



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: August 30, 2018
MAHS Docket No.: 18-006486
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Landis Lain

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 August 7, 2018, from Lansing, Michigan. Petitioner was represented by herself and [REDACTED], Advocate. The Department of Health and Human Services (Department or Respondent) was represented by Todd Barnes, Assistance Payments Supervisor. At the conclusion of the hearing Petitioner waived the time limits and requested to submit additional information. The hearing record was left open until August 20, 2018, to allow for the submission of additional information.

Respondent's Exhibit A pages 1-839 were admitted as evidence.

Petitioner's Exhibit 1-106 was admitted into evidence admitted to the record on August 21, 2018.

ISSUE

Whether the Department properly determined that Petitioner was no longer disabled for purposes of State Disability Assistance (SDA) benefit programs?

FINDINGS OF FACT

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

- (1) In April 2018, Petitioner's ongoing State Disability Assistance (SDA) benefits alleging disability was reviewed.

- (2) Petitioner also receives Medical Assistance (MA) benefits and Food Assistance Program (FAP) benefits.
- (3) On June 8, 2018, the Medical Review Team denied Petitioner's application stating that Petitioner could perform other work.
- (4) On June 11, 2018, the department caseworker sent Petitioner notice that her SDA review application was denied.
- (5) On June 20, 2018, Petitioner filed a request for a hearing to contest the Department's negative action.
- (6) On June 29, 2018, the Michigan Administrative Hearing System received the Hearing summary and attached documentation.
- (7) On August 7, 2018, the hearing was held.
- (8) Petitioner is a [REDACTED]-year-old woman whose date of birth is October 17, 1977. She is [REDACTED]' [REDACTED]" tall and weighs [REDACTED] lbs. Petitioner is a high school graduate.
- (9) Petitioner has worked in factories, as a bartender, an assistant manager in a store, certified nurse's assistant, and at [REDACTED].
- (10) Petitioner alleges as disabling impairments: chronic obstructive pulmonary disease, poor circulation, arthritis in the hands, scoliosis, bipolar disorder, personality disorder, Post traumatic stress disorder, psychosis, paranoia, anxiety, panic attacks, and depression.

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his or her claim for assistance has been denied. MAC R 400.903(1). Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The department will provide an administrative hearing to review the decision and determine the appropriateness of that decision. BAM 600.

Department policies are contained in the following Department of Health and Human Services Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RTM).

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.

Pursuant to Federal Rule 42 CFR 435.540, the Department of Human Services uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance program. Under SSI, 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 set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience is reviewed. 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.

If an individual is working and the work is substantial gainful activity, the individual is not disabled regardless of the medical condition, education and work experience. 20 CFR 416.920(c).

If the impairment or combination of impairments do not significantly limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. Age, education and work experience will not be considered. 20 CFR 416.920.

Statements about pain or other symptoms do not alone establish disability. There must be medical signs and laboratory findings which demonstrate a medical impairment.... 20 CFR 416.929(a).

...Medical reports should include –

- (1) Medical history.
- (2) Clinical findings (such as the results of physical or mental status examinations);
- (3) Laboratory findings (such as blood pressure, X-rays);

- (4) Diagnosis (statement of disease or injury based on its signs and symptoms).... 20 CFR 416.913(b).

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 clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for a recovery and/or medical assessment of ability to do work-related activities, or ability to reason and to make appropriate mental adjustments, if a mental disability is being alleged. 20 CFR 416.913.

In determining disability under the law, the ability to work is measured. An individual's functional capacity for doing basic work activities is evaluated. If an individual has the ability to perform basic work activities without significant limitations, he or she is not considered disabled. 20 CFR 416.994(b)(1)(iv).

Basic work activities are the abilities and aptitudes necessary to do most jobs. Examples of these include --

- (1) Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
- (2) Capacities for seeing, hearing, and speaking;
- (3) Understanding, carrying out, and remembering simple instructions;
- (4) Use of judgment;
- (5) Responding appropriately to supervision, co-workers and usual work situations; and
- (6) Dealing with changes in a routine work setting. 20 CFR 416.921(b).

