GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

[redacted]
[redacted]
[redacted] MI [redacted]

Date Mailed: March 22, 2019
MAHS Docket [redacted] 18-013663
Agency No.: 100065211
Petitioner: [redacted] [redacted]

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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 February 20, 2019, from Lansing, Michigan. Petitioner personally appeared and testified.

The Department of Health and Human Services (Department) was represented by Lead Worker Jessica Kirchmeier. Ms. Kirchmeier testified on behalf of the Department. The Department submitted 1,179 exhibits which were admitted into evidence. The record was closed at the conclusion of the hearing.

ISSUE

Whether the Department properly determined that Petitioner was not disabled for purposes of the State Disability Assistance (SDA) benefit program?

FINDINGS OF FACT

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

1. On [redacted] [redacted] 2018, Petitioner applied for SDA. [Dept. Ex. 6-10].

2. On [redacted] [redacted] 2018, the Medical Review Team (MRT) denied Petitioner's SDA application. [Dept. Ex. 553-559].

3. On [redacted] [redacted] 2018, the Department mailed Petitioner a Notice of Case Action informing her that her application for SDA was denied. [Dept. Ex. 2].

4. On November 29, 2018, Petitioner requested a hearing to contest the denial of SDA benefits. [Dept. Ex. 5].

5. Petitioner is diagnosed with congestive heart failure, a pulmonary embolism, severe narcolepsy with cataplexy, cardiomyopathy, angina, cancer, hypertension, Barrett's esophagus, edema of the lower extremities, anxiety, bipolar disorder, persistent depressive disorder, rheumatoid arthritis, fibromyalgia, shingles, chronic low back pain with sciatica, osteoarthritis, herpes, headaches, chronic pain syndrome, irritable bowel syndrome (IBS), gastroesophageal reflux disease (GERD), attention-deficit disorder (ADD), attention-deficit/hyperactivity disorder (ADHD), venous insufficiency, varicose veins in both legs, allergic rhinitis and asthma.

6. On [redacted] 2017, Petitioner was assessed by her primary care physician, with bone pain, GERD, and herpes. She was agitated and appeared anxious. Her speech was rapid and/or pressured and tangential. Her cognition and memory were impaired. She expressed impulsivity and inappropriate judgment. A physical examination revealed arthralgias, joint swelling and myalgias. She had a skin rash, weakness, numbness and headaches. She was referred to neuropsychology and ophthalmology. [Dept. Ex. 368-372].

7. On [redacted] 2017, Petitioner was seen by her primary care provider for an altered mental status. She was assessed with confusion, esophagitis, IBS with diarrhea, Barrett's esophagus and abnormal urine results. Petitioner was experiencing speech difficulty, weakness and light-headedness. The psychiatric exam showed her mood was anxious, her speech rapid and/or pressured and tangential. She was agitated. Her cognition and memory were impaired. She expressed impulsivity and inappropriate judgment. [Dept. Ex. 373-384].

8. On [redacted] 2017, Petitioner followed up with her primary care physician for back pain. The back pain was a chronic problem, with the current episode having started over a year ago. The problem was unchanged and was present in the lumbar spine. Symptoms were aggravated by twisting and her position. Her psychiatric examination was positive for decreased concentration, dysphoric mood and sleep disturbance. She was nervous/anxious. Her lumbar examination showed a decreased range of motion, tenderness, bony tenderness, pain and spasm. Petitioner was assessed with chronic low back pain with sciatica, GERD, narcolepsy, ADD, and allergic rhinitis. Petitioner remained on opioid medications which were necessary to maintain adequate pain control to prevent limitation of her activities of living. [Dept. Ex. 385-398].

9. On [redacted] 2017, Petitioner saw her primary care physician for a follow-up of her overnight hospitalization on [redacted] 29, 2017. Petitioner had presented to the emergency department on [redacted] 2017 for chest pain and bilateral swelling of the lower extremities. During the follow-up visit, Petitioner was still complaining of chest pain and swelling. Petitioner was assessed with allergic rhinitis, edema,

non-cardiac chest pain, venous insufficiency, varicose veins in both legs and idiopathic cardiomyopathy. [Dept. Ex. 399-415].

