



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: July 12, 2017
MAHS Docket No.: 17-006122
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: C. Adam Purnell

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, an in-person hearing was held on June 29, 2017, from [REDACTED] Michigan. Petitioner appeared and testified on her own behalf. [REDACTED] [REDACTED] (Petitioner's husband) appeared as a witness for Petitioner. [REDACTED] [REDACTED] (Family Independence Manager) appeared on behalf of the Department of Health and Human Services (Department).

ISSUE

Did the Department properly deny Petitioner's application for State Disability Assistance (SDA) based on the finding that she was not disabled?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. On or about December 29, 2016, the Department received Petitioner's application for SDA benefits alleging disability. [Department Exhibit 1, pp. 1-22].
2. On or about April 3, 2017, the Medical Review Team (MRT) denied Petitioner's application based on the finding that she was capable of performing other work. [Dept. Exh. 1, p. 33].
3. On or about April 25, 2017, the Department caseworker sent Petitioner notice that her application was denied. [Dept. Exh. 1, pp. 131-133].

4. On May 3, 2017, Petitioner filed a request for a hearing to contest the Department's action.
5. An in-person hearing was held on June 29, 2017.
6. During the hearing, Petitioner alleged that she had the following disabling impairments: arthritis in both knees, hip, pelvic area and lower back, carpal tunnel syndrome, tendinitis in both hands and wrists, and chronic obstructive pulmonary disease (COPD).
7. Petitioner alleged that she cannot work because of the following: inability to stand for more than 15-20 minutes and inability to walk more than 100 to 200 feet due to knee, lower back and leg pain, and both hands go numb after 15-20 minutes of activity.
8. At the time of the hearing, Petitioner was 56 years-old with a birth date of [REDACTED]. Petitioner is 5 feet, 5 inches tall and weighed approximately 222 pounds. Petitioner is left-hand dominant.
9. Petitioner has a high school education or the equivalent (GED).
10. Petitioner is currently unemployed and her past relevant work was as cook at the [REDACTED] in 2013. Petitioner testified that working as a cook (food preparation) required her to operate the grill, prepare food, and related tasks. In this capacity, Petitioner stated that she spent 100% of the work day standing and was regularly required to lift an average of 10 lbs. per day, but she would occasionally be required to lift up to 50 lbs.
11. Petitioner has an unskilled work history that is transferrable to other jobs.
12. Petitioner's objective medical records show that she has the following medical conditions and/or medical treatment based on medically acceptable clinical and laboratory diagnostic techniques:
 - a. Unilateral primary osteoarthritis in left and right knee. [Pet. Exh. A, p. 11].
 - b. Unspecified asthma. [Pet. Exh. A, p. 10].
 - c. Other chronic pain. [Pet. Exh. A, p. 10].
 - d. Other intervertebral disc degeneration, lumbar region. [Pet. Exh. A, p. 10].
 - e. Hyperlipidemia. [Pet. Exh. A, p. 10].

- f. Candidiasis of skin and nail. [Pet. Exh. A, p. 10].
 - g. Other pruritus. [Pet. Exh. A, p. 10].
 - h. Low back pain. [Pet. Exh. A, p. 10].
 - i. Petitioner was given a prescription for a walker for ambulation. [Pet. Exh. A, pp. 12-13].
 - j. In November 2016, Petitioner had x-rays of her knees which showed medial joint space narrowing bilaterally. Surgical intervention (left knee replacement) was recommended. [Dept. Exh. 1, pp. 76, 99, 103].
 - k. Petitioner fell at the [REDACTED] after her knee gave out. [Dept. Exh. 1, pp. 116-117].
13. During the relevant time period, Petitioner was taking the following medications:
- a. Gabapentin. [Petitioner's Hearing Testimony].
 - b. Motrin. [Pet. Hrg. Test.].
 - c. Proventil. [Pet. Hrg. Test.].
 - d. Albuterol. [Pet. Hrg. Test.].
 - e. Hydroxyzine Pamoate. [Pet. Exh. A, p. 10].
 - f. Ibuprofen. [Pet. Exh. A, p. 10].
 - g. Ventolin. [Pet. Exh. A, p. 10].
 - h. Nystatin. [Pet. Exh. A, p. 10].
14. On [REDACTED], [REDACTED], Nurse Practitioner, determined that Petitioner was permanently disabled due to bilateral knee osteoarthritis resulting in impaired gait, and back pain. Ms. [REDACTED] also indicated that Petitioner's asthma is also disabling. [Petitioner's Exhibit A, pp. 6-9].

