



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]

Date Mailed: October 18, 2019
MOAHR Docket No.: 19-007875
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 21, 2019, from Detroit, Michigan. The Petitioner appeared at the hearing and was represented by [REDACTED], her Authorized Hearing Representative. The Department of Health and Human Services (Department) was represented by Brian Roedema, Assistance Payments Supervisor and Eshia Burrell, Assistance Payments Worker.

During the hearing, Petitioner waived the time period for the issuance of this decision in order to allow for the submission of additional records. Exhibit B and C were received and marked into evidence. The record closed on September 20, 2019, and the matter is now before the undersigned for a final determination based on the evidence presented.

ISSUE

Whether the Department properly determined that Petitioner was not disabled for purposes of the 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. On February 12, 2019, Petitioner submitted an application seeking cash assistance on the basis of a disability.
2. On June 11, 2019, the Disability Determination Service (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program (Exhibit A, pp. 21-28).

3. On June 14, 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. 647-649).
4. On July 19, 2019, the Department received Petitioner's timely written Request for Hearing (Exhibit A, pp. 647-649).
5. Petitioner alleged disabling impairment due to right hip pain with radiation to right leg and buttocks. Tingling in bilateral feet; low back pain; osteoarthritis in right hip and osteopenia in her hip; neck pain on left side. The Petitioner has not alleged mental impairment.
6. On the date of the hearing, Petitioner was [REDACTED] years old with a [REDACTED] 1962 birth date; she is [REDACTED]" in height and weighs about [REDACTED] 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 an operations manager for a trucking company managing driver's and other aspects of the operation including riding with drivers and performing inspections and working at multiple locations. Petitioner also was a caregiver for the elderly. Petitioner also worked as a packer assembling packages. Petitioner last worked at an electrical component part assembly plant as an assembler.
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, s/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 [REDACTED], 2019 the Petitioner's primary care doctor, who has treated her since December 2016, completed a DHS-49 Medical Examination Report. The current diagnosis was chronic lower back pain, chronic neck pain, left shoulder pain and intermittent right shoulder pain, status post right total hip replacement and decreased dexterity. The physical examination notes indicate Petitioner had difficulty moving from chair to the exam table. Musculoskeletal exam noted painful gait and pain getting up from seated position and pain on palpation of lumbar spine and cervical spine. Notes also indicate that mood, comprehension and memory adversely impacted by pain and medication side effects, which also impairs multi-tasking. No limitations were imposed due to the doctor's opinion that the determination of limitation should be made by a physical therapist which is pending. The Petitioner's condition was noted as

deteriorating. The laboratory findings were supported by x-rays of cervical and lumbar spine, in [REDACTED] 2017 and [REDACTED] 2019; MRI of lumbar spine in [REDACTED] 2017 and [REDACTED] 2013, an ortho consult in [REDACTED] of 2019 and a [REDACTED] 2017 x-ray of right hip, left shoulder and sacroiliac joints. Petitioner's pain in neck and lower back affects her ability to lift, carry, grasp, read, push/pull, and stand and walk with noted decreased dexterity in hands. The doctor also noted mental limitations cause by pain in the neck, lower back and left shoulder resulting in limitations in concentration, memory, sustained concentration, following simple directions and social interaction. Also noted were medication side effects which may also impact mental abilities. Petitioner also needs assistance at times with house cleaning.

The following testing records were attached to the DHS 49. A cervical spine x-ray performed [REDACTED], 2019 showed Cervicalgia, with no acute findings. An x-ray of lumbar spine performed on [REDACTED] 2019 demonstrated probable osteopenia, L5-S1 disc space is poorly seen due to positioning. MRI lumbar spine [REDACTED] 2017 Impression was, mild degenerative change in lower lumbar spine with disc bulges at L4-5 and L5-S1 with mild facet arthrosis, with no significant central canal compromise seen with mild bilateral neural foraminal narrowing at L5-S1. An x-ray of the right hip and pelvis was performed in [REDACTED] 2017. Impression was moderate to severe right hip osteoarthritis, and joint space narrowing of the right hip with sclerosis and marginal osteophytosis. An x-ray of left shoulder in [REDACTED] 2017 noted findings were no fracture, dislocation, or defect or joint space abnormality are seen, Impression was normal left shoulder. X-ray of sacroiliac joints performed [REDACTED] 2017 with impression normal sacroiliac joints. No evidence of lytic or sclerotic process. X-ray of cervical spine taken [REDACTED] 2017 notes loss of normal cervical lordosis and mild kyphosis which may relate to muscular spasm or positioning. No acute abnormality is seen. X-ray of lumbar spine [REDACTED] 2017 notes early degenerative features and mild dextroscoliosis, suggested asymmetric degenerative change of the right hip and recommends, given reported symptoms in these radiographic findings, a dedicated right hip radiography may be beneficial. There appears to be advanced asymmetric degenerative change of the right hip partially visualized. On the images spondylolysis is seen.

