis. (Exhibit A, pp. 59-76). Even considering these limitations, significant jobs would still exist in the national economy.

After review of the entire record, and in consideration of the Petitioner's age, education, work experience, RFC, and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, specifically Rule 202.18, it is found that Petitioner is able to adjust to other work. Accordingly, Petitioner is found not disabled for purposes of the SDA 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 not disabled for purposes of the SDA benefit program.

**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**.



CL/mc

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**Colleen Lack**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

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

**DHHS**

[REDACTED]

**Petitioner**

[REDACTED]