Medical findings must allow a determination of (1) the nature and limiting effects of your 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. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including your symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

All of the evidence relevant to the claim, including medical opinions, is reviewed and findings are made. 20 CFR 416.927(c).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge reviews all medical findings and other evidence that support a medical source's statement of disability.... 20 CFR 416.927(e).

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).

When determining disability, the federal regulations require that several considerations be analyzed in sequential order. If disability can be ruled out at any step, analysis of the next step is not required. These steps are:

1. Does the client perform Substantial Gainful Activity (SGA)? If yes, the client is ineligible for MA. If no, the analysis continues to Step 2. 20 CFR 416.920(b).
2. Does the client have a severe impairment that has lasted or is expected to last 12 months or more or result in death? If no, the client is ineligible for MA. If yes, the analysis continues to Step 3. 20 CFR 416.920(c).
3. Does the impairment appear on a special listing of impairments or are the client's symptoms, signs, and laboratory findings at least equivalent in severity to the set of medical findings specified for the listed impairment? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.290(d).
4. Can the client do the former work that he/she performed within the last 15 years? If yes, the client is ineligible for MA. If no, the analysis continues to Step 5. 20 CFR 416.920(e).
5. Does the client have the Residual Functional Capacity (RFC) to perform other work according to the guidelines set forth at 20 CFR 404, Subpart P, Appendix 2, Sections 200.00-204.00? If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(f).

At Step 1, Petitioner is not engaged in substantial gainful activity. Petitioner is not disqualified from receiving disability at Step 1.

Petitioner testified on the record that she lives in HUD housing and pays no rent. She is single and has SDA income. She receives Medical Assistance and Food Assistance. She has no driver's license and her mother takes her where she needs to go. She makes sandwiches. Petitioner grocery shops once per week with her mother. Petitioner alleges that she can stand for 5-10 minutes and sit for 20-30 minutes. She can walk ½ mile. She can shower and dress herself, tie her shoes and touch her toes. She has numbness and tingling in hands and feet. Petitioner states that she can carry 5-10 pounds.

This Administrative Law Judge did consider the entire record in making this decision.

Specific sampling of 839 pages of the Medical documentation indicates a non-severe condition:

A [REDACTED], 2018 disability determination service report indicates that the petitioner reports a history of asthma but was diagnosed with emphysema about 10 years ago. She is on no inhaler therapy. She describes a cough with occasional sputum production and occasional hemoptysis. She is not smoking less than one pack of cigarettes per day. She has allergies to dust and pollen. The humidity makes her breathing worse. She sleeps on three pillows. She does have paroxysmal nocturnal dyspnea and makes use of a fan at night. Petitioner has a history of chronic back pain. She was diagnosed with scoliosis during childhood but then injured her back when she had a slip and fall injury from a second-floor rules in 2016. She has been taking Flexeril at night as needed. Petitioner was cooperative in answering questions in following commands. She appeared mildly anxious. She appeared her stated age. She is left handed and provide a good effort during the examination. Her blood pressure was 105/72. Pulse was 90 in regular. Respiration rate equal 12. Ways of 128 pounds. HT is 66 inches without shoes. Her skin was normal. The neck was supple without masses. Petitioner can hear conversational speech without limitation are AIDS. Visual acuity in the right and left eye was 20/40 with corrective lenses. Pupils are equal, round and reactive to light. The chest had mild a bronchial breath sounds without wheezes, rales or rhonchi. There is no accessory muscle use. In the abdomen bowel sounds were normal there's no organomegaly or masses. The vascular area had no clubbing or cyanosis appreciated. There is no edema present. The peripheral pulses are intact. Hair growth is present on both lower extremities. In the musculoskeletal area there's no evidence of joint laxity, crepitation or effusion. Dexterity is unimpaired. Grip strength remains intact. The patient could button clothing and opened the door. The patient had no difficulty getting on and off the examination table, no difficulty heel and toe walking, no difficulty squatting, and no difficulty standing 3 seconds on each foot. Straight leg raising is negative. There was no paravertebral muscle spasm. Range of motion studies were normal. In the neurological, cranial nerves were intact. Motor strength is intact. Muscle tone is normal. Sensory is intact so light touch in pinprick. Romberg testing is negative. The patient walks with a normal gait without the use of an assist

device. The Dr. found that tobacco cessation an inhaler therapy as needed would be indicated. There were no findings of heart failure. Blood pressure was stable. No significant scoliotic disease discovered. No active ridicular symptoms. Petitioner appeared mildly anxious. A neural psychological evaluation would be helpful. Cognitively she did appear stable. (Pages 334-338)

