



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

[REDACTED]
MI

Date Mailed: September 8, 2023
MOAHR Docket No.: 23-002965
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 July 26, 2023, from Lansing, Michigan. [REDACTED] the Petitioner, appeared on his own behalf. The Department of Health and Human Services (Department) was represented by Valarie Foley, Hearing Facilitator.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-302. The hearing record was left open for Petitioner to submit additional documentation, which has been received and admitted as Exhibits 1, pp. 1-94; Exhibit 2, pp.1-8; Exhibit 3, pp. 1-3; and Exhibit 4, pp. 1-7.

ISSUE

Did the Department properly determined 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 [REDACTED] 2022, Petitioner applied for SDA. (Exhibit A, pp. 10-16)
2. On January 4, 2023, the Medical Review Team/Disability Determination Services (MRT/DDS) found Petitioner not disabled. (Exhibit A, pp. 278-388)

3. On February 27, 2023, a Notice of Case Action Notice was issued informing Petitioner that SDA was denied. (Exhibit A, pp. 6-9)
4. On May 25, 2023, the Department received Petitioner's timely written request for hearing. (Exhibit A, pp. 3-5)
5. Petitioner alleged disabling impairments including: degenerative disease of spine with recurring radiculopathy in cervical and lumbar spine; facet arthropathy cervical spine; spinal canal and foraminal stenosis; recent start of treatment for Parkinson's; muscle spasms; migraine; recurrent infection in neck; attention deficit hyperactivity disorder (ADHD); TMJ, depression; and anxiety. (Exhibit A, p. 297; Petitioner Testimony)
6. At the time of the hearing, Petitioner was [REDACTED] years old with a [REDACTED] 1976 birth date; was [REDACTED] in height; and weighed [REDACTED] pounds. (Petitioner Testimony)
7. Petitioner completed the 10th grade, completed a GED, and has a work history including sales/delivery and tow truck driver. (Exhibit A, p. 299; Petitioner Testimony)
8. 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).

In order to determine whether or not an individual is disabled, federal regulations require a five-step sequential evaluation process be utilized. 20 CFR 416.920(a)(1). The five-step analysis requires the trier of fact to consider an individual's current work activity; the severity of the impairment(s) both in duration and whether it meets or equals a listed impairment in Appendix 1; residual functional capacity to determine whether an individual can perform past relevant work; and residual functional capacity along with vocational factors (i.e., age, education, and work experience) to determine if an individual can adjust to other work. 20 CFR 416.920(a)(4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4). If an impairment does not meet or equal a listed impairment, an individual's residual functional capacity is assessed before moving from step three to step four. 20 CFR 416.920(a)(4); 20 CFR 416.945. Residual functional capacity is the most an individual can do despite the limitations based on all relevant evidence. 20 CFR 416.945(a)(1). An individual's residual functional capacity assessment is evaluated at both steps four and five. 20 CFR 416.920(a)(4). In determining disability, an individual's functional capacity to perform basic work activities is evaluated and if found that the individual has the ability

to perform basic work activities without significant limitation, disability will not be found. 20 CFR 416.994(b)(1)(iv). In general, the individual has the responsibility to prove disability. 20 CFR 416.912(a). An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. 20 CFR 416.922(a). The individual has the responsibility to provide evidence of prior work experience; efforts to work; and any other factor showing how the impairment affects the ability to work. 20 CFR 416.912(a)(1)(iv)(vi)(vii).

As outlined above, the first step looks at the individual's current work activity. In the record presented, Petitioner is not involved in substantial gainful activity. Therefore, Petitioner is not ineligible for disability benefits under Step 1.

The severity of Petitioner's alleged impairment(s) is considered under Step 2. Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. In order to be considered disabled for MA purposes, the impairment must be severe. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education, and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities means the abilities and aptitudes necessary to do most jobs. 20 CFR 416.922(b). Examples include:

1. Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
2. Capacities for seeing, hearing, and speaking;
3. Understanding, carrying out, and remembering simple instructions;
4. Use of judgment;
5. Responding appropriately to supervision, co-workers and usual work situations; and
6. Dealing with changes in a routine work setting.

