



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: August 20, 2021
MOAHR Docket No.: 21-002014
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 June 2, 2021. [REDACTED] [REDACTED] the Petitioner, appeared on her own behalf. The Department of Health and Human Services (Department) was represented by Daniel Vendzuh, Family Independence Manager (FIM).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-404.

ISSUE

Did the Department properly determine that Petitioner was not disabled for purposes of the Medical Assistance (MA) and/or 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 January 30, 2020, Petitioner was found disabled and was eligible for SDA with a physical capacity to perform less than sedentary work due to her exertional limitations and moderate to marked limitations on her mental ability to perform basic work activities. (Exhibit A, pp. 88-105)
2. The Department was to review Petitioner's ongoing eligibility in January 2021. (Exhibit A, p. 104)

3. Petitioner's case was sent to Disability Determination Services (DDS) for review for the SDA program with current documentation. (Exhibit A p. 1A)
4. On March 29, 2021, DDS found Petitioner not disabled for SDA based on a determination that she was capable of performing other work. (Exhibit A, pp. 6-12)
5. On March 31, 2021, the Department notified Petitioner of the DDS determination regarding SDA. (Exhibit A, pp. 400-404)
6. On April 9, 2021, the Department received Petitioner's timely written request for hearing. (Exhibit A, pp. 2-4)
7. Petitioner alleged disabling impairments including fibromyalgia, migraine headaches, heart problem, chronic pain, depression, anxiety, and post-traumatic stress disorder (PTSD). (Exhibit A, p. 78; Petitioner Testimony)
8. At the time of hearing, Petitioner was [REDACTED] years old with an [REDACTED] 1972, birth date; was [REDACTED] in height; and weighed [REDACTED] pounds. (Exhibit A, p. 78; Petitioner Testimony)
9. Petitioner has a master's degree in counseling psychology and work history of counseling work in the prison system. (Petitioner Testimony)
10. Petitioner's impairments have lasted, or are expected to last, continuously for a period of 90 days or longer.

CONCLUSIONS OF LAW

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

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

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

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). The person claiming a physical or mental disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or ability to reason and make appropriate mental adjustments, if a mental disability is alleged. 20 CFR 416.913. An individual's statements about pain or other symptoms are not, in and of themselves, sufficient to establish disability. 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, is insufficient to establish disability. 20 CFR 416.927.

When determining disability, the federal regulations require several factors to be considered including: (1) daily activities; (2) the location/duration/frequency/intensity of an applicant's pain or other symptoms; (3) precipitating and aggravating factors; (4) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain or other symptoms; (5) any treatment other than medication that the applicant has received to relieve pain or other symptoms; (6) any measures the applicant uses to relieve pain or other symptoms; and (7) other factors concerning the applicant's functional limitations and restrictions due to pain or other symptoms. 20 CFR 416.929(c)(3). The applicant's pain or other symptoms must be considered in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

Once an individual has been found disabled for purposes of benefits, continued entitlement is periodically reviewed in order to make a current determination or decision as to whether disability remains in accordance with the medical improvement review standard. 20 CFR 416.993(a); 20 CFR 416.994. In evaluating a claim for ongoing benefits, federal regulation requires a sequential evaluation process be utilized. 20 CFR 416.994(b)(5). The review may cease, and benefits continued if sufficient evidence supports a finding that an individual is still unable to engage in substantial gainful activity. *Id.* Prior to deciding an individual's disability has ended, the department will develop, along with the Petitioner's cooperation, a complete medical history covering at least the 12 months preceding the date the individual signed a request seeking continuing disability benefits. 20 CFR 416.993(b). The department may order a consultative examination to determine whether or not the disability continues. 20 CFR 416.993(c).

The first step in the analysis in determining whether an individual's disability has ended requires the trier of fact to consider the severity of the impairment(s) and whether it meets or equals a listed impairment in Appendix 1 of subpart P of part 404 of

Chapter 20. 20 CFR 416.994(b)(5)(i). If a Listing is met, an individual's disability is found to continue with no further analysis required.

