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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: August 1, 2017  
MAHS Docket No.: [REDACTED] 17-006659  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

### **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; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on [REDACTED], from Detroit, Michigan. Petitioner appeared for the hearing. Petitioner was represented by [REDACTED] of MPS, who also testified on behalf of Petitioner. The Michigan Department of Health and Human Services (MDHHS) was represented by [REDACTED], supervisor.

### **ISSUE**

The issue is whether MDHHS properly denied Petitioner's State Disability Assistance (SDA) eligibility for the reason that Petitioner is not a disabled individual.

### **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], Petitioner applied for SDA benefits (see Exhibit 1, pp. 86-116).
2. Petitioner's only basis for SDA benefits was as a disabled individual.
3. On [REDACTED], the Disability Determination Service determined that Petitioner was not a disabled individual (see Exhibit 1, pp. 11-17).
4. On [REDACTED], MDHHS denied Petitioner's application for SDA benefits.

5. On [REDACTED], Petitioner requested a hearing disputing the denial of SDA benefits (see Exhibit 1, p. 2).
6. As of the date of the administrative hearing, Petitioner did not have employment earnings amounting to substantial gainful activity.
7. As of the date of the administrative hearing, Petitioner was a 53-year-old female.
8. Petitioner's highest education year completed was the 12<sup>th</sup> grade.
9. Petitioner has a history of unskilled employment, with no known transferrable job skills.
10. Petitioner has various exertional and non-exertional restrictions which allow the performance of sufficiently available light employment.

### **CONCLUSIONS OF LAW**

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. MDHHS administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. MDHHS policies for SDA are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute the denial of an SDA application. Petitioner claimed an inability to work for 90 days due to mental and/or physical disabilities. MDHHS presented a Notice of Case Action (Exhibit 1, pp. 5-9) dated [REDACTED] verifying Petitioner's application was denied based on a determination that Petitioner was not disabled.

SDA provides financial assistance to disabled adults who are not eligible for Family Independence Program (FIP) benefits. BEM 100 (April 2017), p. 5. The goal of the SDA program is to provide financial assistance to meet a disabled person's basic personal and shelter needs. *Id.*

To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 (April 2017), p. 1. A person is disabled for SDA purposes if he or she meets any of the following criteria:

- Receives other specified disability-related benefits or services....
  - Resides in a qualified Special Living Arrangement (SLA) facility.
  - Is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability.
  - Is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS)...
- Id.*, pp. 1-2.

When the person does not meet one of the [above] criteria, [MDHHS is to] follow the instructions in BAM 815, Medical Determination and Disability Determination Service (DDS), Steps for Medical Determination Applications. *Id.*, p. 4. The DDS will gather and review the medical evidence and either certify or deny the disability claim based on the medical evidence. *Id.* The review of medical evidence is primarily outlined by federal law.

[State agencies] must use the same definition of disability as used under SSI... 42 C.F.R. § 435.540(a). [Federal] law defines disability 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 C.F.R. § 416.905(a).

MDHHS adopted a functionally identical definition of disability (see BEM 260 (July 2015), p. 10). The same definition applies to SDA, though SDA eligibility factors only a 90-day period of disability.

In general, you have to prove... that you are blind or disabled. 20 C.F.R. § 416.912(a). You must inform us about or submit all evidence known... that relates to whether or not you are blind or disabled. *Id.* Evidence includes, but is not limited to objective medical evidence (e.g. medical signs and laboratory findings), evidence from other medical sources (e.g. medical history and opinions), and non-medical statements about symptoms (e.g. testimony) (see *Id.*).

Federal regulations describe a sequential five step process that is to be followed in determining whether a person is disabled (see 20 C.F.R. § 416.920). If there is no finding of disability or lack of disability at each step, the process moves to the next step (see *Id.*)

The first step in the process considers a person's current work activity (see 20 C.F.R. §416.920 (a)(4)(i)). A person who is earning more than a certain monthly amount is ordinarily considered to be engaging in SGA. The monthly amount depends on whether a person is statutorily blind or not. The 2016 monthly income limit considered SGA for non-blind individuals is [REDACTED].