At Step 2, Petitioner has the burden of proof of establishing that she currently has a severely restrictive physical or mental impairment that has lasted or is expected to last for the duration of at least 12 months. There is insufficient objective clinical medical evidence in the record that Petitioner suffers a severely restrictive physical or mental impairment.

This Administrative Law Judge finds that Petitioner has reports of pain in multiple areas of his body; however, there are insufficient corresponding clinical findings that support the reports of symptoms and limitations made by the Petitioner. There are insufficient laboratory or x-ray findings listed in the file. The clinical impression is that Petitioner is stable. There is no medical finding that Petitioner has any muscle atrophy or trauma, abnormality or injury that is consistent with a deteriorating condition. In short, Petitioner has restricted herself from tasks associated with occupational functioning based upon his reports of pain (symptoms) rather than medical findings. Reported symptoms are an insufficient basis upon which a finding that Petitioner has met the evidentiary burden of proof can be made. This Administrative Law Judge finds that the medical record is insufficient to establish that Petitioner has a severely restrictive physical impairment.

Petitioner alleges the following disabling mental impairments: depression, panic attacks, paranoia, bipolar disorder, anxiety and post-traumatic stress disorder.

A psychological report dated [REDACTED], 2018, indicates that petitioner was oriented times three. She correctly stated the years 2018, in her current address. She was diagnosed with major depressive disorder recurrent severe was psychotic features, post-traumatic stress disorder, borderline personality disorder, and stimulant use disorder. Throughout the examination she was cooperative and attentive. The mental status evaluation revealed an abnormality in concentration and general knowledge. Her ability to understand, recall incomplete tasks and expectations does not appear to be significantly impaired. Her ability to maintain concentration was moderately impaired. As a result of her emotional state she may often be distracted, and her effectiveness and performance will likely be limited and slowed. Her ability to withstand the normal stresses associated with a workplace ending is markedly impaired. She appears able to do with normal workplace stress has appropriately. Her prognosis is four. Intellectually petitioner has the ability to manage funds. However, because of her ongoing struggles was substance abuse this should be carefully considered. Her ability to relate and interact with others, including coworkers and supervisors markedly impaired. Her depression and distress could affect her into personal relationships in the workplace. (Pages 340-344)

New information was received: Psychiatric Evaluations from [REDACTED], 2017, (Petitioner's Exhibits 1-106) [REDACTED], 2017, report indicates that Petitioner was

brought to the hospital and was combative and showed an erratic behavior. She became assaultive to the ER nurse in the police officer. Her drug screen was positive for amphetamines and cannabis. She was confused on the unit. At her post hospital discharge follow-up appointment, she was reporting continued restlessness Geodon was further decreased. She was placed in a crisis home for five days because of her manic episode. (Pages 4-5)

A [REDACTED], 2017, diagnostic summary indicates that petitioner has a history of problems with mood and anxiety. She has had experience mood swings, irritability, anger, depression, problems sleeping, racing thoughts, flight of ideas. History of chaotic relationships and self-harm by cutting. History of substance abuse. Has had two substance abuse induced psychosis resulting in hospitalizations. Most recent manic episode appears to have been precipitated by nortriptyline which was prescribed for migraines peaked her mood was more in herbal and head out of control behavior, stole or mom's car, destroyed property in her boyfriend's because she suspected he was cheating honor. She is placed the crisis home. Her drug screen was negative. She reported increased depression. She still has invited. She has problems with folks and can cuss attrition. She sighed for some Mia. She lost a medicine was without for couple of days features some therapy was says a mixer had her. She is going to groups pretty regularly except for last week. (Page 10)

A [REDACTED], 2018, psychological report indicates that Petitioner's blood pressure was 106/79 and her pulse was [REDACTED]. She weighed [REDACTED] lbs. and her BMI was 21.71. Her anxiety was improved. Bi-polar disorder in partial remission. She was abstaining from substance abuse. Nightmares were under control with medication. She was to continue with DBT skills group and individual therapy. (Pages 105-106)

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).

