



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED], MI [REDACTED]

Date Mailed: September 3, 2019  
MOAHR Docket No.: 19-007995  
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 27, 2019, from Lansing, Michigan. The Petitioner was represented by Petitioner, [REDACTED]. The Department of Health and Human Services (Department or Respondent) was represented by Kimberly Reed, Lead Worker (Hearings Facilitator).

Respondent's Exhibit A pages 1-495 were admitted as evidence.

### **ISSUE**

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

### **FINDINGS OF FACT**

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

- (1) On [REDACTED] [REDACTED] 2018, Petitioner filed an application for SDA benefits alleging disability.
- (2) Petitioner receives Medical Assistance (MA) benefits and Food Assistance Program (FAP) benefits.
- (3) On June 7, 2019, the Medical Review Team denied Petitioner's application stating that Petitioner could perform other work.

- (4) On June 28, 2019, the Department caseworker sent Petitioner notice that his application was denied.
- (5) On July 23, 2019, Petitioner filed a request for a hearing to contest the Department's negative action.
- (6) On August 7, 2019, the Michigan Office of Administrative Hearings received the Hearing Summary and attached documentation.
- (7) On August 27, 2019, the hearing was held.
- (8) Petitioner is a [REDACTED] year-old man whose date of birth is [REDACTED] 1974. He is [REDACTED]" tall and weighs [REDACTED] pounds. He is a high school graduate.
- (9) Petitioner last worked in 2015 as a process technician. He worked in manufacturing from 1993-2015.
- (10) Petitioner alleges as disabling impairments: chronic low back pain; depression; anxiety; hyperlipidemia; gastroesophageal reflux disease; history of two bariatric surgeries; L4-S1 laminectomy and fusion; Post Traumatic Stress Disorder; left hip growth; high cholesterol and arthritis.

### **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 (RFT).

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 and has not worked since 2015. Petitioner is not disqualified from receiving disability at Step 1.

The subjective and objective medical evidence on the record indicates:

Petitioner testified on the record that he is divorced and lives with his brother-in-law in a mobile home. He receives Food Assistance Program benefits and Medical Assistance program benefits. He does not have any income. Petitioner does have a driver's license. He drives about three times per week and the farthest he has to drive is 20

miles. Petitioner is able to feed himself and he does grocery shop every other week. Sometimes the stepchildren help him. Petitioner washes dishes and does laundry. Petitioner watches television give to six hours per day while he is reclining in a chair or in a hospital bed. Petitioner alleges that he can stand for five minutes and sit for five minutes at a time. At the hearing he was able to sit for approximately 30 minutes, but he was adjusting from one buttock to the other. Petitioner does use a cane which was prescribed by his Doctor. The heaviest way he can carry is a gallon of milk. His hands and arms are fine. He smokes a pack of cigarettes per day which he buys from his brother-in-law. He showers every three days. He can dress himself. He's able to walk 100 steps and squat down. He cannot tie his shoes, bend at the waist or touch his toes. Petitioner testified that he does not feel useful because he is not working.

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

Medical documentation indicates a non-severe condition:

A mental residual functional capacity assessment dated April 4, 2019, indicates that Petitioner is moderately limited in the ability to understand and remember detailed instructions; the ability to carry out detailed instructions; the ability to maintain attention in concentration for extended periods; the ability to interact appropriately with the general public; and the ability to respond appropriately to changes in the work setting. Petitioner is not significantly limited in any other areas. (Respondent's Exhibit A, pages 26-28)

A physical residual functional capacity assessment dated [REDACTED] 2019, indicates that Petitioner can occasionally carry 10 pounds and frequently lift 10 pounds. He can stand or walk two hours in an eight-hour workday and can sit about six hours in an eight-hour workday. He periodically alternates sitting and standing to relieve pain or discomfort. He has the unlimited ability to push or pull. (Respondent's Exhibit A, pages 45-46) He can occasionally climb stairs but never ladders, ropes or scaffolds. He can never crawl, but he can kneel, crouch or stoop occasionally. (Respondent's Exhibit A, page 47) Petitioner has no manipulative, visual, or communicative limitations. He should avoid vibration but has no other environmental limitations. (Respondent's Exhibit A, pages 48-49) Additional comments indicate that this [REDACTED] year old had a lumbar compression and fusion March 2019 with CE done on [REDACTED] 2019, showing slow, antalgic gait, positive bilateral SLR, inability to lie flat on the back and reduced range of motion of the knees. Foot drop present prior to surgery was not recorded at the CE. Imaging of both knees and shoulders were normal. His activities of daily living were consistent with the post-operative and should improve as time passes. The above residual function capacity is consistent with MER. He would be expected to have reduced flexibility of the lumbar spine post-op stop even if that was not checked at the CE due to the closeness in time to the surgery. (Respondent's Exhibit A, pages 51-52)

A [REDACTED] 2019, hospital consultation indicates Petitioner's blood pressure was 114/62. His pulse was 96 beats per minute. Restoration was 14 beats per minute and is oxygen saturation room air was 100%. Petitioner is well developed, well nourished male.