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Health and Human Services ("DHHS" or "Department") administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Pursuant to the Code of Federal Regulations (CFR), the Department uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the MA program. 42 CFR 435.540.

The law defines disability 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. [Emphasis added].

The person claiming a physical or mental disability (“claimant”) must have a severe impairment(s) that makes him or her unable to do past relevant work or any other substantial gainful work that exists in the national economy. 20 CFR 416.905(a). In general, the claimant must prove that he or she is disabled. The claimant must also submit all known evidence relating to the disability. 20 CFR 416.912(a)(1).

A physical or mental impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings, not only the individual’s statement of symptoms. 20 CFR 416.908; 20 CFR 416.927. Proof must be in the form of medical evidence showing that the individual has impairment and the nature and extent of its severity. 20 CFR 416.912. Information must be sufficient to enable a determination as to the nature and limiting effects of the impairment for the period in question, the probable duration of the impairment and the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913.

Medical findings must allow a determination of: (1) the nature and limiting effects of the impairment(s) for any period in question; (2) the probable duration of the impairment; and (3) the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

Medical evidence may contain medical opinions from treating sources. Medical opinions are statements from acceptable medical sources that reflect judgments about the nature and severity of the claimant’s impairment(s), including his or her symptoms, diagnosis and prognosis, what he or she can still do despite impairment(s), and any physical or mental restrictions. 20 CFR 416.927.

A treating source means the claimant’s own acceptable medical source who provides the claimant, or has provided the claimant, with medical treatment or evaluation and who has, or has had, an ongoing treatment relationship with the claimant. Generally, the administrative law judge will consider that the claimant has an ongoing treatment relationship with an acceptable medical source when the medical evidence establishes that he or she sees, or has seen, the source with a frequency consistent with accepted medical practice for the type of treatment and/or evaluation required for his or her medical condition(s). The administrative law judge may consider an acceptable medical source who has treated or evaluated the claimant only a few times or only after long intervals (e.g., twice a year) to be his or her treating source if the nature and frequency of the treatment or evaluation is typical for his or her condition(s). The administrative law

judge will not consider an acceptable medical source to be the claimant's treating source if the relationship with the source is not based on medical need for treatment or evaluation, but solely on a need to obtain a report in support of a claim for disability. In such a case, the administrative law judge will consider the acceptable medical source to be a non-treating source. 20 CFR 416.927.

All of the evidence relevant to the claim, including medical opinions, is reviewed and findings are made. 20 CFR 416.927(c). A statement by a medical source finding that an individual is "disabled" or "unable to work" does not mean that disability exists for the purposes of the program. 20 CFR 416.927(e). Statements about pain or other symptoms do not alone establish disability. 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. The law does not require an applicant to be completely symptom free before a finding of lack of disability can be rendered. In fact, if an applicant's symptoms can be managed to the point where substantial gainful activity can be achieved, a finding of not disabled must be rendered. 20 CFR 416.927.

For claims filed on or after March 27, 2017, acceptable medical source means a licensed physician (medical or osteopathic doctor), licensed psychologist, licensed optometrist, licensed podiatrist, qualified speech pathologist, licensed physician's assistant. However, all medical opinions will be considered including, but not limited to: nurse practitioners, clinical nurse specialists, and nurse anesthetists. 20 CFR 404.1502 and 20 CFR 416.902.