SGA means a person does the following: performs significant duties, does them for a reasonable length of time, and does a job normally done for pay or profit. *Id.*, p. 9. Significant duties are duties used to do a job or run a business. *Id.* They must also have a degree of economic value. *Id.* The ability to run a household or take care of oneself does not, on its own, constitute SGA. *Id.*

Petitioner credibly denied performing current employment; no evidence was submitted to contradict Petitioner's testimony. Based on the presented evidence, it is found that Petitioner is not performing SGA. Accordingly, the disability analysis may proceed to the second step.

At the second step, we consider the medical severity of your impairment(s). 20 C.F.R. §416.920 (a)(4)(ii). If you do not have a severe medically determinable physical or mental impairment that meets the duration requirement in §416.909, or a combination of impairments that is severe and meets the duration requirement, we will find that you are not disabled. *Id.*

Generally, federal courts have imposed a de minimus standard upon petitioners to establish the existence of a severe impairment. *Grogan v. Barnhart*, 399 F.3d 1257, 1263 (10<sup>th</sup> Cir. 2005); *Hinkle v. Apfel*, 132 F.3d 1349, 1352 (10<sup>th</sup> Cir. 1997). *Higgs v Bowen*, 880 F.2d 860, 862 (6<sup>th</sup> Cir. 1988). Similarly, SSR 85-28 has been interpreted so that a claim may be denied at step two for lack of a severe impairment only when the medical evidence establishes a slight abnormality or combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work even if the individual's age, education, or work experience were specifically considered. *Barrientos v. Secretary of Health and Human Servs.*, 820 F.2d 1, 2 (1<sup>st</sup> Cir. 1987). Social Security Ruling 85-28 has been clarified so that the step two severity requirements are intended "to do no more than screen out groundless claims." *McDonald v. Secretary of Health and Human Servs.*, 795 F.2d 1118, 1124 (1<sup>st</sup> Cir. 1986).

SSA specifically notes that age, education, and work experience are not considered at the second step of the disability analysis (see 20 C.F.R. § 416.920 (5)(c)). In determining whether Petitioner's impairments amount to a severe impairment, all other relevant evidence may be considered. The analysis will begin with a summary of presented medical documentation and Petitioner's testimony.

Hospital documents (Exhibit 1, pp. 63-74) from an admission dated [REDACTED] were presented. It was noted that Petitioner presented with complaints of left-sided weakness, ongoing since [REDACTED]. Left-sided problems were noted to resolve while in emergency room. Slurred speech and visual disturbance were notably absent. Some lower left-sided weakness (4/5) was noted. An EKG was normal. It was noted Petitioner's CVA risk factors included smoking, uncontrolled DM, HTN, dyslipidemia, morbid obesity, and probable sleep apnea. It was noted radiology indicated moderate arteriosclerotic changes in the left carotid bulb with 50% stenosis. Probable severe stenosis of the carotid artery was noted. The findings were deemed indicative of an acute CVA. Various meds were prescribed. A discharge date of [REDACTED], was noted.

A physician office visit summary (Exhibit 1, p. 39) dated [REDACTED], was presented. Petitioner's medical history included stroke, necrotizing fasciitis (left leg), asthma depression/anxiety, HTN, and uncontrolled DM (type I). Listed medications included Tramadol, Humulin, Metformin, Lisinopril, and others.

Behavioral health office visit documents (Exhibit 1, pp. 43-47) dated [REDACTED] were presented. Petitioner reported racing thoughts, poor sleep, increased appetite, weight gain, and thoughts of suicide. Petitioner rated symptoms as 6/10. It was noted Petitioner

was denied SSA benefits for the 14<sup>th</sup> time. It was noted Petitioner's children did not want Petitioner in their lives, in part, because a daughter was molested by a man Petitioner was seeing. A plan of weekly 30-90 minute sessions was planned.

A Psychiatric Evaluation (Exhibit 1, pp. 52-56) dated [REDACTED], was presented. It was noted Petitioner had no psychiatric treatment history. A history of alcohol and marijuana usage was noted. "Less than fair" grooming was noted. Petitioner reported constantly worrying about health issues. Fair memory, concentration, and attention was noted. Limited insight was noted. A diagnosis of depression (recurrent and moderate) was noted. Celexa dosage was increased to combat depression symptoms. Trazodone was prescribed to assist in sleep. Follow-up in 4 weeks was planned.

A progress note from behavioral health staff (Exhibit A pp. 1-2) dated [REDACTED], was presented. Petitioner reported dizziness and imbalance. A recommendation of going to the hospital was noted.

