



[REDACTED]

Date Mailed: May 20, 2019
MOAHR Docket No.: 19-003096
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on April 25, 2019, from Detroit, Michigan. Petitioner appeared on his own behalf. Petitioner's mother, [REDACTED], also appeared at the hearing. Participants on behalf of the Department of Human Services (Department) included Kimberly Reed, Lead Worker.

ISSUE

Did the Department properly determine 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], 2018, Petitioner submitted an application seeking cash assistance on the basis of a disability.
2. On March 13, 2019, the Disability Determination Service (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 9-15).
3. On March 15, 2019, the Department sent Petitioner a Notice of Case Action denying the application based on DDS/MRT's finding of no disability (Exhibit A, pp. 4-7).
4. On March 26, 2019, the Department received Petitioner's timely written request for hearing (Exhibit A, pp. 2-3).
5. Petitioner alleged disabling impairment due to psoriatic arthritis.

6. On the date of the hearing, Petitioner was 46 years old with a [REDACTED], 1972 birth date; he is 6"0 in height and weighs about 440 pounds.
7. Petitioner is a high school graduate.
8. At the time of application, Petitioner was not employed.
9. Petitioner has an employment history of work as crew member spreading asphalt and a press operator.
10. Petitioner has a pending disability claim with the Social Security Administration.

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 Human Services 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.

Petitioner applied for cash assistance alleging a disability. A disabled person is eligible for SDA. BEM 261 (July 2015), p. 1. An individual automatically qualifies as disabled for purposes of the SDA program if the individual receives Supplemental Security Income (SSI) or Medical Assistance (MA-P) benefits based on disability or blindness. BEM 261, p. 2. Otherwise, to be considered disabled for SDA purposes, a person must have a physical or mental impairment for at least ninety days which meets federal SSI disability standards, meaning the person is unable to do any substantial gainful activity by reason of any medically determinable physical or mental impairment. BEM 261, pp. 1-2; 20 CFR 416.901; 20 CFR 416.905(a).

Determining whether an individual is disabled for SSI purposes requires the application of a five step evaluation of whether the individual (1) is engaged in substantial gainful activity (SGA); (2) has an impairment that is severe; (3) has an impairment and duration that meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) has the residual functional capacity to perform past relevant work; and (5) has the residual functional capacity and vocational factors (based on age, education and work experience) to adjust to other work. 20 CFR 416.920(a)(1) and (4); 20 CFR 416.945. If an individual is found disabled, or not disabled, at any step in this process, 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).

In general, the individual has the responsibility to establish a disability 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, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 20 CFR 416.913. 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, are insufficient to establish disability. 20 CFR 416.927(d).

Step One

The first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is SGA, then the individual must be considered not disabled, regardless of medical condition, age, education, or work experience. 20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Petitioner was not working during the period for which assistance might be available. Because Petitioner was not engaged in SGA, he is not ineligible under Step 1, and the analysis continues to Step 2.

Step Two

Under Step 2, the severity and duration of an individual's alleged impairment is considered. If the individual does not have a severe medically determinable physical or mental impairment (or a combination of impairments) that meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for SDA means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 90 days. 20 CFR 416.922; BEM 261, p. 2.

An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities mean the abilities and aptitudes necessary to do most jobs, such as (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28.

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. While the Step 2 severity requirement may be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint, under the de minimis standard applied at Step 2, an impairment is severe unless it is only a slight abnormality that minimally affects work ability regardless of age, education and experience. *Higgs v Bowen*, 880 F2d 860, 862-863 (CA 6, 1988), citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, are not medically severe, i.e., do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28. If such a finding is not clearly established by medical evidence or if the effect of an impairment or combination of impairments on the individual's ability to do basic work activities cannot be clearly determined, adjudication must continue through the sequential evaluation process. *Id.*; SSR 96-3p.

The medical evidence presented at the hearing, *and in response to the interim order*, was reviewed and is summarized below.

