



Date Mailed: September 25, 2025
Docket No.: 25-021868
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Docket No.: 25-021868

Case No.: [REDACTED]

Petitioner: [REDACTED]

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 July 24, 2025. The Petitioner was represented by [REDACTED], Guardian and Authorized Hearing Representative (AHR). The Department was represented by Jarrod Swartz, Assistance Payments Supervisor (APS).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-99. The record was left open for Petitioner to submit additional medical documentation, which has been received and admitted as Exhibit 1, pp. 1-68; Exhibit 2, pp. 1-68; Exhibit 3, pp. 1-44; Exhibit 4, pp. 1-64; Exhibit 5, pp. 1-68; Exhibit 6, pp. 1-44; Exhibit 7, pp. 1-18; Exhibit 8, pp. 1-3; and Exhibit 9, pp. 1-46.

ISSUE

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

FINDINGS OF FACT

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

1. On [REDACTED] 2024, Petitioner applied for SDA. (Exhibit A, pp. 6-23)
2. On April 18, 2025, the Medical Review Team/Disability Determination Services (MRT/DDS) found Petitioner not disabled. (Exhibit A, pp. 46-56 and 72-91)
3. On April 21, 2025, a Notice of Case Action was issued stating SDA was denied because Petitioner was found not disabled. (Exhibit A, pp. 92-95)
4. On May 28, 2025, the Department received Petitioner's timely written request for hearing. (Exhibit A, pp. 3-5)
5. Petitioner alleged disabling impairments including schizophrenia, bipolar disorder, anxiety, depression, seizures, breathing problems, overweight, and diabetes. (Exhibit A, p. 34; AHR Testimony).

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6. At the time of hearing, Petitioner was [REDACTED] years old with an [REDACTED] 1990 birth date; was [REDACTED] in height; and weighed [REDACTED] pounds. (AHR Testimony)
 7. Petitioner completed the 11th grade, participated in special education classes, and has a work history including hi-lo driver, packaging, and basic factory work. (Exhibit A, p. 38; AHR 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 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,

25-021868

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.

25-021868

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 schizophrenia, bipolar disorder, anxiety, depression, seizures, breathing problems overweight, and diabetes. (Exhibit A, p. 34; AHR Testimony). While Petitioner submitted additional documentation, there are numerous blank pages as well as duplicative pages. For example, Exhibit 2 appears to be a duplicate of Exhibit 1. Further, many of the records are out of order and do not appear to have all pages of each multipage document. While these records have been reviewed, limited weight is given to incomplete records.

25-021868

Additionally, while some older medical records were submitted and have been reviewed, the focus of this analysis will be on the more recent medical evidence.

An August 13, 2024 letter from [REDACTED], Clinical Therapist at [REDACTED] states that Petitioner is an active client receiving services of targeted case management, individual therapy, psychiatric evaluations, and medication reviews. Petitioner was currently diagnosed with schizoaffective disorder, bipolar type. Petitioner reported having multiple jobs over the past two years and experienced bouts of mental health concerns while working. Petitioner has a history of being terminated from employment. Petitioner can become symptomatic, which includes experiencing paranoia and delusional thoughts. This would affect his ability to maintain employment. It was noted that Petitioner once received social security income, but stopped due to working full time. Petitioner was seeking to re-establish SSI benefits due to his belief that maintaining full time employment remains difficult as it affects his overall mental health. (Exhibit A, p. 62; Exhibit 3, p. 13)

An August 20, 2024 letter from Dr. [REDACTED] at [REDACTED] and [REDACTED] states that Petitioner has had difficulty maintaining gainful employment due to his psychiatric illness. However, it was noted that any long-term disability for psychiatric disease needs to be determined by his psychiatrist. (Exhibit A, pp. 44 and 60; Exhibit 3, p. 29; Exhibit 5, p. 49; Exhibit 6, p. 15).

An October 11, 2024 letter from Dr. [REDACTED] at [REDACTED] states that his opinion regarding disability had not changed. Petitioner has had difficulty maintaining gainful employment due to his psychiatric illness. However, it was noted that any long-term disability for psychiatric disease needs to be determined by his psychiatrist. (Exhibit A, p. 58; Exhibit 6, p. 11).

A December 18, 2024 LOCUS Assessment indicated moderate impairment with functional status. (Exhibit 5, p. 3).

December 2024 through March 2025 records from [REDACTED], generally indicate that Petitioner was alert and oriented x4 and his thought processes were linear. Petitioner reported continued sobriety. (Exhibit 1, pp. 4-68). A January 23, 2025 progress note, documents that Respondent reported missing work, but it was recommended by his doctor to not seek another job right now because he has applied for disability. (Exhibit 1, p. 56). A February 12, 2025 record, documented diagnoses of schizoaffective disorder, alcohol use disorder, and cannabis use disorder. (Exhibit 1, p. 30). The February 12, 2025 record, documented that Petitioner has been treated for seizures within the past 12 months and was seizure free. (Exhibit 1, p. 37). The February 12, 2025 record, documented that Petitioner was independent with personal care skills, reported he was independent with community skills with his mother providing transportation to appointments, and reported he experiences mood swings where he will argue and cuss. (Exhibit 1, p. 39). A LOCUS Assessment indicates Petitioner had mild

25-021868

impairment with functional status. (Exhibit 1, p. 54). On February 27, 2025, it was noted that Petitioner seemed sluggish. (Exhibit 1, p. 22).

An April 2, 2025 progress note indicates Petitioner reported he had been doing well. Petitioner was taking his medications and they were helping. Petitioner planned to go back to using once he completed the TASC program and has a job again. (Exhibit 4, p. 61).