Hospital documents (Exhibit 1, pp. 20-33) from an admission dated October 29, 2016, were presented. It was noted that Petitioner presented with complaints of right-sided numbness (in face and arms) and tingling. Petitioner reported the problem is recurrent, but symptoms usually subside, but this time they did not. It was noted that a CT report of Petitioner's head indicated an occluded artery with moderate stenosis. Heart testing was noted to be negative. A history of necrotizing fasciitis was noted. Metformin was prescribed for diabetes. Levothyroxine was administered. Petitioner was noted to exhibit "minimal" right-sided weakness and gait disturbance. Petitioner reported medical history of CVAs in [REDACTED] and earlier in [REDACTED]. No neurological deficits were noted on [REDACTED]. Treatment after [REDACTED], was not presented.

Petitioner testified she's had 4 heart attacks and multiple strokes. Petitioner testified her 2<sup>nd</sup> stroke happened in [REDACTED] while in another state. Petitioner testified she still has right-sided numbness.

Petitioner testified she had MRSA on her left leg in [REDACTED]. Petitioner testified it was caused by an ingrown hair from shaving her legs. Petitioner testified she is no longer able to shave her legs because of a fear of again contracting MRSA. Petitioner testified treatment of MRSA included removal of muscle tissue which permanently weakened her leg.

Petitioner testified she is unable to lift her left arm due to arthritis. Petitioner testified she treats her arthritis with a topical cream. Petitioner testified physical therapy in [REDACTED] helped to reduce pain, but only for approximately 2 weeks after therapy ended. Petitioner testified she is awaiting approval from her insurance to again attend physical therapy.

Petitioner testified that she has DM. Petitioner testified she has to take insulin shots 4 times per day.

Petitioner testified she was diagnosed with bilateral carpal-tunnel syndrome (CTS) in [REDACTED]. Petitioner testified CTS causes her to frequently drop items. Petitioner also expressed difficulty in picking-up items. Petitioner testified she has not received any treatment for CTS. Due to the absence of treatment records, impairments from CTS will not be factored within the disability analysis.

Petitioner described ongoing mental health symptoms of impatience and irritability. Petitioner testified she attended therapy for the past year. Petitioner testified therapy has reduced suicidal ideation, but was of little value otherwise.

Presented medical records generally verified degrees of ambulation and standing. Degrees of concentration and/or social interaction impairments were also sufficiently verified. The treatment history was established to have lasted at least 90 days and at least since Petitioner's date of SDA application. Accordingly, it is found that Petitioner established having a severe impairment and the disability analysis may proceed to Step 3.

At the third step, [SSA will] also consider the medical severity of your impairment(s). If you have an impairment(s) that meets or equals... listings in appendix 1 to subpart P of part 404 of this chapter and meets the duration requirement, [SSA] will find that you are disabled. 20 C.F.R. § 416.920 (a)(4)(iii). If a petitioner's impairments are listed and deemed to meet the durational requirement, then the petitioner is deemed disabled (see 20 C.F.R. § 416.920 (d)). If your impairment(s) does not meet or equal a listed impairment, [SSA] will assess and make a finding about your residual functional capacity based on all the relevant medical and other evidence in your case record.... 20 C.F.R. § 416.920 (e).

A listing for joint dysfunction (Listing 1.02) was considered based on Petitioner's complaints of leg weakness. The listing was rejected due to a failure to establish that Petitioner is unable to ambulate effectively.

A listing for spinal disorders (Listing 1.04) was considered based on Petitioner's lumbar pain complaints. This listing was rejected due to a failure to establish a spinal disorder resulting in a compromised nerve root.

A listing for sleep apnea (Listing 3.10) was considered. The listing was rejected due to a failure to meet the requirements of Listings 3.09 or 12.02.

A listing based on central nervous system vascular accidents (Listing 11.05) was considered based on Petitioner's reported stroke history. The listing was rejected due to a failure to establish motor function disorganization in two extremities or ineffective speech or communication.

Listings for affective disorders (Listing 12.04) and anxiety disorders (Listing 12.06) were considered based on Petitioner's treatment history. The listings were rejected due to a failure to establish an extreme restriction or multiple marked restrictions to

understanding or applying information, interacting with others, concentration or persistence, and/or adaptation. It was also not established that Petitioner had minimal capacity to adapt to changes in environment or to demands that are not already part of daily life.