If the impairment(s) does not meet or equal a Listing, then Step 2 requires a determination of whether there has been medical improvement as defined in 20 CFR 416.994(b)(1); 20 CFR 416.994(b)(5)(ii). Medical improvement is defined as any decrease in the medical severity of the impairment(s) which was present at the time of the most favorable medical decision that the individual was disabled or continues to be disabled. 20 CFR 416.994(b)(1)(i). If no medical improvement found, and no exception applies (see listed exceptions below), then an individual's disability is found to continue. Conversely, if medical improvement is found, Step 3 calls for a determination of whether there has been an increase in the residual functional capacity ("RFC") based on the impairment(s) that were present at the time of the most favorable medical determination. 20 CFR 416.994(b)(5)(iii).

If medical improvement is not related to the ability to work, Step 4 evaluates whether any listed exception applies. 20 CFR 416.994(b)(5)(iv). If no exception is applicable, disability is found to continue. *Id.* If the medical improvement *is* related to an individual's ability to do work, then a determination of whether an individual's impairment(s) are severe is made. 20 CFR 416.994(b)(5)(iii), (v). If severe, an assessment of an individual's residual functional capacity to perform past work is made. 20 CFR 416.994(b)(5)(vi). If an individual can perform past relevant work, disability does not continue. *Id.* Similarly, when evidence establishes that the impairment(s) do (does) not significantly limit an individual's physical or mental abilities to do basic work activities, continuing disability will not be found. 20 CFR 416.994(b)(5)(v). Finally, if an individual is unable to perform past relevant work, vocational factors such as the individual's age, education, and past work experience are considered in determining whether despite the limitations an individual is able to perform other work. 20 CFR 416.994(b)(5)(vii). Disability ends if an individual is able to perform other work. *Id.*

The first group of exceptions (as mentioned above) to medical improvement (i.e., when disability can be found to have ended even though medical improvement has not occurred) found in 20 CFR 416.994(b)(3) are as follows:

- (i) Substantial evidence shows that the individual is the beneficiary of advances in medical or vocational therapy or technology related to the ability to work;
- (ii) Substantial evidence shows that the individual has undergone vocational therapy related to the ability to work;
- (iii) Substantial evidence shows that based on new or improved diagnostic or evaluative techniques the impairment(s) is not as disabling as previously determined at the time of the most recent favorable decision;
- (iv) Substantial evidence demonstrates that any prior disability decision was in error.

The second group of exceptions [20 CFR 416.994(b)(4)] to medical improvement are as follows:

- (i) A prior determination was fraudulently obtained;
- (ii) The individual failed to cooperate;
- (iii) The individual cannot be located;
- (iv) The prescribed treatment that was expected to restore the individual's ability to engage in substantial gainful activity was not followed.

If an exception from the second group listed above is applicable, a determination that the individual's disability has ended is made. 20 CFR 416.994(b)(5)(iv). The second group of exceptions to medical improvement may be considered at any point in the process. *Id.*

As discussed above, the first step in the sequential evaluation process to determine whether the Petitioner's disability continues looks at the severity of the impairment(s) and whether it meets or equals a listed impairment in Appendix 1.

In the present case, Petitioner alleged disabling impairments including fibromyalgia, migraines, headaches, heart problem, chronic pain, depression, anxiety, and PTSD. (Exhibit A, p. 78; Petitioner Testimony)

Petitioner was seen in the emergency department on [REDACTED], 2020 for increased depressive thoughts and suicidal ideations. The next morning Petitioner was transferred to an alcohol treatment facility in Traverse City. (Exhibit A, pp. 367-374)

An [REDACTED], 2020, progress note documents an encounter to establish care, PTSD, and dry skin dermatitis. (Exhibit A, pp. 380-382)