In order to determine whether or not an adult claimant is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (e.g. age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

At step one, the Administrative Law Judge must determine whether the individual is currently engaging in substantial gainful activity (20 CFR 404.1520(b) and 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. "Substantial work activity" is work activity that involves doing significant physical or mental activities (20 CFR 404.1572(a) and 416.972(a)). "Gainful work activity" is work that is usually done for pay or profit, whether or not a profit is realized (20 CFR 404.1572(b) and 416.972(b)). Generally, if an individual has earnings from employment or self-employment above a specific level set out in the regulations, it is presumed that he or she has demonstrated the ability to engage in SGA (20 CFR 404.1574, 404.1575, 416.974, and 416.975). If an individual engages in SGA, he or

she is not disabled regardless of how severe his or her physical or mental impairments are and regardless of his or her age, education, and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At the time of the hearing, Petitioner provided credible testimony that she is currently unemployed and last worked in 2013. Therefore, Petitioner is not engaged in SGA and is not disqualified from receiving disability at step one. The analysis proceeds to step two.

At step two, the Administrative Law Judge must determine whether the individual has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c) and 416.920(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work (20 CFR 404.1521 and 416.921; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p). If the person does not have a severe medically determinable impairment or combination of impairments, he or she is not disabled.

At this step, the Administrative Law Judge must also evaluate the individual's symptoms to see if there is an underlying medically determinable physical or mental impairment that could reasonably be expected to produce pain or other symptoms. This must be shown by medically acceptable clinical and laboratory diagnostic techniques. Once an underlying physical or mental impairment has been shown, the Administrative Law Judge must evaluate the intensity, persistence, and limiting effects of the individual's symptoms to determine the extent to which they limit his or her ability to do basic work activities. For this purpose, whenever statements about the intensity, persistence, or functionally limiting effects of pain or other symptoms are not substantiated by objective medical evidence, a finding on the credibility of the statements based on a consideration of the entire case record must be made.

In the present case, Petitioner alleges disability due to arthritis in both knees, hip, pelvic area and lower back, carpal tunnel syndrome, tendinitis in both hands and wrists, and chronic obstructive pulmonary disease (COPD). As summarized in the above Findings of Fact, Petitioner has presented objective medical evidence establishing that she does have some limitations on the ability to perform basic work activities. Here, Petitioner has presented sufficient evidence to survive dismissal of her disability claim based on the absence of medical merit. See *Higgs, supra*. The objective medical records did contain a written opinion from an acceptable medical source that Petitioner is permanently disabled from work. The records show that Petitioner had been treating with [REDACTED], who is a nurse practitioner, since November 2016. [REDACTED] completed a Physical Medical Source Statement, which indicated that Petitioner's objective signs and clinical findings showed that she had limited range of motion and left knee is limited by pain. [Dept. Exh. 1, pp. 6-7]. Petitioner also had limited range of motion in her back and had

gait impairment. [Dept. Exh. 1, pp. 6-7]. ██████████ found that Petitioner's impairments have lasted, or can be expected to last at least twelve months. She found that Petitioner can sit for 1 hour and can stand for only 10 minutes. [Dept. Exh. 1, pp. 6-7]. In an 8 hour day, Petitioner was only able to sit or stand for "much less" than 2 hours. [Dept. Exh. 1, pp. 6-7]. ██████████ also found that Petitioner cannot work without laying down at 4 hour intervals. [Dept. Exh. 1, pp. 6-7]. In addition, ██████████ found that Petitioner had significant limitations with lifting, carrying and performing normal activities in a competitive work situation. [Dept. Exh. 1, pp. 6-7]. Finally, ██████████ determined that Petitioner, had she worked, would likely be absent from work more than 4 days per month. [Dept. Exh. 1, pp. 6-7]. In other words, the medical evidence in this record shows that Petitioner may have an impairment, or combination thereof, that has more than a *de minimis* effect on her basic work activities.

In addition, step 2 requires the claimant show that she has an impairment, or a combination of impairments, that have lasted continuously for a period of 90 days. BEM, 261 (4-1-2017), p. 1. Based on the above Findings of Fact, Petitioner has shown the presence of some physical limitations on her ability to perform basic work activities. According to the medical records, Petitioner has had symptoms and/or pain associated with arthritis in both knees, hip, pelvic area and lower back, carpal tunnel syndrome, tendinitis in both hands and wrists, and COPD since at least November 2016. [Dept. Exh. 1, pp. 76, 99, 103]. This evidence shows that Petitioner has a medically determinable mental impairment based on documented signs, symptoms, and laboratory findings. [Dept. Exh. 1, pp. 76, 99, 103, 117]. Thus, this Administrative Law Judge finds that Petitioner has some impairments that have lasted continuously for 90 days and; therefore, is not disqualified from receiving SDA benefits due to lack of duration. The analysis must proceed to step three.