10. On [redacted] 2017, Petitioner's treating psychiatrist wrote a letter supporting Petitioner's disability application. The psychiatrist indicated that in [redacted] of 2017, a sleep study confirmed that Petitioner suffered from severe narcolepsy with cataplexy. The psychiatrist explained that Petitioner's combined psychiatric and medical conditions, especially the bipolar mood disorder and narcolepsy, markedly impaired her functional capacity because her symptoms followed an unstable, sporadic, and unpredictable cycle. She was prone to fall asleep at unpredictable times and the instability of her sleep patterns lead to destabilization in her mood disorder, triggering both depressive and manic episodes which could fully impair her functioning for days or weeks at a time. Petitioner's treating psychiatrist opined that Petitioner was not capable of working 8 hours a day for 40 hours a week on a regular and predictable basis. [Dept. Ex. 652].

11. On [redacted] 2017, Petitioner's cardiologist indicated that Petitioner's ejection fraction was 50%. [Dept. Ex. 623].

12. On [redacted] 2018, Petitioner presented to her primary care physician complaining of foot pain and a cough. A physical examination of Petitioner's lumbar spine exhibited a decreased range of motion, tenderness, bony tenderness, pain and spasm. Both legs were tender and swollen with edema. The right foot also had decreased range of motion and was tender. The cough was a new problem that started one to four weeks ago. The cough was productive of brown sputum and bloody sputum. Associated symptoms included hemoptysis and nasal congestion. [Dept. Ex. 451-459].

13. On [redacted] 2018, Petitioner's treating psychiatrist further explained Petitioner's mental health condition. "With the narcolepsy/cataplexy condition, Petitioner can enter into a state of deep sleep at any time of the day, regardless of her fatigue levels. The condition also makes it very difficult for her to wake up in the mornings. She will be unlikely to rouse herself during an episode and will sleep through alarms and most other noises. An episode can occur while seated or (more rarely) standing and the onset is abrupt (akin to fainting). Typically, her fatigue levels are high throughout the day and she can have difficulty carrying any task to completion. Traveling is difficult for her; staying on task, completing tasks in full, and maintaining consciousness are all difficult for her; the stress and anxiety of being in public and worrying about having an episode are difficult for her. There is also a high potential for verbal communications to be confused, recalled incorrectly, or distorted based on her co-morbid mood and attention disorders." The psychiatrist opined that ideally Petitioner should have live-in assistance that can monitor her condition and attempt to physically rouse her during an episode if it becomes necessary. [Dept. Exh. 655-656].

14. On [redacted] 2018, an MRI of Petitioner's right foot revealed an edema signal in the talus and cuboid bones. Findings were likely the basis of posterior matter change prep secondary to stress related injuries. There was also associated plantar soft tissue swelling in the mid-foot area as well. [Dept. Ex. 498].

15. On [redacted] 2018, Petitioner followed up with her primary care physician. On exam, she had decreased range of motion in both legs and ankles with tenderness. Her lumbar spine exhibited decreased range of motion, tenderness, bony tenderness, pain and spasm. Petitioner was assessed with fibromyalgia, chronic pain of both knees, a calcaneal spur of the left foot, right foot pain, and decreased activities of daily living. She was referred to Orthopedic Surgery. [Dept. Ex. 446].

16. On [redacted] 2018, Petitioner saw her physician for a chronic cough. The cough started approximately seven days ago. It was gradual and worsening. The cough was productive of sputum. Associated symptoms included ear pain, fever, headaches, nasal congestion and a sore throat. She also was diagnosed with plantar fasciitis due to a poor gait. [Dept. Ex. 460-477].

17. On [redacted] 2018, an x-ray of both Petitioner's knees revealed mild degenerative changes, slightly greater on the right. [Dept. Ex. 174].

18. On [redacted] 2018, an MRI of Petitioner's right knee revealed a strain or partial tear of the proximal lateral gastrocnemius muscle head. [Dept. Ex. 176].

19. On [redacted] 2018, Petitioner underwent an independent medical evaluation based on her alleged disability due to narcolepsy with cataplexy, idiopathic cardiomyopathy, hypertension, chronic bronchitis, panic disorder, bipolar disorder, mood disorder, ADHS, ADD, fibromyalgia, asthma, rheumatoid arthritis, osteoarthritis and congestive heart failure. The physician indicated that Petitioner does not have a cane or walker with her at the evaluation, but clinical evidence supports the need for an aid to prevent falls. On examination, the physician noted that Petitioner had an irregular heartbeat. She had edema of the right knee as well as bilateral nonpitting edema of her lower extremities. There was a noted incision to the chest wall from her ICD. She was positive for fibromyalgia tenderness in all of the significant tender points bilaterally. Petitioner was unable to bend, stoop or carry. She could not button her clothes or tie her shoes, or squat and rise from a squatting position. She was unable to get on and off the examination table or climb stairs. Petitioner had a decreased range of motion of the right knee with positive crepitus, left knee, and of the lumbar spine. [Dept. Ex. 153-157].