Id.

The second step allows for dismissal of a disability claim obviously lacking in medical merit. *Higgs v Bowen*, 880 F2d 860, 862 (CA 6, 1988). The severity requirement may still be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint. *Id.* at 863 citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). An impairment qualifies as non-severe only if, regardless of a Petitioner's age, education, or work experience, the

impairment would not affect the Petitioner's ability to work. *Salmi v Sec of Health and Human Services*, 774 F2d 685, 692 (CA 6, 1985).

In the present case, Petitioner alleged disabling impairments including: degenerative disease of spine with recurring radiculopathy in cervical and lumbar spine; facet arthropathy cervical spine; spinal canal and foraminal stenosis; recent start of treatment for Parkinson's; muscle spasms; migraine; recurrent infection in neck; ADHD; TMJ, depression; and anxiety. (Exhibit A, p. 297; Petitioner Testimony). While some older medical records were submitted and have been reviewed, the focus of this analysis will be on the more recent medical evidence.

Petitioner was seen in the emergency department on [REDACTED] 2022 for head and neck pain. Petitioner was diagnosed with right parotitis. An [REDACTED] 2022 CT Cervical Spine identified degenerative disease about acute fracture. An [REDACTED] 2022 CT Facial with contrast showed edematous changes withing/about the right parotid gland. The impression stated correlate for right parotitis. (Exhibit A, pp. 18-21 and 246-255).

[REDACTED], 2022 to [REDACTED] 2022 records from New Oakland Child-Adolescent and Family Centers document diagnosis and treatment of generalized anxiety disorder and ADHD. (Exhibit A, pp. 143-220).

[REDACTED] 2022 to [REDACTED], 2022 records from Dr. Pritit Bhardwaj document diagnosis and treatment of multiple medical conditions including allergic rhinitis, hypothyroidism, low back pain, and hyperlipidemia. (Exhibit A, pp. 106-128).

[REDACTED], 2022 to records from Downriver ENT PC document diagnosis and treatment of sialadenitis acute and temporal mandibular joint disorder. (Exhibit A, pp. 258-265).

[REDACTED], 2022 to [REDACTED], 2023 records from Dr. Omar Ahmad show diagnosis and treatment of multiple medical conditions including migraine, cervicgia, cervicogenic headache, low back pain, dizziness, muscle spasm, sinus disease, paresthesia of skin, spinal enthesopathy of multiple sites in spine, bilateral occipital neuralgia, adult ADHD, intractable migraine, and B12 deficiency. (Exhibit 1, pp. 68-75).

On [REDACTED], 2022 Petitioner was seen in the emergency room for neck pain. A [REDACTED], 2022 MRI of the cervical spine showed multilevel degenerative changes of the cervical spine without any evidence of spinal cord signal abnormality. (Exhibit A, pp. 236-241).

[REDACTED], 2022 to [REDACTED] 2023 record from Dr. Sabah Al-Attar document diagnosis and treatment for likely occipital neuralgia, or pain due to degenerative neck disease, dysphagia, neck pain, and xerostomia. [REDACTED], 2023 history of present illness note describes Petitioner's symptoms and the treatments he had tried thus far. (Exhibit 1, pp. 62-67).

A [REDACTED], 2022 MRI of the brain showed no acute intracranial process and minimal choric paranasal sinus disease. (Exhibit A, pp. 244-245).