As indicated above, after an individual has shown the presence of an underlying physical or mental impairment, she must also show that the impairment, or impairments, possess the requisite intensity, persistence, and limiting effects such that it would limit her ability to do basic work activities. In order to assist with this determination, the analysis shall proceed to the next step.

At step three, the Administrative Law Judge must determine whether the individual's impairment or combination of impairments meets or medically equals the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, and 416.926). If the individual's impairment or combination of impairments meets or medically equals the criteria of a listing and meets the duration requirement (20 CFR 404.1509 and 416.909), the individual is disabled. If it does not, the analysis proceeds to the next step.

Based upon the objective medical evidence, the Administrative Law Judge will consider the following listings: 1.02 (major dysfunction of a joint due to any cause). This listing is characterized by gross anatomical deformity (e.g., subluxation, contracture, bony or fibrous ankylosis, instability) and chronic joint pain and stiffness with signs of limitation of motion or other abnormal motion of the affected joint(s), and findings on appropriate

medically acceptable imaging of joint space narrowing, bony destruction, or ankylosis of the affected joint(s). With:

A. Involvement of one major peripheral weight-bearing joint (i.e., hip, knee, or ankle), resulting in inability to ambulate effectively, as defined in 1.00B2b;

OR

B. Involvement of one major peripheral joint in each upper extremity (i.e., shoulder, elbow, or wrist-hand), resulting in inability to perform fine and gross movements effectively, as defined in 1.00B2c.

Based upon the above Findings of Fact, Petitioner's objective medical records show that she meets or medically equals the requirements of 1.02. [Dept. Exh. 1, pp. 76, 99, 103]. Therefore, the medical evidence presented in this matter is sufficient to meet the intent and severity requirements of any listing, or its equivalent. Accordingly, this Administrative Law Judge finds that Petitioner is disabled at step three because she met or medically equaled the criteria of listing and has met the duration requirement.

Before considering step four of the sequential evaluation process, the Administrative Law Judge must first determine the individual's residual functional capacity (20 CFR 404.1520(e) and 416.920(e)). An individual's residual functional capacity is his or her ability to do physical and mental work activities on a sustained basis despite limitations from his/her impairments. In making this finding, all of the individual's impairments, including impairments that are not severe, must be considered (20 CFR 404.1520(e), 404.1545, 416.920(e), and 416.945; SSR 96-8p).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the *Dictionary of Occupational Titles*, published by the Department of Labor. 20 CFR 416.967. The terms are defined as follows:

Sedentary work. 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. 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. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. 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 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.... 20 CFR 416.967(b).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

Here, Petitioner's alleged impairments are credible. Following a review of all of Petitioner's alleged impairments, coupled with the objective medical evidence, this Administrative Law Judge finds that she can lift/carry less than 10 lbs., can stand, walk or sit for less than 2 hours, with the following limitations: she requires breaks every 15 minutes and must lay down at 4 hour intervals. The records also showed that Petitioner's hands will go numb after only a few minutes of activity. Therefore, this Administrative Law Judge finds that Petitioner lacks the residual functional capacity to perform even sedentary work on a sustained basis as defined by 20 CFR 416.967(b).

At step four, the Administrative Law Judge must determine whether the individual has the residual functional capacity to perform the requirements of his or her past relevant work (20 CFR 404.1520(f) and 416.920(f)). The term past relevant work means work performed (either as the individual actually performed it or as it is generally performed in the national economy) within the last 15 (fifteen) years or 15 (fifteen) years prior to the date that disability must be established. In addition, the work must have lasted long enough for the individual to learn to do the job and have been SGA (20 CFR 404.1560(b), 404.1565, 416.960(b), and 416.965). If the individual has the residual functional capacity to do his or her past relevant work, he or she is not disabled. If the individual is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

During the hearing, Petitioner testified that she worked for several years as a cook. Working as a cook, as described by Petitioner at the hearing, most closely meets the requirement for medium work. Based on the above analysis, Petitioner does not have the residual functional capacity to perform the requirements of her past relevant work. The analysis proceeds to the final step.