20. On October 25, 2018, Petitioner underwent an independent psychological evaluation. Included in her chart were psychiatric notes provided by Petitioner's treating psychiatrist from 2016 to 2018. The Petitioner was cooperative and attentive. The results of her mental status examination revealed abnormalities in concentration and memory. Her ability to relate to and interact with others, including coworkers and supervisors, was moderately impaired. The psychologist

opined that Petitioner's depression and distress could affect her interpersonal relationships in the workplace. Her ability to understand, recall, and complete tasks and expectations did 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 would likely be limited and slowed. Her ability to withstand the normal stressors associated with a workplace setting was moderately impaired. Petitioner was diagnosed with narcolepsy, generalized anxiety disorder and persistent depressive disorder, moderate. The psychologist opined that Petitioner's prognosis was moderate. [Dept. Ex. 147-150].

21. Petitioner is a [redacted]year-old woman, born on [redacted] She is [redacted] and weighs [redacted] pounds. She graduated from high school and last worked in [redacted] 2015.

22. Petitioner was appealing the denial of Social Security disability at the time of the hearing.

23. Petitioner's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

CONCLUSIONS OF LAW

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

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

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the SDA program pursuant to 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. A person is considered disabled for SDA purposes if the person has a physical or mental impariment 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.

Current legislative amendments to the Act delineate eligibility criteria as implemented by department policy set forth in program manuals. 2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:

> Sec. 604 (1) The department shall operate a state disability assistance program. Except as provided in subsection (3), persons eligible for this program shall include needy citizens of the United States or aliens exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:
>
> (b) A person with a physical or mental impairment which meets federal SSI disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.

Specifically, this Act provides minimal cash assistance to individuals with some type of severe, temporary disability which prevents him or her from engaging in substantial gainful work activity for at least ninety (90) days.

A person is disabled for SDA purposes if he or she:

- Receives other specified disability-related benefits or services, see Other Benefits or Services below, or
- Resides in a qualified Special Living Arrangement facility, or
- Is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability.
- Is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS), see Medical Certification of Disability. BEM 261, pp 1-2 (7/1/2015).

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 **or 90 days for the SDA program**. 20 CFR 416.905(a)(emphasis added). The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is

alleged. 20 CFR 413.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and, (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

In order to determine whether or not an individual 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 an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from Step 3 to Step 4. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 945(a)(1). An individual's residual functional capacity assessment is evaluated at both Steps 4 and 5. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.921(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(c)(3)(5)(6).

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).

As outlined above, the first step looks at the individual's current work activity. In the record presented, Petitioner is not involved in substantial gainful activity and testified that she has not worked since February 2015. Therefore, she is not disqualified from receiving SDA benefits under Step 1.

The severity of the individual's alleged impairment(s) is considered under Step 2. The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(b). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education and work experience. 20 CFR 916.920(a)(4)(ii); 20 CFR 916.920(c). Basic work activities mean the abilities and aptitudes necessary to do most jobs. 20 CFR 916.921(b). Examples 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. *Id.*

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen,* 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 *citing Farris v Sec of Health and Human Services,* 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a Petitioner's age, education, or work experience, the impairment would not affect the Petitioner's ability to work. *Salmi v Sec of Health and Human Services,* 774 F2d 685, 692 (CA 6, 1985).

In the present case, Petitioner alleges disability due to congestive heart failure, pulmonary embolism, severe narcolepsy with cataplexy, cardiomyopathy, angina, cancer, hypertension, Barrett's esophagus, edema of the lower extremities, anxiety, bipolar disorder, persistent depressive disorder, rheumatoid arthritis, fibromyalgia, shingles, chronic low back pain with sciatica, osteoarthritis, herpes, headaches, chronic pain syndrome, irritable bowel syndrome (IBS), gastroesophageal reflux disease (GERD), attention-deficit disorder (ADD), attention-deficit/hyperactivity disorder (ADHD), venous insufficiency, varicose veins in both legs, allergic rhinitis and asthma.