On September 22, 2016, Petitioner was seen at [REDACTED], [REDACTED], with a chief complaint of posterior shoulder pain. The report indicated that the pain in his shoulder resulted while wrestling with his children in August 2015. The report indicates that Petitioner had multiple MRIs which did not show any significant structural change of his shoulder. Petitioner reported the pain is constant, sharp, dull, and aching. Lifting and reaching makes the pain worse. The report noted that Petitioner had surgery on December 29, 2015 and underwent physical therapy. Petitioner reported that the surgery made the back of his shoulder hurt worse. A trigger point of the right infraspinatus region was performed as well as a right intraarticular shoulder joint using a posterior approach. (Exhibit A, pp. 323-324).

On October 20, 2016, Petitioner was seen at [REDACTED], [REDACTED], for a follow up visit. The report notes that Petitioner had a prior right shoulder surgery. Petitioner was complaining of pain in the right subacromial bursa region. Petitioner also noted pain in the infraspinatus muscle. Petitioner received an injection of the infraspinatus muscle and in the right intraarticular shoulder joint. (Exhibit A, p. 322).

On January 20, 2017, Petitioner was seen for physical therapy. Petitioner had rotator cuff surgery in December 2015. The notes indicate that Petitioner did not do well in rehab and felt pain in his posterior right shoulder got worse with progression of physical therapy. Petitioner was given injections which did not help. It was noted that Petitioner has been off work since first surgery and wants to return to work at some point. (Exhibit A, pp. 214-226).

On February 21, 2017, Petitioner was seen for physical therapy. Petitioner's pain was less; down to 2-3/10. Petitioner's range of motion/elevation improved. It was noted that

Petitioner could reach overhead and behind the back with less pain. (Exhibit A, pp. 230-232).

On March 3, 2017, Petitioner was seen for physical therapy. Petitioner indicated that his shoulder was getting better. (Exhibit A, pp. 236-237).

On March 22, 2017, Petitioner was seen for physical therapy. Petitioner reported that he tweaked his shoulder helping his son with auto repair. (Exhibit A, pp. 242-243).

On April 18, 2017, Petitioner was seen for physical therapy. Petitioner reported that he was doing well and does not believe he needed to continue with physical therapy at this time. (Exhibit A, pp. 261-262).

On April 24, 2018, [REDACTED] authored a letter which indicated that Petitioner had been diagnosed with psoriatic arthritis and underwent right sided rotator cuff pathology surgery December 2015. The letter notes that the surgery was unsuccessful. (Exhibit A, p. 280).

On October 10, 2018, Petitioner was seen by [REDACTED] for a medical consultative examination. Petitioner was able to sit, stand, and bend for short periods. Petitioner was noted to be able to carry, push, and pull a limit of 1 to 5 pounds. Petitioner could button his clothes, tie his shoes, dress/undress himself, dial a telephone, open a door, make a fist, and pick up a coin. Petitioner was unable to squat and arise from the squatting position. Petitioner was unable to get on and off the examination table. Petitioner was able to climb a few stairs, but the report notes that it was difficult. Petitioner was unable to do heel to shin. Petitioner could not walk on his heels and toes. Petitioner could walk in tandem with assistance. Petitioner was able to stand from the seated position. Petitioner had difficulty or the inability to maintain balance while in the standing position. Petitioner was noted to have a slow and antalgic gait as well as an unsteady gait with balance testing. It was noted that there was clinical evidence of the need for a walking aid to reduce pain as well as to prevent falls. Petitioner was noted to have decreased range of motion of the lumbar spine and the bilateral shoulders. Petitioner's range of motion of the hips was decreased and was noted to be painful. Petitioner had diminished range of motion of the bilateral knees and ankles. (Exhibit A, pp. 142-146).

On February 12, 2019, Petitioner was seen at [REDACTED] for a follow-up of cirrhotic arthritis. Petitioner's general joint exam was normal with full range of motion of the spine; shoulders, elbows, wrists, fingers, hips, knees, and ankles. There was no active swelling, tenderness, or synovitis at any joint. There were no soft tissue nodules except mild knee swelling. There was extensive psoriasis on the scalp hairline. (Exhibit A, pp. 132-136).

On March 24, 2019, [REDACTED] completed a DHS 54A Medical Needs form in which he opined that Petitioner was unable to work for a minimum of one year due to his severe psoriatic arthritis. [REDACTED] noted that it would take a

minimum of one year to determine whether the current course of treatment will take effect. Dr. Ausiello also indicated that Petitioner needed assistance with household chores.

In consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Petitioner suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days. Therefore, Petitioner has satisfied the requirements under Step 2, and the analysis will proceed to Step 3.

Step Three

Step 3 of the sequential analysis of a disability claim requires a determination if the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920(a)(4)(iii). If an individual's impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

Based on the medical evidence presented in this case, listings 1.02 (dysfunction – major joints) and 14.09 (inflammatory arthritis) were considered. The medical evidence presented does not show that Petitioner's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Therefore, Petitioner is not disabled under Step 3 and the analysis continues to Step 4.

Residual Functional Capacity

If an individual's impairment does not meet or equal a listed impairment under Step 3, before proceeding to Steps 4 and 5, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s), including those that are not severe, and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4); 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (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).

Limitations can be exertional, nonexertional, or a combination of both. 20 CFR 416.969a. If individual's impairments and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b).

The exertional requirements, or physical demands, of work in the national economy are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a). 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 and occasionally walking and standing. 20 CFR 416.967(a). 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 the light category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. 20 CFR 416.967(b). Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. 20 CFR 416.967(e).

If an individual has limitations or restrictions that affect the ability to meet demands of jobs other than strength, or exertional, demands, the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e., unable to tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi). For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). Where the evidence establishes a medically determinable mental impairment, the degree of functional limitation must be rated, taking into consideration chronic mental disorders, structured settings, medication, and other treatment. The effect on the overall degree of functionality is evaluated under four broad functional areas: (i) understand, remember, or apply information; (ii) interact with others; (iii) concentrate, persist, or maintain pace; and (iv) adapt or manage oneself. 20 CFR 416.920a(c)(3). For the first three functional areas, a five-point scale is applied (none, mild, moderate, marked, and extreme). 20 CFR 416.920a(c)(4). The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. 20 CFR 416.920a(c)(4).

In this case, Petitioner alleges both exertional and nonexertional limitations due to his medical condition. Petitioner testified that he could dress/undress herself; bathe/shower; and use the bathroom unassisted. Petitioner indicated that he could not squat due to pain in his joints; could not stand more than 5-10 minutes without experiencing pain in his feet, ankle and back. Petitioner indicated that he cannot walk any distance as he experiences pain with every step. Petitioner indicated that he cannot sit for more than ten minutes without experiencing pain. Petitioner testified that he uses his lift chair as it reclines. Petitioner stated that he has pain in his joints. Petitioner indicated that he is unable to use his hands due to psoriatic arthritis.

It appears that Petitioner experienced some improvement with physical therapy in 2017. However, Petitioner's condition appears to have worsened. Petitioner's testimony is consistent with the October 10, 2018 consultative examination which found that Petitioner could not walk on his heels and toes. The examination noted that Petitioner experienced balance issues and needed a walking aid. Petitioner was noted to have decreased range of motion of the lumbar spine and the bilateral shoulders. Petitioner's shoulder surgery was noted to have been unsuccessful.

On October 10, 2018, Petitioner was seen by [REDACTED] for a medical consultative examination. Petitioner was able to sit, stand, and bend for short periods. Petitioner was noted to be able to carry, push, and pull a limit of 1 to 5 pounds. Petitioner could button his clothes, tie his shoes, dress/undress himself, dial a telephone, open a door, make a fist, and pick up a coin. Petitioner was unable to squat and arise from the squatting position. Petitioner was unable to get on and off the examination table. Petitioner was able to climb a few stairs, but the report notes that it was difficult. Petitioner was unable to do heel to shin. Petitioner could not walk on his heels and toes. Petitioner could walk in tandem with assistance. Petitioner was able to stand from the seated position. Petitioner had difficulty or the inability to maintain balance while in the standing position. Petitioner was noted to have a slow and antalgic gait as well as an unsteady gait with balance testing. It was noted that there was clinical evidence of the need for a walking aid to reduce pain as well as to prevent falls. Petitioner was noted to have decreased range of motion of the lumbar spine and the bilateral shoulders. Petitioner's range of motion of the hips was decreased and was noted to be painful. Petitioner had diminished range of motion of the bilateral knees and ankles.