Petitioner had a laminectomy and fusion. He denied postoperative chest pain, pressure, shortness of breath or abdominal pain. He had a normal heart rate and normal S1 and S2. No lower extremity pitting edema. The abdomen was soft and non-tender. Bowel sounds were present. Non rigid and no guarding. In the musculoskeletal area there was no clubbing or cyanosis noted of the digits. He tolerated the clear liquid diet. He was oriented to self, place and time with normal mood and affect. Cranial nerves two through 12 are grossly intact. No gross focal deficits. Skin was normal. (Respondent's Exhibit A, pages 110-168)

Petitioner reported a history of bariatric surgery and a second surgery on [REDACTED] 2019. The procedure was to redo the decompressive hemilaminectomy, facetectomy, L4-5, L5-S1 discectomies and post lateral interbody fusion using PEEK cage bone morphogenic protein and autologous bone pellets at L4-5, L5-S1. (Respondent's Exhibit A, page 174)

A [REDACTED] 2019, medical evaluation indicates that Petitioner is experiencing chronic pain in his shoulders, knees, back and left hip. Arthritis has been attributed to this pain. He has undergone numerous back surgeries, most recently on March 6, 2019. Despite the surgery, he is experiencing a shooting pain down his left leg which occurs daily and is generally dependent on position activity. (Respondent's Exhibit A, page 328) Petitioner's blood pressure was 134/94. Pulse was 76 and regular. Respiration was 18. Weight was 216 pounds. HT 72 inches. BMI was 29.3. Petitioner was cooperative throughout the examination. Affect, mood, dress and effort seemed appropriate, without obvious cognitive impairment. Hearing appeared normal; speech was clear. Gait was stable, antalgic and slow as he took steps about the room. He was wearing a Neoprene back brace with Velcro closures and sturdy stays about his midsection which was not removed for the examination. Neoprene braces with patellar openings on his lower extremities were removed for x-ray examination. An assistive device was not used for ambulation. But he had no clubbing, cyanosis or edema in the vascular area. (Respondent's Exhibit A, page 326) In the musculoskeletal area, grip and pinscher strength was intact, graded at 5/5. Dexterity appeared unimpaired. Moving very slowly he demonstrated mild difficulty getting on and off the examination table, moderate difficulty heel and toe walking, mild difficulty squatting in a rising, mild difficulty balancing on one foot and mild difficulty performing the tandem walk. Lumbar spine range of motion testing was quite limited due to patients concerns that excessive movement may interfere with his healing process. His range of motion could not be performed in most directions, as he was unable to lie flat. Range of motion testing of all affected joints. (Respondent's Exhibit A, page 327) The conclusion was that the [REDACTED] year-old male with a history of recent back surgery was experiencing ongoing back pain associated with shooting down his left leg daily. Complete smoking cessation will be extremely beneficial. He did not require use of an assistive device for ambulation. (Respondent's Exhibit A, page 328)

A [REDACTED] 2019, radiology report of the right and left shoulder indicates there is no radiographic evidence of acute fracture. There are no gross lytic or blastic lesions in the bones. There's no dislocation. (Respondent's Exhibit A, page 329)

A CT of the lumbar myelogram dated [REDACTED] 2019, indicates mild disc space narrowing in the lower lumbar levels. A spinal stenosis is in place which leads extending off the field of view along the lower thoracic spine. (Respondent's Exhibit A, page 354)

Petitioner was diagnosed with acquired spondylolisthesis of the lumbosacral region. Mild to moderate degenerative changes most pronounced from L4 to S1 indenting the thecal sac without evidence of significant central canal stenosis and mild to moderate bilateral lateral recess and neural foraminal narrowing at L4 – L5 and L5-S1. Left laminectomy defect at L4-L5. (Respondent's Exhibit A, page 357)

[REDACTED] 2019, CT Mazor Spine Assist impression was no acute lumbar spine fracture; chronic bilateral L4 pars defects, unremarkable soft tissue; no acute post traumatic subluxation. No neoplastic osseous lesion present. (Respondent's Exhibit A, page 379)

On [REDACTED] 2019, mental status evaluation indicates that Petitioner is diagnosed with posttraumatic stress disorder, unspecified depressive disorder and rule out major depressive disorder. He has a history of an eating disorder. He struggled emotionally after his divorce was final on [REDACTED] 2018. He had knowledge passes suicidal ideation but denied being at any risk of engaging in any self-harming or suicidal behaviors. He has no evidence of mania or psychosis. (Respondent's Exhibit A, page 206)

A [REDACTED] 2019, report indicates that Petitioner had long term use of opiate analgesics and Trochanteric bursitis of the left hip. (Respondent's Exhibit A, page 486)

On [REDACTED] 2018, Petitioner was diagnosed with lumbar spondylosis and osteoarthritis of the lumbar spine. (Respondent's Exhibit A, page 467)

A [REDACTED] 2017, report indicates Petitioner was [REDACTED] pounds. His blood pressure was 120/90. He was oriented to person, place, and time. He appeared well-developed and well-nourished. He was diagnosed with spondylosis of the lumbar region without myelopathy and radiculopathy. (Respondent's Exhibit A, page 460)

At Step 2, Petitioner has the burden of proof of establishing that he 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 no corresponding clinical findings that support the reports of symptoms and limitations made by Petitioner. There are 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 himself



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 no disabling mental impairments.

