



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON  
DIRECTOR

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Date Mailed: August 28, 2018  
MAHS Docket No.: 18-006055  
Agency No.: ██████████  
Petitioner: ██████████

**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 2, 2018, from Detroit, Michigan. The Petitioner was represented by herself. ██████████, her husband, appeared as a witness on behalf of Petitioner. The Department of Health and Human Services (Department) was represented by Jamie Manning, Eligibility Specialist.

**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 September 13, 2017, the Petitioner submitted an application seeking cash assistance (SDA) on the basis of a disability.
2. On April 3, 2018, the Disability Determination Services (DDS)/Medical Review Team (MRT) found Petitioner not disabled for purposes of the SDA program.
3. On April 10, 2018, the Department sent the Petitioner a Notice of Case Action denying the application based on DDS/MRT's finding of no disability.
4. On June 8, 2018, the Department received the Petitioner's timely written request for hearing.

5. Petitioner alleged disabling impairment due to seizures and Bipolar disorder and personality and impulse disorder.
6. On the date of the hearing, the Petitioner was [REDACTED] years old with a [REDACTED] 1991, birth date, she is [REDACTED] in height and weighs about [REDACTED] pounds.
7. The Petitioner completed the 11<sup>th</sup> grade and earned a GED and participated in special education classes.
8. At the time of the application, Petitioner was not employed.
9. The Petitioner last worked in June 2018. The Petitioner has an employment history as a dishwasher and as a cook at a restaurant.
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 Health and 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. 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.

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 Supplemental Security Income (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 1**

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 2**

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.

An annual psychiatric review on [REDACTED] 2017. At the time of the review, the Petitioner struggled with seeing things, which worsen at different times, and becomes frightened. She still has racing thoughts. She was receiving Abilify Maintenance injections to control mental health symptoms described as Bipolar I disorder, most recent episode depressed. Historically, it was reported that she was first hospitalized at age [REDACTED]. She reported no friends and family who are her support. She reports a good marriage and had been married for a year. All ADLs were done independently without assistance, except medication which required assistance. At the time, she was working 10 hours a week as a dishwasher and wished to work more but hours not available due to the time of year. She was seizure free within the past 12 months. A history of impulsive behaviors was reported, and she was concerned about seeing things at night and becoming fearful. There were no suicidal thoughts expressed at the time of the review. Although a history of drug use was reported, she has not used drugs for several years. Mental status reported as grooming minimal and hygiene good to fair. Mood and affect fluctuates from being angry and sad, and other times affect is flat depending on the topic. History of impulsive behavior that results in multiple hospitalizations.

Insight into symptoms, medications and consequences of actions is limited. Thought process notes struggles with staying on topic. She sometimes gets distracted and does not complete what she started to say. Petitioner could reason abstractly. Memory issues may be due to guarding and history of seeing things at night with distress and inability to resume sleep. At the conclusion of the meeting, the diagnosis was Bipolar I disorder, current episode depressed severe, Borderline personality disorder, Specific learning disorder with impairment in reading, opioid use disorder, moderate. Notes indicate that she continued to meet the criteria for Bipolar I disorder based on continued issues with her moods that have a significant impact on her functioning; easily irritated, depression; withdrawal from others, loss of interest in enjoyable activities, difficulty with concentration, frequent visual hallucinations and difficulty sleeping. The symptoms supporting borderline personality disorder were listed as unstable and intense relationships with others, feeling she will be abandoned, acting impulsively when upset, suicidal behavior and gestures when upset or fears being left alone, numbs out when stressed and cannot tolerate being alone and inappropriate intense anger outbursts. The specific learning disorder was self-reported with reading impairment, struggled in school and her academic function was on ongoing barrier. Failed most classes due to effort motivation, as well as difficulty with comprehension. The degree of her disability noted markedly reduced self-sufficiency included personal hygiene and self-care, self-direction, activities of daily living, social transactions and interpersonal relationships, and her symptoms were expected to continue for more than six months. The Petitioner had moderate symptoms or moderate difficulties in daily living.