An [REDACTED], 2023 record from Michigan Medicine Neurosurgery Clinic documents diagnosis and treatment of multiple medical conditions including cervical spinal stenosis, cervical spondylosis, cervical degenerative disc disease, cervical facet arthropathy, headache, history of TMJ disorder, Hill-Sachs deformity right, ADHD, anxiety, and depression. A [REDACTED] 2023 MRI of the cervical spine showed moderate cervical spondylosis with mild to moderate stenosis at different levels as well as C7-T1 central canal stenosis. There were multiple neural foraminal stenoses particularly worse at the levels of C2-C3, C3-C4, C4-C5, C5-C6, C6-C7, and C7-T1. Any one of these could potentially impinge the corresponding exiting nerve roots and cause a radiculopathy. A [REDACTED] 2023 MRI of the lumbar spine showed lumbar spondylosis including left sided neuroforaminal stenosis at L3-4 and bilateral foraminal stenosis at L4-L5 and L5-S1. Any one of these could potentially impinge the corresponding exiting nerve roots and cause a radiculopathy. There was also L5-S1 discogenic degenerative disease. Petitioner was symptomatic with neck and occipital pain, tingling in the shoulder and upper extremities, and difficulty with ambulating. Petitioner also experiences episodes of swelling in his neck with pain that radiates to the back of his head around to his face. It was noted that Petitioner had tried injections to C2 and occipital nerves with no significant improvement. (Exhibit 1, pp. 1-5).

[REDACTED], 2022 to [REDACTED], 2023 records from Hegira Health document treatment for multiple conditions including moderate recurrent major depressive disorder, PTSD, and chronic pain (Exhibit 4, pp. 1-7).

[REDACTED] 2023 to [REDACTED] 2023 records were provided from multiple providers including Michigan Medicine, Taylor Michigan Neuroscience Clinic, Beaumont, and Trinity Health. Diagnosis and treatment of multiple medical conditions was documented including gait abnormality, neck pain, other chronic pain, low back pain, post-traumatic stress disorder (PTSD), ADHD, cervical degenerative disc disease, cervical facet arthropathy, anxiety and depression, headache, Hill Sachs deformity right, history of TMJ, renal cyst, sialadenitis, possible Parkinson's disease, cervical and lumbar radiculopathies, cervicgia, and oral phase dysphagia. Petitioner's symptoms, including pain, were well documented. It was noted that an EMG in [REDACTED] of the prior year showed evidence of chronic radiculopathy C6-C7 and in [REDACTED] 2022 with evidence of chronic radiculopathy L5-S1. A [REDACTED], 2023 swallow study showed mild oral dysphagia. A wheeled walker was prescribed on [REDACTED], 2023. (Exhibit 1, pp. 6-61).

A [REDACTED] 2023 record from Michigan Medicine documents that Petitioner was seen for a pain psychology evaluation. Petitioner's diagnoses were PTSD, generalized anxiety disorder, moderate episode of recurrent major depressive disorder, ADHD, neck pain, low back pain, and other chronic pain. (Exhibit 1, pp. 76-94).

An [REDACTED] 2023 record from Michigan Medicine documents that Petitioner was in physical therapy for cervical facet arthropathy. (Exhibit 2, pp. 1-8; Exhibit 3, pp. 1-3).

As previously noted, Petitioner bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairment(s). As summarized above,

Petitioner has presented medical evidence establishing that he does have some limitations on the ability to perform basic work activities. The medical evidence has established that Petitioner has an impairment, or combination thereof, that has more than a *de minimis* effect on Petitioner's basic work activities. Further, the impairments have lasted, or can be expected to last, continuously for 90 days; therefore, Petitioner is not disqualified from receipt of SDA benefits under Step 2.

In the third step of the sequential analysis of a disability claim, the trier of fact must determine if Petitioner's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. The evidence confirms recent diagnosis and treatment of multiple impairments including: right parotitis, low back pain, TMJ, migraine, multilevel degenerative changes of the cervical spine, cervical spinal stenosis, cervical spondylosis, cervical facet arthropathy, neuralgia, cervical and lumbar radiculopathies, oral dysphagia, and possible Parkinson's disease, depression, anxiety, ADHD, and PTSD.