There is insufficient objective medical/psychiatric evidence in the record indicating Petitioner suffers severe mental limitations. There is no mental residual functional capacity assessment in the record. There is insufficient evidence contained in the file of depression or a cognitive dysfunction that is so severe that it would prevent Petitioner from working at any job. Petitioner was oriented to time, person and place during the hearing. Petitioner was able to answer all of the questions at the hearing and was responsive to the questions. The evidentiary record is insufficient to find that Petitioner suffers a severely restrictive mental impairment. For these reasons, this Administrative Law Judge finds that Petitioner has failed to meet his burden of proof at Step 2. Petitioner must be denied benefits at this step based upon his failure to meet the evidentiary burden.

If Petitioner had not been denied at Step 2, the analysis would proceed to Step 3 where the medical evidence of Petitioner's condition does not give rise to a finding that she would meet a statutory listing in the code of federal regulations.

In general, Petitioner has the responsibility to prove that he/she is disabled. Petitioner's impairment must result from anatomical, physiological, or psychological abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques. A physical or mental impairment must be established by medical evidence consisting of signs, symptoms, and laboratory findings, not only Petitioner's statement of symptoms. 20 CFR 416.908; 20 CFR 416.927. Proof must be in the form of medical evidence showing that the Petitioner has an 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.

Once an individual has been determined to be "disabled" for purposes of disability benefits, continued entitlement to benefits must be periodically reviewed. In evaluating whether an individual's disability continues, 20 CFR 416.994 requires the trier of fact to follow a sequential evaluation process by which current work activities, severity of impairment(s), and the possibility of medical improvement and its relationship to the individual's ability to work are assessed. Review may cease, and benefits may be continued at any point if there is substantial evidence to find that the individual is unable to engage in substantial gainful activity. 20 CFR 416.994(b)(5).

First, the trier of fact must determine if the individual is working and if work is substantial gainful activity. 20 CFR 416.994(b)(5)(i). In this case, the Petitioner is not engaged in substantial gainful activity and has not worked since 2001.

Secondly, if the individual has an impairment or combination of impairments which meet or equal the severity of an impairment listed in Appendix 1 to Subpart P of Part 404 of Chapter 20, disability is found to continue. 20 CFR 416.994(b)(5)(ii).

The objective medical evidence in the record indicates that Petitioner's condition has improved from 2008 when her Axis GAF was assessed at 40 (Page 2372); and her condition has improved from 2012. (Pages 2476-2866)

At Step 2, Petitioner's impairments do not equal or meet the severity of an impairment listed in Appendix 1.

In the third step of the sequential evaluation, the trier of fact must determine whether there has been medical improvement as defined in 20 CFR 416.994(b)(1)(i). 20 CFR 416.994 (b)(5)(iii). Medical improvement is defined as any decrease in the medical severity of the impairment(s) which was present at the time of the most recent favorable medical decision that the Petitioner was disabled or continues to be disabled. A determination that there has been a decrease in medical severity must be based on

changes (improvement) in the symptoms, signs, and/or laboratory findings associated with Petitioner's impairment(s).

If there has been medical improvement as shown by a decrease in medical severity, the trier of fact must proceed to Step 4 (which examines whether the medical improvement is related to the Petitioner's ability to do work). If there has been no decrease in medical severity and thus no medical improvement, the trier of fact moves to Step 5 in the sequential evaluation process.

In the instant case, this Administrative Law Judge finds that Petitioner does have medical improvement and the medical improvement is related to the Petitioner's ability to perform substantial gainful activity. Petitioner has not established that she lacks residual functional capacity at Step 5.

If there is a finding of medical improvement related to Petitioner's ability to perform work, the trier of fact is to move to Step 6 in the sequential evaluation process.

In the sixth step of the sequential evaluation, the trier of fact is to determine whether the Petitioner's current impairment(s) is severe per 20 CFR 416.921. 20 CFR 416.994(b)(5)(vi). If the residual functional capacity assessment reveals significant limitations upon a Petitioner's ability to engage in basic work activities, the trier of fact moves to Step 7 in the sequential evaluation process. In this case, this Administrative Law Judge finds Petitioner can perform at least sedentary or light work even with her impairments. Her impairments are no longer as severe as they once were.

In the seventh step of the sequential evaluation, the trier of fact is to assess a Petitioner's current ability to engage in substantial gainful activities in accordance with 20 CFR 416.960 through 416.969. 20 CFR 416.994(b)(5)(vii). The trier of fact is to assess the Petitioner's current residual functional capacity based on all current impairments and consider whether the Petitioner can still do work he/she has done in the past. In this case, this Administrative Law Judge finds that Petitioner could probably perform past work at [REDACTED]

In the final step, Step 8, of the sequential evaluation, the trier of fact is to consider whether the Petitioner can do any other work, given the Petitioner's residual function capacity and Petitioner's age, education, and past work experience. 20 CFR 416.994(b)(5)(viii).

In this case, based upon the Petitioner's vocational profile of a person aged (age 40), with a high school education and an unskilled work history who is limited to light work is not considered disabled. SDA is denied using Vocational Rule 204.00 as a guide. Petitioner can perform other work in the forms of light work per 20 CFR 416.967(b). This Administrative Law Judge finds that Petitioner does have medical improvement in this case and the department has established by the necessary, competent, material and substantial evidence on the record that it was acting in compliance with department

policy when it proposed to cancel the State Disability Assistance benefits based upon medical improvement.

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 or not 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 Petitioner has a history of tobacco, drug, or alcohol abuse. Applicable herein is the Drug Abuse and Alcohol (DA&A) Legislation, Public Law 104-121, Section 105(b)(1), 110 STAT. 853, 42 USC 423(d)(2)(C), 1382(c)(a)(3)(J) Supplement Five 1999. The law indicates that individuals are not eligible and/or are not disabled where drug addiction or alcoholism is a contributing factor material to the determination of disability. After a careful review of the credible and substantial evidence on the whole record, this Administrative Law Judge finds that Petitioner does not meet the statutory disability definition under the authority of the DA&A Legislation because his substance abuse is material to his alleged impairment and alleged disability.

It should be noted that Petitioner continues to smoke (marijuana) and drink alcohol despite the fact that the doctor has told Petitioner to quit. Petitioner is not in compliance with the treatment program.

If an individual fails to follow prescribed treatment which would be expected to restore their ability to engage in substantial activity without good cause there will not be a finding of disability.... 20 CFR 416.994(b)(4)(iv).

The department's Program Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. PEM, Item 261, page 1. Because the Petitioner does not meet the definition of disabled under the Medical Assistance program and because the evidence of record does not establish that Petitioner is unable to work for a period exceeding 90 days, the Petitioner does not meet the disability criteria for State Disability Assistance benefits either.

The Department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy when it determined that Petitioner was no longer eligible to receive State Disability Assistance based upon disability.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that Petitioner has medical improvement and that the Department has appropriately established on the record that it was acting in compliance with Department policy when it denied Petitioner's application for SDA benefits. Petitioner should be able to perform a wide range of light or sedentary work even with her impairments. The Department has established its case by a preponderance of the evidence.

Accordingly, the Department's decision is AFFIRMED based upon the substantive information contained in the file.

LL/bb



Landis Lain
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) 763-0155; Attention: MAHS Rehearing/Reconsideration Request.

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

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

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]

DHHS

Traci Croff
40 Care Drive
Hillsdale, MI 49242

Hillsdale County, DHHS

BSC4 via electronic mail

L. Karadsheh via electronic mail