An April 10, 2025, After Visit Summary, shows that Petitioner was seen for urinary frequency. Petitioner was diagnosed with new onset diabetes mellitus. (Exhibit 3, p. 25; Exhibit 4, p. 1; Exhibit 7, pp. 5-6, 10-18; Exhibit 9, pp. 9-12, 19-40, and 43-46).

A May 6, 2025 record, documents that Petitioner reported things were going well, he had been spending time with his baby's mama, and had not been disturbed by anything that caused any concerns about his anger. Petitioner worked with his case manager to get set up with a gym membership because he wants to get in better shape. Petitioner was having mixed results with his diabetic diet. (Exhibit 4, p. 37).

A May 15, 2025 Injection/Dispense note, documents that Petitioner was concerned about the side effects of the medication interfering with his life because they are trying to have another child. (Exhibit 3, p. 3; Exhibit 6, p. 42).

A May 29, 2025 progress note, indicates Petitioner was alert and oriented x4 and thought process seemed linear. Petitioner reported continued sobriety and continuing with the TASC program, hoping to transition to a new level. (Exhibit 6, p. 40)

A [REDACTED] 2025 psychiatric evaluation, indicates Petitioner reported he was complaint with medications but believes a side effect of the medications is affecting his ability to get an erection and they are trying to have a child. Petitioner said he was otherwise ok and denied: suicidal/homicidal ideations and hallucinations; feeling sad, low motivation, anhedonia; paranoia, delusions, or racing thoughts; or other symptoms of mania, depression, psychosis, or anxiety. Diagnoses were schizoaffective disorder bipolar type, unspecified alcohol-related disorder, and cannabis-related disorder. (Exhibit 6, pp. 28-37)

An August 15, 2025 Mental Impairment Questionnaire was completed by Dr. [REDACTED], documents diagnoses of schizophrenia, diabetes mellitus type II, seizures, and obesity. Petitioner would be expected to be absent from work more than 4 days per month if working full time. At least 20% of the work day, Petitioner would be interrupted from psychologically based symptoms, need unscheduled breaks to deal with normal work stress, and be unduly distracted by others in proximity. Petitioner would have limited ability to accept instruction and respond appropriately to supervisors, would not be able to sustain an ordinary routine without special supervision, and would not have the ability to handle minimal changes in work routine without requiring re-training. Petitioner was noted to be predominantly limited by delusional illness of schizophrenia currently treated by psychiatry. This primary care doctor felt Petitioner was totally disabled by this

25-021868

condition and further details were to be clarified by his psychiatrist. Side effects from medication were sedation, low energy, and weight gain. (Exhibit 8, pp. 2-3).

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: seizure disorder; diabetes; obesity; schizoaffective disorder, bipolar type; alcohol use disorder; and cannabis use disorder. Based on the objective medical evidence, considered listings included 12.03 schizophrenia spectrum and other psychotic disorders. The medical evidence was not sufficient to meet the intent and severity requirements of this listing, or any other listing, or its equivalent. For example, the records did not document the A criteria (delusions or hallucinations, disorganized thinking (speech), or grossly disorganized behavior or catatonia. 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(c).

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

25-021868

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(c). 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: seizure disorder; diabetes; obesity; schizoaffective disorder, bipolar type; alcohol use disorder; and cannabis use disorder. Petitioner was not present to provide any testimony regarding his symptoms and limitations. Further, the submitted records as describe above do not support the degree of the limitations Petitioner's primary care doctor described in the August 15, 2025 Mental Impairment Questionnaire.

After review of the entire record it is found, at this point, that Petitioner has a combination of exertional and non-exertional limitations and maintains the residual functional capacity to perform limited work at any exertional level as defined by 20 CFR

416.967 on a sustained basis. Limitations would include simple routine tasks in a low stress setting requiring no more than occasional interaction with others.

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 hi-lo driver, packaging, and basic factory work. However, the available evidence does not provide sufficient information about the past work to determine whether Petitioner is able to perform any of it. Accordingly, Petitioner cannot be found disabled, or not disabled, at Step 4; therefore, 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 34 years old and, thus, considered to be a younger individual for disability purposes. Petitioner completed the 11th grade, participated in special education classes, and has a work history including hi-lo driver, packaging, and basic factory work. (Exhibit A, p. 38; AHR 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 maintains the residual functional capacity to perform limited work at any exertional level as defined by 20 CFR 416.967 on a sustained basis. Limitations would include simple routine tasks in a low stress setting requiring no more than occasional interaction with others. After review of the entire record, and in consideration of Petitioner's age, education, work experience, RFC, and using Medical Vocation Rule 204.00 as a guide, Petitioner is found not disabled at Step 5.

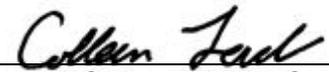
25-021868

In this case, Petitioner is found not disabled for purposes of SDA benefits, as the objective medical evidence does not 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 not 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 not disabled for purposes of the SDA benefit program.

DECISION AND ORDER

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



COLLEEN LACK
ADMINISTRATIVE LAW JUDGE

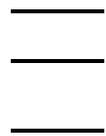
APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

25-021868

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.



Via Electronic Mail:

Respondent
KENT COUNTY DHHS
121 MARTIN LUTHER KING JR ST SE
STE 200
GRAND RAPIDS, MI 49507
MDHHS-KENT-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

[Redacted]
[Redacted]
[Redacted] MI [Redacted]

Authorized Hearing Rep

[Redacted]
[Redacted]
[Redacted] MI [Redacted]