A medication review was conducted by Petitioner's Mental Health Provider [REDACTED] Community Mental Health on [REDACTED], 2016. The Petitioner was taking the following medications: Singulair, Lamictal, Atenolol, Ativan, Lithium Carbonate Godon and Abilify Maintenance injections as well as Clonidine. Sleep struggles were reported off and on. Petitioner was working at the time two days a week washing dishes and may transition into cooking. Petitioner was also babysitting between one and three days a week. Mood was reported as changing minute to minute but extreme moods were denied. Mental status was reported as on time for the appointment, eye contact was good, appeared tired but oriented. Affect ranged from flat to bright. Speech was clear without pressure or increased productivity. Mood was self-rated as between four and five and an 8 on a 10-point scale. Denied thoughts of being better off dead. No suicidal ideation and did not identify concern with memory and focus had improved. Some fears expressed of a delusional nature more pronounced in the evening. Orient to present and future. Cognition was intact and judgment and insight were good. Diagnosis was Bipolar Disorder I, current most recent episode depressed severe, reading impairment, opioid use disorder moderate, in remission, borderline personality disorder, generalized idiopathic epilepsy, overweight with obesity and essential hypertension.

A consultative exam was conducted on [REDACTED], 2018, at the request of the Department DDS. Petitioner's mental health provider records were reviewed from July 2017 indicating Bipolar I, borderline personality; learning disability in reading, opioid use disorder; epilepsy, obesity and hypertension. Petitioner reported affective instability and

difficulty controlling emotions and anger, reported history of past suicidal behaviors and self-harm as a child. She endorsed risky impulsive behaviors and unstable self-image. Prescribed medications were also reported. Last substance abuse (crack) 2012 with no continuing use. At the time of the exam, the restaurant where she was working was undergoing construction; and she was not working. This job was her longest employment of two years. During the exam, Petitioner was socially appropriate, with eye contact and described herself as pretty good with interacting with people. In describing her Activities of daily living, the Petitioner was able to run errands, able to clean the house, and can prepare food, is independent in self care and personal hygiene. She is able to shop independently and drives a car.

The examiner found Petitioner's appearance as awake, alert and active, well hydrated and comfortable. She also reported no problems scheduling and keeping appointments. Energy level was normal, and based upon Petitioner's description of herself, she has excessive emotionality or self-dramatization, attention seeking affective instability, marked reactivity of mood, inappropriate anger or difficulty controlling anger and impulsivity. Also described was a pattern of unstable interpersonal relationships with push/pull elements. At the time of the exam, speech was normal, stream of mental activity was spontaneous and organized, without evidence of pressured speech, tangentiality, poverty of speech, incoherence, loose associations, flight of ideas and problems with work-finding. At the time of the exam, the Petitioner did not exhibit mood affect or overt symptoms of depressive or anxious type behaviors. Occasional sleep difficulty was reported, and reported no suicidal ideation.

At the conclusion of the exam, the Medical Source Statement found that Petitioner demonstrated apparent learned helplessness type behaviors. In general, Petitioner was found to be more functionally capable than she perceives. Based upon the exam, it was determined that Petitioner's mental abilities to understand, attend to, remember and carry out instructions of work-related behaviors are not impaired regarding the semi-skilled work behaviors she currently performs/has performed in the past. The impression was that Petitioner's abilities related to social interactions, ability to respond appropriately to co-workers and supervision and to adapt to change and stress in the workplace are mildly impacted at baseline. In general, she appears capable of continued work-related behaviors if motivated. Diagnoses were Borderline personality disorder with dependent features, unspecified mood (affective disorder), likely secondary to personality issues and unspecified substance related disorder. Prognosis was fair to guarded. Examiner found Petitioner capable of managing her own benefit funds.

Petitioner also reports physical impairment based upon epilepsy which was reported to have begun in 2016. The Petitioner's last seizure occurred in December 2016 and appear to be controlled with medication. The Petitioner does not have any driving medical restrictions due to seizures. The Petitioner takes Lamictal and Ativan for her seizures prescribed by her neurologist.

The Petitioner was seen for a neurology follow up on ██████████ 2016, at which time the neurological exam was assessed as essentially normal with diagnosis of localization related epilepsy with simple partial seizures, myoclonic absence epilepsy and memory loss.

### **Step 3**

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 11.02 Epilepsy, 12.04, Depressive and Bipolar and 12.08 Personality and Impulse Control Disorder were considered. The medical evidence presented does **not** show that Petitioner's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Therefore, Petitioner is not disabled under Step 3; and the analysis continues to Step 4.

### **Residual Functional Capacity**

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

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

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

carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b).

The exertional requirements, or physical demands, of work in the national economy are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a). Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools and occasionally walking and standing. 20 CFR 416.967(a). Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds; even though the weight lifted may be very little, a job is in the light category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. 20 CFR 416.967(b). Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. 20 CFR 416.967(e).

If an individual has limitations or restrictions that affect the ability to meet demands of jobs **other than** strength, or exertional, demands, the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e., unable to tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi).

For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. Id.; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1). In addition, four broad functional areas (activities of daily living; social functioning; concentration, persistence or pace; and episodes of decompensation) are considered when determining an individual's degree of mental functional limitation. 20 CFR 416.920a(c)(3). The degree of limitation for the first three functional areas is rated by a five-point scale: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). A four-point scale (none, one or two, three, four or more) is used to rate the degree of limitation in the fourth functional area. Id. The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. Id.



In this case, Petitioner alleges nonexertional limitations due to her medical condition regarding mental impairment and diagnosis of Bipolar Disorder I and borderline personality disorder. Although the Petitioner has been diagnosed with epilepsy, the Petitioner has not had a seizure since November 2016; therefore, however, her seizure diagnosis would require that she never be required to climb ladders, ropes or scaffolds and hazardous machinery and fumes, odors, dusts gases and poor ventilation due to an asthma history. In addition, the seizure in 2016 was reported by Petitioner as being due to running out of medication. Petitioner's husband indicated that Petitioner could not work fulltime and sometimes less than three days weekly due to stress. He also completed a Function Report in August 2017 regarding wife's abilities and limitations. He indicates that on average the Petitioner took one break per shift for about 20 minutes. The pattern he describes is that when she is having difficulty with her mood or anxiety she does not want to get dressed; and her mind can race, otherwise, Petitioner can do housework and care for herself. The Petitioner's husband reports that they do attend social functions such as parties, visiting a friend's house, having a BBQ and that Petitioner talks to her mother 2-3 times daily on the phone and that she is actively engaged in her community mental health appointments and meetings. If stressed, Petitioner was described as having fuzzy memory, and her mind goes too fast and her concentration is affected and when not having stress can concentrate for hours. He further indicated that the Petitioner's ability to follow written instructions was not too bad and does very well with verbal instructions if not stressed and can handle changes in routine but requires some adjustment time.

The Petitioner testified at the hearing that she performs household functions and activities of daily living for the most part without difficulty and can cook, do laundry, grocery shop, drive and cuts the grass as well as performs self-care of showering and dressing herself. She did testify to having anxiety daily a little bit. Her memory was reported as pretty good, was not having suicidal thoughts and sees her family daily. She treats on a regular basis for her mental issues and has seemed to improve with medications. When stressed, Petitioner withdraws and shuts down being unable to do anything. Petitioner testified to having bipolar disorder since age of [REDACTED]. Her meds were described helping her keep on an even keel and reports some sleep problems where her mind races and that her difficulty with keeping a job revolve around work related stress and anxiety; however, she did hold a position as a dishwasher for almost two years which she is not doing due to the restaurant where she was working undergoing renovation.

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.

Based on the medical record presented, as well as Petitioner's testimony, and that of her husband's and his written evaluation of his observations it is determined that the Petitioner has mild limitations with activities of daily living, her social functioning is moderately affected and her concentration and memory are moderately limited as is her persistence and pace and had no reported episodes of decompensation.

#### **Step 4**

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 working as a dishwasher for two years and cooking at a restaurant which she testified that she could do but that the restaurant shut down for renovations. The Petitioner was allowed breaks on her shift due to her mental stress level when necessary. Based upon the entire record, the Petitioner's testimony and that of her husband, as well as her medical evidence it is determined that Petitioner is capable of performing past relevant work. In light of the record it is found that Petitioner's nonexertional impairments do not prohibit her from performing past relevant work.

Because Petitioner is able to perform past relevant work, Petitioner is found not disabled at Step 4 with no further analysis required.

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.

LMF/



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**Lynn M. Ferris**

Administrative Law Judge

for Nick Lyon, 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 Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS 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. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**DHHS**

Ashur Hillman  
MDHHS-StClair-Hearings

**Petitioner**

[REDACTED]  
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