A [REDACTED], 2020 Case Summary was updated [REDACTED], 2020. The Documented diagnoses were: major depressive disorder, recurrent, moderate; generalized anxiety disorder; PTSD; and alcohol use disorder, moderate. Petitioner had been attending outpatient therapy since [REDACTED] 2019. Petitioner initially presented with severe mental and physical health symptoms that impaired her ability to seek or obtain employment. Since beginning therapy Petitioner experienced additional physical abuse trauma incurred by individuals she was temporarily staying with due to homelessness. Despite psychotropic medications prescribed by her primary care physician and outpatient therapy, Petitioner's symptoms and condition continued to worsen. At that time, it was stated that Petitioner would likely benefit from inpatient mental health treatment followed by intensive outpatient therapy. Petitioner's physical and psychological diagnoses, combined with the severity of her current condition, resulted in a complete inability to seek or gain employment. (Exhibit A, pp. 398-399)

An [REDACTED] 2020, record documented a telehealth visit. The current assessment indicated facial trauma, allergic rhinitis, and depression. Petitioner had hit her nose after passing out from a panic attack at the beginning of [REDACTED]. (Exhibit A, pp. 391-394)

Between [REDACTED] 2020 and [REDACTED] 2021, Petitioner received behavioral health services for a working diagnosis of PTSD. (Exhibit A, pp. 345 and 383)

A [REDACTED], 2021, office visit record documented multiple diagnoses including valvular heart disease born with heart murmur, pneumonia, colitis, urinary tract infection with history of recurrent cystitis, fracture, lumbago, migraine headache, concussion, alcoholism, depression, varicella, and anxiety. The current assessment was for dermatitis, anxiety/depression, post traumatic headaches, fatigue, and fibromyalgia. (Exhibit A, pp. 335-339)

A [REDACTED], 2021, consultative psychological evaluation documented diagnoses of persistent depressive disorder with anxious distress, other specified personality disorder with mixed personality features, alcohol use disorder in early remission per self-report, and somatic symptom disorder with predominate pain. Based on the examination, it appeared that Petitioner could understand and retain concrete instructions/directions meant to lead to the completion of a task, provided she has the opportunity for clarification, redirection, and/or flexible time limit requirements however, her depressed mood, anxiety, and features of a personality disorder may exacerbate her chronic pain and compromise her ability to follow through in a consistent and timely manner; interfere with her interpersonal interactions; and restrict her ability to perform simple, repetitive tasks requiring a sustained physical effort. Increasing the probability that her performance in competitive environment can be viewed as successful will depend, in part, on a psychiatric medication review, psychotherapy, continued sobriety and alleviation, resolution, management of her chronic pain. (Exhibit A, pp. 354-359)

A [REDACTED] 2021 consultative physical evaluation states that Petitioner's exam was unremarkable with the exception of pain with straight leg raise of the left side. Based on this exam, Petitioner appeared to be able to: sit, stand, bend, stoop, push, pull, carry, button clothes, tie shoes, make a fist, open a door, squat down and return to standing positions, climb stairs, and get on/off the exam table. Petitioner has subjective complaints of pain and may have limited tolerance of physical activity. (Exhibit A, pp. 348-352)

A [REDACTED] 2021 pulmonary functional test showed mild impairment in diffusion capacity and mild obstructive ventilatory limitation, however some of the parameters could not be obtained due to claustrophobia. (Exhibit A, p. 317)

A [REDACTED] 2021 MRI of the brain indicated no abnormality was identified on non-contrast imaging, however, the study was limited due to motion. (Exhibit A, p. 321)

Based on the objective medical evidence, considered listings included 12.04 depressive, bipolar, and related disorders; 12.06 anxiety and obsessive-compulsive disorders; 12.07 somatic symptom and related disorders; 12.08 personality and impulse-control disorders; and 12.15 trauma and stressor-related disorders. However, the medical evidence was not sufficient to meet the intent and severity requirements of

any listing, or its equivalent. Accordingly, the Petitioner cannot be found disabled, or not disabled at this step.

Step 2 requires a determination of whether there has been medical improvement. The medical records and testimony indicate that since Petitioner was found disabled on January 30, 2020, there has been improvement with Petitioner's physical limitations, but not with the mental health limitations. On January 30, 2020, Petitioner was found disabled and was eligible for SDA with a physical capacity to perform less than sedentary work due to her exertional limitations and moderate to marked limitations on her mental ability to perform basic work activities. (Exhibit A, pp. 88-105) The [REDACTED] 2021 consultative physical evaluation states that Petitioner's exam was unremarkable with the exception of pain with straight leg raise of the left side. Petitioner appeared to be able to: sit, stand, bend, stoop, push, pull, carry, button clothes, tie shoes, make a fist, open a door, squat down and return to standing positions, climb stairs, and get on/off the exam table. Petitioner has subjective complaints of pain and may have limited tolerance of physical activity. (Exhibit A, pp. 348-352) The [REDACTED] 2020 Case Summary was updated [REDACTED] 2020. It was noted that Petitioner had been attending outpatient therapy since [REDACTED], 2019; initially presented with severe mental and physical health symptoms that impaired her ability to seek or obtain employment; since beginning therapy Petitioner experienced additional physical abuse trauma; despite psychotropic medications prescribed by her primary care physician and outpatient therapy, Petitioner's symptoms and condition continued to worsen; at that time Petitioner would likely benefit from inpatient mental health treatment followed by intensive outpatient therapy; and Petitioner's physical and psychological diagnoses combined with the severity of her current condition resulted in a complete inability to seek or gain employment. (Exhibit A, pp. 398-399) The [REDACTED] 2021, consultative psychological evaluation indicated it appeared that Petitioner could understand and retain concrete instructions/directions meant to lead to the completion of a task provided she has the opportunity for clarification, redirection, and/or flexible time limit requirements. However, her depressed mood, anxiety, and features of a personality disorder may exacerbate her chronic pain and compromise her ability to follow through in a consistent and timely manner; interfere with her interpersonal interactions; and restrict her ability to perform simple, repetitive tasks requiring a sustained physical effort. It was noted that increasing the probability that Petitioner's performance in a competitive environment would depend, in part, on a psychiatric medication review, psychotherapy, continued sobriety and alleviation, resolution, management of her chronic pain. (Exhibit A, pp. 354-359) Overall, it does not appear that Petitioner was likely to be successful in a competitive environment based on the [REDACTED] 2020 update to the case summary indicating that despite medication and outpatient therapy, Petitioner's condition had continued to worsen. Accordingly, the non-exertional limitations related to Petitioner's mental health appear to have continued.

In consideration of all medical evidence, it is found that, overall, there has been some medical improvement. The exceptions contained in 20 CFR 416.994(b)(3) and 20 CFR 416.994(b)(4) are not applicable. Accordingly, an assessment of the Petitioner's

Residual Functional Capacity (RFC) to perform past relevant work is required. 20 CFR 416.994(b)(5)(vi).

An individual's RFC is the most he/she can still do on a sustained basis despite the limitations from the impairment(s). *Id.* The total limiting effects of all the impairments, to include those that are not severe, are considered. 20 CFR 416.945(e).

To determine the physical demands (exertional requirements) of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967. Sedentary work involves lifting of no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. 20 CFR 416.967(a). 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. *Id.* Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying objects weighing up to 10 pounds. 20 CFR 416.967(b). Even though 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. *Id.* To be considered capable of performing a full or wide range of light work, an individual must have the ability to do substantially all of these activities. *Id.* An individual capable of light work is also capable of sedentary work, unless there are additionally limiting factors such as loss of fine dexterity or inability to sit for long periods of time. *Id.* 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). An individual capable of performing medium work is also capable of light and sedentary work. *Id.* 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). An individual capable of heavy work is also capable of medium, light, and sedentary work. *Id.* Finally, very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying objects weighing 50 pounds or more. 20 CFR 416.967(e). An individual capable of very heavy work is able to perform work under all categories. *Id.*

Limitations or restrictions which affect the ability to meet the demands of jobs other than strength demands (exertional requirements, i.e. sitting, standing, walking, lifting, carrying, pushing, or pulling) are considered nonexertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, a comparison of the individual's residual functional capacity with the demands of past relevant work. *Id.* If an individual can no longer do past relevant work the same residual functional capacity assessment along with an individual's age, education, and work experience is considered to determine whether an individual can adjust to other work which exists in the national economy. *Id.* Examples of non-exertional limitations or restrictions include difficulty to function 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. can't 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). If the impairment(s) and related symptoms, such as pain, only affect the ability to perform the non-exertional aspects of work-related activities, the rules in Appendix 2 do not direct factual conclusions of disabled or not disabled. 20 CFR 416.969a(c)(2). The determination of whether disability exists is based upon the principles in the appropriate sections of the regulations, giving consideration to the rules for specific case situations in Appendix 2. *Id.*

Petitioner's testimony indicated she can walk 10 minutes, stand 10 minutes, sit 10 minutes, and has difficulty carrying a gallon of milk, opening jars/bottles, bending, stooping, squatting and with stairs. (Petitioner Testimony) Petitioner's testimony regarding the severity of her physical limitations is not supported by the medical evidence related to her physical conditions. However, the mental health records, such as the ██████████ 2020 Case Summary update indicates that: Petitioner initially presented with severe mental and physical health symptoms that impaired her ability to seek or obtain employment; Petitioner experienced additional physical abuse trauma; and despite psychotropic medications and outpatient therapy, Petitioner's symptoms and condition continued to worsen. Petitioner's physical and psychological diagnoses, combined with the severity of her current condition, resulted in a complete inability to seek or gain employment. Further, the ██████████ 2021, consultative psychological evaluation, documented somatic symptom disorder with predominate pain. After review of the entire record it is found, at this point, that Petitioner's non-exertional limitations continue to preclude the performance of a full range of sedentary work activities on a regular full-time basis.

Petitioner has a past relevant work history of counseling work in the prison system. (Petitioner Testimony) In light of the entire record and Petitioner's RFC (see above), it is found that Petitioner is not able to perform her past relevant work. Accordingly, the Petitioner cannot be found disabled, or not disabled at this step. Therefore, the analysis continues to an assessment of whether the Petitioner is able to perform other work in consideration of vocational factors such as Petitioner's age, education, and past work experience.

An assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v) At the time of hearing, the Petitioner was ██████ years old and, thus, considered to be a younger individual for purposes of this review. Petitioner has a master's degree in counseling psychology and work history of counseling work in the prison system. (Petitioner Testimony) Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Petitioner to the Department to present proof that the Petitioner has the residual capacity to substantial gainful employment. 20 CFR 416.960(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). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, 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).

As noted above, Petitioner's non-exertional limitations continue to preclude the performance of a full range of sedentary work activities on a regular, full-time basis. After review of the entire record, and in consideration of the Petitioner's age, education, work experience, RFC, and using the Medical-Vocational Guidelines [20 CFR 404, Subpart P, Appendix II] as a guide, it is found that Petitioner is not able to adjust to other work. Accordingly, Petitioner is found disabled for purposes of the SDA program.

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.

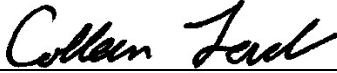
DECISION AND ORDER

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. Reinstate Petitioner's SDA case retroactive to the effective date of the closure, if not done previously, to determine Petitioner's non-medical eligibility. The Department shall inform Petitioner of the determination in writing. The Department shall supplement for lost benefits (if any) that Petitioner was entitled to receive, if otherwise eligible and qualified in accordance with Department policy. A review of this case shall be set for August 2022.

CL/ml



Colleen Lack
Administrative Law Judge

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 Electronic Mail

MDHHS-Otsego-Hearings@michigan.gov
BSC1
C. George
EQAD
L. Karadsheh
MOAHR

Via First Class Mail

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