Ms. Reed testified that Petitioner arrived at the hearing with a walker and used it to ambulate to the hearing room. Further, Ms. Reed testified that during the approximately 40-minute hearing, Petitioner had to move from sitting to standing position more than once during the hearing. As noted above, Petitioner's treating physician indicated that Petitioner needs assistance with chores and needs a minimum of one year to determine whether the current course of treatment will improve Petitioner's medical condition.

A two-step process is applied in evaluating an individual's symptoms: (1) whether the individual has a medically determinable impairment that could reasonably be expected to produce the individual's alleged symptoms and (2) whether the individual's statement

about the intensity, persistence and limiting effects of symptoms are consistent with the objective medical evidence and other evidence on the record from the individual, medical sources and nonmedical sources. SSR 16-3p.

With respect to Petitioner's exertional limitations, it is found based on a review of the entire record that Petitioner maintains the physical capacity to perform less than sedentary work as defined by 20 CFR 416.967(b).

Step Four

Step 4 in analyzing a disability claim requires an assessment of Petitioner's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). Past relevant work is work that has been performed by Petitioner (as actually performed by Petitioner or as generally performed in the national economy) within the past 15 years that was SGA and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1) and (2). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920. Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy are not considered. 20 CFR 416.960(b)(3).

Petitioner's work history in the 15 years prior to the application consists of work as a crew member spreading asphalt and a press operator. Petitioner's work as a press operator, which required prolonged standing and lifting up to 60 pounds pounds regularly, required medium physical exertion.

Based on the RFC analysis above, Petitioner's exertional RFC limits him to less than sedentary work activities. As such, Petitioner is incapable of performing past relevant work. In light of the entire record, it is found that Petitioner's nonexertional RFC prohibits him from performing past relevant work. Although Petitioner is unable to perform past relevant work, Petitioner cannot be found disabled, or not disabled, at Step 4, and as the assessment is required to continue to Step 5 to determine whether Petitioner can adjust to other work.

Step 5

If an individual is incapable of performing past relevant work, Step 5 requires an assessment of the individual's RFC and age, education, and work experience to determine whether an adjustment to other work can be made. 20 CFR 416.920(a)(4)(v); 20 CFR 416.920(c). If the individual can adjust to other work, then there is no disability; if the individual cannot adjust to other work, then there is a disability. 20 CFR 416.920(a)(4)(v).

At this point in the analysis, the burden shifts from Petitioner to the Department to present proof that Petitioner has the RFC to obtain and maintain substantial gainful employment. 20 CFR 416.960(c)(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984). While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to

perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978).

When the impairment(s) and related symptoms, such as pain, only affect the ability to perform the exertional aspects of work-related activities, Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

In this case, Petitioner was 45 years old at the time of application and 46 years old at the time of hearing, and, thus, considered to be a younger individual (age 45-49) for purposes of Appendix 2. He is a high school graduate with a history of work experience as crew member spreading asphalt and press operator. As discussed above, Petitioner maintains the exertional RFC for work activities on a regular and continuing basis to meet the physical demands to perform less than sedentary work activities.

In this case, the Medical-Vocational Guidelines, Appendix 2 do not support a finding that Petitioner is not disabled based on his exertional limitations. The Department has failed to counter with evidence of significant numbers of jobs in the national economy which Petitioner could perform despite his limitations. Therefore, the Department has failed to establish that, based on his RFC and age, education, and work experience, Petitioner can adjust to other work. Therefore, Petitioner is disabled at Step 5.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Petitioner **disabled** for purposes of the SDA benefit program.

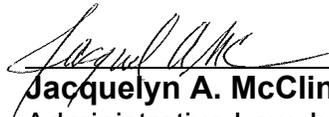
Accordingly, the Department's determination is **REVERSED**.

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. Reregister and process Petitioner's [REDACTED], 2018 SDA application to determine if all the other non-medical criteria are satisfied and notify Petitioner of its determination;
2. Supplement Petitioner for lost benefits, if any, that Petitioner was entitled to receive if otherwise eligible and qualified;

3. Review Petitioner's continued eligibility in December 2019.

JAM/tlf



Jacquelyn A. McClinton
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

Via Email:

MDHHS-Montcalm-Hearings
BSC3 Hearing Decisions
Policy-FIP-RAP-SDA
MOAHR

Petitioner – Via First-Class Mail:

