



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: September 19, 2017
MAHS Docket No.: 17-006775
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, a telephone hearing was held on July 27, 2017, from [REDACTED] Michigan. Petitioner appeared and testified on her own behalf. [REDACTED], Hearing Facilitator, and [REDACTED], Eligibility Specialist, appeared on behalf of the Department of Health and Human Services (Department).

PROCEDURAL HISTORY

During the hearing, Petitioner waived the time period for the issuance of this decision, in order to allow for the submission of additional medical evidence. On July 28, 2017, the Administrative Law Judge issued an Interim Order which extended the record an additional 30 days for the submission of the following additional records: [REDACTED] [REDACTED] purportedly containing a medical opinion concerning Petitioner's alleged disability. The deadline to file the additional records was August 28, 2017.

On July 31, 2017, the Department submitted the following additional exhibit: a Medical Needs form completed by [REDACTED] on September 6, 2016. The additional exhibit was marked and admitted into evidence.

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 November 4, 2016, the Department received Petitioner's application for SDA benefits alleging disability.
2. On or about March 8, 2017, the Medical Review Team (MRT) denied Petitioner's application. [Dept. Exh. 1, pp. 360-366].
3. On or about March 13, 2017, the Department caseworker sent Petitioner notice that her application was denied. [Dept. Exh. 1, pp. 371-374].
4. On May 22, 2017, Petitioner filed a request for a hearing to contest the Department's action.
5. A telephone hearing was held on July 27, 2017. During the hearing, Petitioner indicated that she had additional records and/or additional medical appointments that were relevant. The Administrative Law Judge held the record open to allow for Petitioner's additional records to be submitted. Petitioner consented and agreed to waive the time periods.
6. During the hearing, Petitioner alleged that, on [REDACTED], she lost her son and grandson in a "triple homicide." Petitioner says that following this incident, she became depressed and shut down from family and friends. Petitioner stated that she suffers from post-traumatic stress disorder (PTSD), which was diagnosed in or around October 2016. Petitioner said that she has had bipolar disorder and schizophrenia since childhood. Petitioner also alleges that her lumbar spine is deteriorating and that she suffers from a pinched nerve. Petitioner alleges that she had fibromyalgia, asthma, thyroid problems, arthritis, and memory problems. Petitioner stated that she was a daily smoker from 2013 until very recently (February or March 2017). Petitioner now says that she only smokes occasionally. [Petitioner Hearing Testimony].
7. Petitioner alleged that she cannot work because due to the inability to: remember, concentrate, complete tasks, follow instructions and work with others. Petitioner said that she was somewhat limited in her ability to stand, sit, walk, bend, kneel, and squat due to pain. [Pet. Hrg. Test.].
8. At the time of the hearing, Petitioner was 46 years-old with a birth date of [REDACTED]. Petitioner is 5 feet, 7 inches tall and weighed approximately 182 pounds. Petitioner is right-hand dominant. [Pet. Hrg. Test.].

9. Petitioner does not have a high school education or GED and her highest education level is between the 7th and 11th grade. [Pet. Hrg. Test.].
10. Petitioner is currently unemployed. Petitioner stated that she last worked in 1996 as a line worker making automobile parts for [REDACTED] [Pet. Hrg. Test.].
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. Petitioner experienced skin problems and was diagnosed with discoid lupus on her forehead area in September 2014. She was medically treated and had follow-up visits in October 2014. [Dept. Exh. 1, p. 103].
 - b. On [REDACTED], Petitioner had an MRI of the lumbar spine at L4-5, L5-S1 disc protrusion with left abutment of L4 nerve roots, facet hypertrophy at L4-5 with mild central canal narrowing. [Dept. Exh. 1, p. 252].
 - c. On [REDACTED], Petitioner had an MRI of the lumbosacral spine which showed lumbar spondylosis, but no compression deformity. [Dept. Exh. 1, p. 293].
 - d. Petitioner's physician completed a Medical Needs (DHS-49) form on [REDACTED], which indicated that she had the following chronic ongoing illnesses: fibromyalgia, neuropathy, GERD and anxiety. He found that she needed assistance with shopping, laundry and housework. The physician found that Petitioner could not work. [Petitioner's Exhibit A].
 - e. On [REDACTED], Petitioner had a medical examination which confirmed that she had fibromyalgia, mild persistent asthma, chronic bipolar disorder, anxiety and panic disorder and chronic low back pain with radiation to knees of undetermined etiology. According to the evaluating physician, Petitioner's ability to perform work-related activities such as bending, stooping, lifting, walking, crawling, squatting, carrying and traveling, as well as pushing and pulling heavy objects, is mildly impaired. [Dept. Exh. 1, p. 82].
 - f. [REDACTED], Petitioner underwent a physical residual functional capacity (RFC) assessment which indicated the following: (1) she could occasionally lift 50 lbs; (2) she could frequently carry 25 lbs; (3) she could sit and stand for 6 hours in an 8-hour workday; (4)

she had unlimited ability to push or pull; and (5) had only occasional limitations for ladder/ropes/scaffoldings. Environmental limitations are to avoid concentrated exposure re: extreme cold, heat, wetness, humidity, vibration and machinery. She is to avoid even moderate exposure to fumes, odors, dusts, gases, poor ventilation, etc., Petitioner's asthma results in loss of respiratory reserve. Petitioner retained the ability to perform the sustained activities of an 8-hour workday with the documented limitations and prescribed limitations and prescribed accommodations detailed in the RFC that minimize the risk of injury. [Dept. Exh. 1, p. 128].

- g. On [REDACTED], Petitioner had a psychiatric evaluation under 12.04. Petitioner is able to understand, carry out, and remember simple instructions; make judgments that are commensurate with the functions of unskilled tasks, i.e., work-related decisions; respond appropriate to supervision, coworkers and work situations; and deal with most changes in routine work settings. The report indicated that there are no problems with attention and there is sufficient concentrate to perform simple 1-2 step tasks all on a routine and regular basis. [Dept. Exh. 1, p. 149].
 - h. Petitioner receives psychotherapy treatment for bipolar disorder, depression, and anxiety. [Dept. Exh. 1, p. 194].
 - i. Petitioner has been diagnosed with fibromyalgia. [Dept. Exh. 1, p. 245].
 - j. Petitioner had a cervical x-ray which showed cervical spondylosis with mild to moderate bilateral foraminal narrowing at C4-C5 through C6-C7 left greater than right. [Dept. Exh. 1, p. 295].
 - k. Petitioner's disability assessment indicated that she had normal range of motion in her spine and muscle strength and tone was also within normal limits. Petitioner had a normal gait and was able to stand without difficulty. Petitioner's psychological assessments showed she was mentally capable of understanding, attending to, remembering and carrying out instructions related to unskilled work activities. She was able to respond appropriately to co-workers and supervision. Petitioner's ability to adapt to change and stress in the workplace was only mildly impaired. [Dept. Exh. 1, p. 362-363].
13. During the relevant time period, Petitioner was taking the following medications:
- a. Zoloft. [Dept. Exh. 1, p. 79].
 - b. Norco. [Dept. Exh. 1, p. 79].

- c. Soma. [Dept. Exh. 1, p. 79].
- d. Lyrica. [Dept. Exh. 1, p. 79].
- e. Albuterol inhaler. [Dept. Exh. 1, p. 79].

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 1996. 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.

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social functioning; concentration, persistence, or pace; and ability to tolerate increased mental demands associated with competitive work)... 20 CFR, Part 404, Subpart P, App. 1, 12.00(C). First, an individual's pertinent symptoms, signs and laboratory findings are evaluated to determine whether a medically determinable mental impairment exists. 20 CFR 416.920a(b)(1). When a medically determinable mental impairment is established, the symptoms, signs and laboratory findings that substantiate the impairment are documented to include the individual's significant history, laboratory findings, and functional limitations. 20 CFR 416.920a(e)(2). Functional limitations are assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively and on a sustained basis. 20 CFR 416.920(a)(2). Chronic mental disorders, structured settings, medication and other treatment, and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). In addition, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining an individual's degree of functional limitation. 20 CFR 416.920a(c)(4).

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 a licensed health professional that Petitioner is permanently disabled from work. [Pet. Exh. A]. This was an assessment by Petitioner's treating physician, who determined that she had fibromyalgia, neuropathy, GERD and anxiety. [Pet. Exh. A]. The objective medical records support the physician's conclusions. 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. However, this does not mean that Petitioner is necessarily disabled at this point in the analysis.

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, p. 1. Based on the above Findings of Fact, Petitioner has shown the presence of some physical and mental limitations on her ability to perform basic work activities. According to the medical records, Petitioner has had symptoms and/or pain associated with L4-5, L5-S1 disc protrusion with left abutment of L4 nerve roots, facet hypertrophy at L4-5 with mild central canal narrowing, lumbar spondylosis, fibromyalgia, asthma, GERD, depression, anxiety and bipolar disorder. She has had these diagnoses since at least 2015. This evidence shows that Petitioner has a medically determinable mental impairment based on documented signs, symptoms, and laboratory findings. 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: 1.04 (Disorders of the spine) and 12.04 (Depressive, bipolar and related disorders). According to 1.04, an individual must have, "lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively." Based upon the above Findings of Fact, Petitioner's objective medical records show that she medically equals listing 1.04. Alternatively, Petitioner's objective psychological records show that she medically equals listing 12.04 because she has chronic bipolar disorder, anxiety and panic disorder. 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 listings 1.04 and 12.04 and has met the duration requirement.

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 is credible and supported by the objective medical evidence. Petitioner's assertion that her impairments are severe enough to reach the criteria and definition of disability. This Administrative Law Judge finds that the objective medical evidence on the record shows that Petitioner meets the definition of disabled for purposes of the MA program.

The Federal Regulations at 20 CFR 404.1535 speak to the determination of whether Drug Addiction and Alcoholism (DAA) is material to a person's disability and when benefits will or will not be approved. The regulations require the disability analysis be completed prior to a determination of whether a person's drug and alcohol use is material. It is only when a person meets the disability criterion, as set forth in the regulations, that the issue of materiality becomes relevant. In such cases, the

regulations require a sixth step to determine the materiality of DAA to a person's disability.

When the record contains evidence of DAA, a determination must be made whether the person would continue to be disabled if the individual stopped using drugs or alcohol. The trier of fact must determine what, if any, of the physical or mental limitations would remain if the person were to stop the use of the drugs or alcohol and whether any of these remaining limitations would be disabling. Petitioner's testimony and the information indicate that she has a history of tobacco use, but that it is not material to her disability.

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 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 does not meet 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 show 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.

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.

DECISION AND ORDER

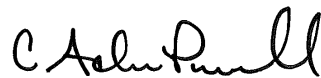
The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department has appropriately established on the record that it acted in compliance with Department policy when it denied Petitioner's application for SDA.

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 Petitioner's medical condition for improvement in September 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]