Based on the objective medical evidence, considered listings included: 1.00 musculoskeletal disorders, 11.00 neurological disorders, and 12.00 mental disorders. However, the medical evidence was not sufficient to meet the intent and severity requirements of any of these listings, or any other listing, or its equivalent. Accordingly, Petitioner cannot be found disabled, or not disabled at Step 3; therefore, Petitioner's eligibility is considered under Step 4. 20 CFR 416.905(a).

Before considering the fourth step in the sequential analysis, a determination of the individual's residual functional capacity ("RFC") is made. 20 CFR 416.945. 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 non-exertional. 20 CFR 416.969a(a). In considering whether an individual can perform past relevant work, individual's residual functional capacity is compared 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.*

The evidence confirms recent diagnosis and treatment of multiple impairments including: right parotitis, low back pain, TMJ, migraine, multilevel degenerative changes of the cervical spine, cervical spinal stenosis, cervical spondylosis, cervical facet arthropathy, neuralgia, cervical and lumbar radiculopathies, oral dysphagia, and possible Parkinson's disease, depression, anxiety, ADHD, and PTSD.

Petitioner's testimony indicated he can walk 10 minutes; stand 10 minutes; sit 10-15 minutes; and lift/carry a gallon of milk. Petitioner described difficulty bending, stooping, squatting, going up and down stairs, gripping and grasping, balance, vision, swallowing, fatigue, concentration, social anxiety, crying spells, panic attacks, anger, and memory difficulties. (Petitioner Testimony). Petitioner's testimony is supported by the medical records and is found credible.

After review of the entire record it is found, at this point, that Petitioner has a combination of exertional and non-exertional limitations and does not maintain the

residual functional capacity to perform sedentary work as defined by 20 CFR 416.967(a) on a sustained basis.

The fourth step in analyzing a disability claim requires an assessment of the Petitioner's residual functional capacity ("RFC") and past relevant employment. 20 CFR 416.920(a)(4)(iv). An individual is not disabled if he/she can perform past relevant work. *Id.*; 20 CFR 416.960(b)(3). Past relevant work is work that has been performed within the past 15 years that was a substantial gainful activity and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1). Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy is considered. 20 CFR 416.960(b)(3).

Petitioner has a work history including sales/delivery and tow truck driver. (Exhibit A, p. 299; Petitioner Testimony). In light of the entire record and Petitioner's RFC (see above), it is found that Petitioner is not able to perform his past relevant work. Accordingly, the Petitioner cannot be found disabled, or not disabled, at Step 4; therefore, the Petitioner's eligibility is considered under Step 5. 20 CFR 416.905(a).

In Step 5, an assessment of Petitioner'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 the hearing, Petitioner was [REDACTED] years old and, thus, considered to be a younger individual for disability purposes. Petitioner completed the 10th grade, completed a GED, and has a work history including sales/delivery and tow truck driver. (Exhibit A, p. 299; 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 has a combination of exertional and non-exertional limitations and does not maintain the residual functional capacity to perform sedentary work as defined by 20 CFR 416.967(a) on a sustained basis.

After review of the entire record, and in consideration of Petitioner's age, education, work experience, RFC, and using Medical Vocation Rules as a guide, Petitioner is found disabled at Step 5.

In this case, the Petitioner is found disabled for purposes of SDA benefits, as the objective medical evidence does establish a physical and/or mental impairment that met

the federal SSI disability standard with the shortened duration of 90 days. In light of the foregoing, it is found that Petitioner's impairments did preclude work at the above stated level for at least 90 days.

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. Initiate a review of the application dated [REDACTED] 2022, for SDA, if not done previously, to determine Petitioner's non-medical eligibility. The Department shall inform Petitioner of the determination in writing. A review of this case shall be set for March 2024.

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:

DHHS
Susan Noel
Wayne-Inkster-DHHS
26355 Michigan Ave
Inkster, MI 48141
MDHHS-Wayne-19-Hearings@michigan.gov

Interested Parties
BSC4
L Karadsheh
MOAHR

Via First Class Mail:

Petitioner
[REDACTED]
MI