At the fifth and final step of the sequential evaluation process (20 CFR 404.1520(g) and 416.920(g)), the Administrative Law Judge must determine whether the individual is able to do **any** other work considering his or her residual functional capacity, age, education, and work experience. 20 CFR 416.920(4)(v). [Emphasis added]. At this point in the analysis, the burden shifts from the individual applicant to the Department to present proof that the individual has the residual capacity to engage in substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). If the individual is able to do other work, he or she is

not disabled. If the individual is not able to do other work and meets the duration requirements, he or she is disabled.

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). Based upon the above Findings of Fact and analysis, this Administrative Law Judge finds that Department has failed to meet its burden of proof to show that Petitioner is capable of performing specific jobs considering her residual functional capacity, age, education and work experience. The Department has not established that Petitioner possesses the residual capacity for substantial gainful employment as defined by 20 CFR 416.960(2). Accordingly, Petitioner is disabled at step five.

This Administrative Law Judge finds that Petitioner has satisfied the burden of proof to show by competent, material and substantial evidence that she has an impairment or combination of impairments which would significantly limit the physical or mental ability to do basic work activities. 20 CFR 416.920(c). Petitioner's exertional and non-exertional impairments render her unable to engage in a full range of work activities on a regular and continuing basis. Petitioner's testimony regarding her limitations and inability to sit, stand, walk, lift, and carry is credible and supported by the objective medical evidence. Petitioner's assertion that her alleged impairments are severe enough to reach the criteria and definition of disability. Petitioner has established by objective medical evidence that she cannot perform sedentary work even with her impairments. Therefore, Petitioner meets the definition of disabled for purposes of the MA program.

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

With regard to Petitioner's request for disability under the SDA program, it should be noted that the Department's BEMs contain policy statements and instructions for caseworkers regarding eligibility for SDA. In order to receive SDA, "a person must be disabled, caring for a disabled person or age 65 or older." BEM, 261, p. 1.

A person is disabled for SDA purposes if he or she: (1) receives other specified disability-related benefits or services¹; or (2) resides in a qualified Special Living Arrangement facility; or (3) is certified as unable to work due to mental or physical

¹Retirement, Survivors and Disability Insurance (RSDI) due to disability/blindness, Supplemental Security Income (SSI) due to disability/blindness, Medicaid as blind/disabled based on a disability examiner or MRT determination or hearing decision, or Michigan Rehabilitation Services.

disability for at least 90 days from the onset of the disability; or (4) is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS). BEM 261, pp. 1-2. [Emphasis added].

As indicated in the above analysis, Petitioner meets the definition of disabled under the MA program and the evidence of record shows that Petitioner is unable to work for a period exceeding 90 (ninety) days. In addition, this record shows that Petitioner has met any of the requirements under BEM 261. Accordingly, this Administrative Law Judge finds that Petitioner is disabled for purposes of the SDA program.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department has not appropriately established on the record that it acted in compliance with Department policy when it denied Petitioner's application for SDA.

Accordingly, the Department's decision is **REVERSED**, and it is ORDERED that:

1. The Department shall process Petitioner's application for SDA, and shall award her all the benefits she may be entitled to receive, as long as she meets the remaining financial and non-financial eligibility factors.
2. The Department shall initiate a review of Petitioner's medical condition for improvement in July 2018.
3. The Department shall obtain updated medical evidence from Petitioner's treating physicians, physical therapists, pain clinic notes, etc. regarding her continued treatment, progress and prognosis at review.
4. The Department shall supplement for lost benefits (if any) that Petitioner was entitled to receive, if otherwise eligible and qualified in accordance with Department policy.

IT IS SO ORDERED.

CAP/md



C. Adam Purnell

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]