On [REDACTED], 2019 the Petitioner was seen for an orthopedic consult. At the appointment Petitioner described her symptoms as being aggravated by standing, walking, sitting to standing and climbing stairs. No aids were used for walking. Pain history at rest, weightbearing, range of motion and with ADL were reported as severe. Ability to walk was one block. A physical exam was performed and noted significant limitations in range of motion. Notes indicate as regards range of motion: lacks terminal 5 degrees of extension, flexion 105 degrees, internal rotation only to neutral, external rotation 5 degrees; complaints of exquisite groin pain with any motion; sensations intact to light touch. X-rays were taken and interpreted during the visit and it was noted that there has been significant progression of the right hip osteoarthritis in the last 7 months. There is 100% loss of apparent joint space with femoral head flattening, some chondral bone sclerosis. There is significant femoral head and acetabular cystic formation. Diagnosis was primary osteoarthritis of right hip. The plan noted that nonoperative

interventions are no longer providing any significant relief for patient. She is quite debilitated by her pain. She would like to proceed with total hip arthroplasty and will require inpatient surgery and stay due to complexity of procedure. Petitioner was scheduled for surgery and it was completed. On [REDACTED] 2019, six weeks after surgery, notes indicate Petitioner was doing well with detailed restrictions. The Petitioner was seen for her hip pain in September 2018 at which time there was reported on x-ray 100% loss of apparent joint space at the right hip with significant subchondral bony sclerosis noted of the femoral head and acetabulum.

An MRI of lumbar spine was performed in [REDACTED] 2013 and noted shallow bulge at L4-5 with small inferior left foraminal herniated disc and annular tear, with shallow disc bulge at L5-S1.

New evidence presented after the hearing noted a diagnosis of a Baker's cyst discovered in [REDACTED] 2019 in the left knee causing pain and difficulty walking. Petitioner is awaiting further consult regarding possible knee replacement with the orthopedic doctor seen for her right hip which is scheduled for [REDACTED], 2019. The doctor's note of the visit on [REDACTED], 2019 indicates lower left extremity use is limited.

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 major dysfunction of a joint(s) (due to any cause) and 1.04 disorders of the spine 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).

In this case, Petitioner alleges exertional limitations due to her medical conditions. She testified at the hearing that her pain limits her ability to sit, stand and walk. Petitioner testified that she could stand 10 to 20 minutes and then would have to sit or lie down to rest. The Petitioner could sit 30 minutes but would have difficulty due to pain in her hip, lower back and neck. The Petitioner needs assistance, due to her hip pain and limited range of motion, putting on her socks. She could dress and shower without assistance. Her constant level of pain was between 5-6 out of 10. She could walk around 200 feet with limitation caused by pain in her leg and buttocks. She could lift/carry 8-10 pounds but would have difficulty picking up the weight due to her limitations on bending and left neck pain which causes her to drop objects. Petitioner is prescribed pain medications that has affected her concentration and memory which are also affected by the constant pain she experiences.

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 sedentary work as defined by 20 CFR 416.967(a).

Petitioner's RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

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 an operations manager for a trucking company; which involved managing driver's and other aspects of the operation including riding with drivers and performing inspections and working at multiple locations. Petitioner also was a caregiver for the elderly.

Petitioner also worked as a packer assembling packages. Petitioner last worked at an electrical component part assembly factory as an assembler. Her job as an assembler of electronic components required her to retrieve all needed parts and components to assign to employees who assembled the parts as well as assemble parts herself; Petitioner was required to lift up to 20 pounds, and frequently lift 10 pounds and was required to walk 4 hours and stand 2 hours. Petitioner also supervised other assemblers. Her position as a packager required her to place vials of testosterone into a package. The job required her to stand 3 hours and walk at least 1 hour and lift up to 10 pounds. She was required to stand at a machine while filling the packages. She was required to frequently lift 10 pounds. Her job as a caregiver required her to assist with transferring and lifting clients from wheelchairs or bed to the next position and assist putting the clients in the car. She had to assist with lifting some of the clients' body weight. In her job as an operation manager for a trucking company Petitioner was required to walk 4 hours per day, stand 1 hour, sit 4 hours and climb 1 hour per day in and out of trucks. She was required to assemble cubicles for new employees and transfer training material boxes, projectors, computers and manuals from her vehicle. The heaviest weight she was required to lift was 50 pounds and frequently lifted 25 pounds. She was a supervisor in this position and hired and fired employees.

Based on the RFC analysis above, Petitioner's exertional RFC limits her to no more than sedentary work activities. As such, Petitioner is incapable of performing past relevant work.

Because Petitioner is unable to perform past relevant work, Petitioner cannot be found disabled, or not disabled, at Step 4, and the assessment continues to Step 5.

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 ■ years old at the time of application and ■ years old at the time of hearing, and, thus, considered to be advanced age (age 55 and over) for purposes of Appendix 2. She is a high school graduate with a history of work experience involving both semi-skilled and unskilled employment as outlined in Step 4. As discussed above, Petitioner maintains the exertional RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities.

In this case, the Medical-Vocational Guidelines, Rule 201.06 result in a disability finding based on Petitioner's exertional limitations.

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.

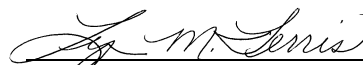
DECISION AND ORDER

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. Reregister and process Petitioner's February 12, 2019 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 October 2020.

LMF/tlf



Lynn M. Ferris
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-Kent-Hearings
BSC3 Hearing Decisions
L. Karadsheh
MOAHR

Authorized Hearing Rep. – Via USPS

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Petitioner – Via USPS

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