Petitioner credibly testified that she has a very limited tolerance for physical activities. She is unable to stand and must use a motorized cart for ambulation due to her recent knee surgery. She has no problems sitting. She is unable to drive. Sometimes, she can cook, but only if she can stay awake. When she does go grocery shopping, she must have someone take her and she must use the motorized cart. She also requires assistance in determining whether she received the proper change when paying for her groceries.

Petitioner's primary care physician opined that Petitioner had decreased range of motion in both legs and ankles with tenderness. Her lumbar spine had decreased range of motion, tenderness, bony tenderness, pain and spasm. The physician assessed Petitioner with fibromyalgia, chronic pain of both knees, calcaneal spur of left foot, right foot pain, and decreased activities of daily living.

During the independent medical examination in [redacted] of 2018, Petitioner was unable to bend, stoop or carry. She could not button her clothes or tie her shoes, or squat and rise from a squatting position. She was unable to get on and off the examination table or climb stairs. Petitioner had decreased range of motion of the right knee with positive crepitus, left knee, and of the lumbar spine.

As previously noted, Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above, Petitioner has presented medical evidence establishing that she does have some physical limitations on her ability to perform basic work activities. The medical evidence has established that Petitioner has an impairment, or combination thereof, that has more than a *de minimis* effect on Petitioner's basic work activities. Further, the impairments have lasted continuously for twelve months; therefore, Petitioner is not disqualified from receipt of SDA benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. Petitioner has alleged mental disabling impairments due to narcolepsy, anxiety, bipolar disorder, mood disorder panic disorder, persistent depressive disorder, ADD and ADHD.

Listing 12.04. Affective Disorders.
Affective Disorders, are characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation. The required level of severity for these disorders is met when the medically documented persistence, either continuous or intermittent of depressive syndrome, mania or bipolar disorder result in restrictions on activities of daily living, social functioning, concentration or repeated instances of decompensation.

With regards to the Petitioner's mental impairments, this Administrative Law Judge has carefully considered all the evidence of record in light of the requirements of section 12.04 (affective disorders). The evidence from Petitioner's treating psychiatrist shows Petitioner's mental disorders satisfy the diagnostic criteria that Petitioner has a depressive syndrome as characterized by Petitioner's combined psychiatric and medical conditions, especially the bipolar mood disorder and narcolepsy, which markedly impair her functional capacity because her symptoms follow an unstable, sporadic, and unpredictable cycle.

Petitioner is prone to fall asleep at unpredictable times. The instability of her sleep patterns lead to destabilization in her mood disorder, triggering both depressive and manic episodes which can fully impair her functioning for days or weeks at a time. Due to her fatigue levels during the day, she can have difficulty carrying out any task to completion. In addition, traveling is difficult for her; staying on task, completing tasks in full, and maintaining consciousness are all difficult for her; the stress and anxiety of being in public and worrying about having an episode are difficult for her. There is also a high potential for verbal communications to be confused, recalled incorrectly, or distorted based on her co-morbid mood and attention disorders.

Further, the results of Petitioner's independent mental status examination revealed abnormalities in her concentration and memory. Her ability to relate to and interact with others, including coworkers and supervisors, was moderately impaired. The psychologist opined that Petitioner's depression and distress could affect her interpersonal relationships in the workplace. Her ability to withstand the normal stressors associated with a workplace setting was also found to be moderately impaired. As a result of her emotional state, she may often be distracted, and her effectiveness and performance would likely be limited and slowed.

Petitioner's primary care physician also indicated that Petitioner was often agitated and appeared anxious. Her speech was rapid and/or pressured and her thoughts tangential. Her cognition and memory were impaired. She expressed impulsivity and inappropriate judgment.

Accordingly, this Administrative Law Judge finds that Petitioner's impairments meet Listing 12.04 and concludes Petitioner is disabled for purposes of the SDA program. Consequently, the Department's denial of her [redacted] 2018 SDA redetermination cannot be upheld.

DECISION AND ORDER

Accordingly, the Department's determination is **REVERSED**.

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

1. The Department shall process Petitioner's [redacted] 2018 application 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 review Petitioner's medical condition for improvement in March 2020, unless her Social Security Administration disability status is approved by that time.

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.

It is SO ORDERED.

VLA/dh

Vicki Armstrong
Administrative Law Judge
for Robert Gordon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan 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

DHHS

Jessica Kirchmeier
1050 Independence Blvd
Charlotte, MI 48813

Eaton County, DHHS

BSC2 via electronic mail

L. Karadsheh via electronic mail

Petitioner

[redacted]
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