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 a mental residual functional capacity assessment in the record. Petitioner was oriented x3 at all psychiatric evaluations. 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 he would meet a statutory listing in the code of federal regulations.

At Step 3, the medical evidence of Petitioner's condition does not give rise to a finding that Petitioner would meet a statutory listing in the code of federal regulations. This Administrative Law Judge finds that Petitioner's medical record does not support a finding that Petitioner's impairment(s) is a "listed impairment" or equal to a listed impairment. See Appendix 1 of Subpart P of 20 CFR Part 404, Part A.

Listing 1.04, the disorders of the spine was considered and is not supported by medical evidence. Petitioner does not have a compromise of the nerve root, or the spinal cord. He does not have evidence of nerve root compression, atrophy with associate of muscle weakness, or muscle weakness. He is not diagnosed with a disabling condition. He retains the ability to ambulate effectively. He does not have spinal arachnoiditis which is confirmed by an operative or pathology report or tissue biopsy.

If Petitioner had not already been denied at Step 2, this Administrative Law Judge would have to deny him again at Step 4 based upon his ability to perform his past relevant

work. There is no evidence upon which this Administrative Law Judge could base a finding that Petitioner is unable to perform work in which he has engaged in, in the past. Therefore, if Petitioner had not already been denied at Step 2, he would be denied again at Step 4.

The Administrative Law Judge will continue to proceed through the sequential evaluation process to determine whether Petitioner has the residual functional capacity to perform some other less strenuous tasks than in his prior jobs.

At Step 5, the burden of proof shifts to the Department to establish that Petitioner does not have residual functional capacity.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated. 20 CFR 416.945(a).

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.

**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).

Petitioner has submitted insufficient objective medical evidence that he lacks the residual functional capacity to perform some other less strenuous tasks than in his prior employment or that he is physically unable to do sedentary tasks if demanded of him. Petitioner's activities of daily living do not appear to be very limited and he should be able to perform sedentary work even with his impairments. Petitioner has failed to provide the necessary objective medical evidence to establish that he has a severe impairment or combination of impairments which prevent him from performing any level of work for a period of 12 months. Petitioner's testimony as to his limitations indicates that he should be able to perform sedentary work. Thus, he does not currently retain the capacity to perform prior work at Step 4.

The Administrative Law Judge will continue to proceed through the sequential evaluation process to determine whether or not claimant has the residual functional capacity to perform some other less strenuous tasks than in his prior jobs.

At Step 5, the burden of proof shifts to the department to establish that claimant does not have residual functional capacity.

There is insufficient objective medical/psychiatric 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 able to answer all the questions at the hearing and was responsive to the questions. Petitioner was oriented to time, person and place during the hearing. Petitioner's complaints of pain, while profound and credible, are out of proportion to the objective medical evidence contained in the file as it relates to Petitioner's ability to perform work. Therefore, this Administrative Law Judge finds that the objective medical evidence on the record does not establish that Petitioner has no residual functional capacity. Petitioner is disqualified from receiving disability at Step 5 based upon the fact that he has not established by objective medical evidence that he cannot perform sedentary work even with his impairments. **Under the Medical-Vocational guidelines, a younger person (age [REDACTED] with a high school education and an unskilled work history who is limited to sedentary work is not considered disabled.**

Careful consideration has been given to Petitioner's allegations and symptoms. Petitioner has established that his physical and mental condition could cause problems with daily and work functioning. However, the totality of the evidence does not support total disability. Petitioner's medically determinable impairments could reasonably be expected to produce alleged symptoms, but Petitioner's statements concerning the intensity, persistence and limiting effects of these symptoms are not entirely credible when compared to the limitations suggested by the objective medical evidence contained in the file.

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. BEM, Item 261, p. 1. Because Petitioner does not meet the definition of disabled under the MA based upon disability and because the evidence of record does not establish that Petitioner is unable to work for a period exceeding 90 days, Petitioner does not meet the disability criteria for SDA benefits.

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 not 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 the Department has appropriately established on the record that it was acting in compliance with department policy when it denied Petitioner's application for State Disability Assistance benefits. Petitioner should be able to perform a wide range of sedentary work even with his 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/hb

  
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**Landis Lain**  
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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

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

**DHHS**

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BSC3 via electronic mail

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**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED], MI [REDACTED]