It is found Petitioner does not meet any SSA listings. Accordingly, the analysis may proceed.

If your impairment(s) does not meet or equal a listed impairment, we will assess and make a finding about your residual functional capacity based on all the relevant medical and other evidence in your case record.... 20 C.F.R. § 416.920 (e). We use our residual functional capacity assessment at the fourth step of the sequential evaluation process to determine if you can do your past relevant work... and at the fifth step of the sequential evaluation process (if the evaluation proceeds to this step) to determine if you can adjust to other work... *Id.*

Your impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what you can do in a work setting. 20 C.F.R. § 416.945 (a)(1). Your residual functional capacity is the most you can still do despite your limitations. *Id.* We will assess your residual functional capacity based on all the relevant evidence in your case record. *Id.* We will consider all of your medically determinable impairments of which we are aware, including your medically determinable impairments that are not "severe,"... when we assess your residual functional capacity. 20 C.F.R. § 416.945 (a)(2). We will assess your residual functional capacity based on all of the relevant medical and other evidence. 20 C.F.R. § 416.945(a)(3). We will first use our residual functional capacity assessment at step four of the sequential evaluation process to decide if you can do your past relevant work. 20 C.F.R. § 416.945(a)(5).

For purposes of this decision, a RFC assessment will proceed without an RFC. An RFC assessment will be reserved for the final step.

At the fourth step, we consider our assessment of your residual functional capacity and your past relevant work. 20 C.F.R. § 416.920(a)(4)(iv). If you can still do your past relevant work, we will find that you are not disabled. *Id.*

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 C.F.R. § 416.960(b)(1). We will not consider your vocational factors of age, education, and work experience or whether your past relevant work exists in significant numbers in the national economy. 20 C.F.R. § 416.960(b)(3).

Petitioner's reported work history (Exhibit 1, p. 81) listed that Petitioner worked as a part-time cleaner of houses for 2 years. No other employment was listed.

Petitioner testified she can perform some types of cleaning, but not enough to perform the work professionally. For example, Petitioner testified she can dust, but not vacuum

or do dishes. Petitioner testified she no longer has the patience or stamina to clean homes.

Petitioner's testimony was indicative of an absence of employment amounting to SGA from the past 15 years. Without any such history, it must be found that Petitioner cannot return to such employment.

If we find that your residual functional capacity does not enable you to do any of your past relevant work or if we use the procedures in § 416.920(h), we will use the same residual functional capacity assessment when we decide if you can adjust to any other work. We will look at your ability to adjust to other work by considering your residual functional capacity and the vocational factors of age, education, and work experience, as appropriate in your case. (See § 416.920(h) for an exception to this rule.) Any other work (jobs) that you can adjust to must exist in significant numbers in the national economy (either in the region where you live or in several regions in the country).

At the fifth and last step, we consider our assessment of your residual functional capacity and your age, education, and work experience to see if you can make an adjustment to other work. 20 C.F.R. § 416.920(a)(4)(v). If you can make an adjustment to other work, we will find that you are not disabled. *Id.* If you cannot make an adjustment to other work, we will find that you are disabled. *Id.*

Your impairment(s) and related symptoms, such as pain, may cause limitations of function or restrictions which limit your ability to meet certain demands of jobs. 20 C.F.R. § 416.969a(a). These limitations may be exertional, nonexertional, or a combination of both. *Id.*

When the limitations and restrictions imposed by your impairment(s) and related symptoms, such as pain, affect only your ability to meet the strength demands of jobs (sitting, standing, walking, lifting, carrying, pushing, and pulling), we consider that you have only exertional limitations. 20 C.F.R. § 416.969a(b). When your impairment(s) and related symptoms only impose exertional limitations and your specific vocational profile is listed in a rule contained in appendix 2, we will directly apply that rule to decide whether you are disabled. *Id.*

When the limitations and restrictions imposed by your impairment(s) and related symptoms, such as pain, affect only your ability to meet the demands of jobs other than the strength demands, we consider that you have only nonexertional limitations or restrictions. 20 C.F.R. § 416.969a(c)(1). Some examples of nonexertional limitations or restrictions include the following... nervousness, anxiousness, depression, attention or concentration deficits, difficulty remembering instructions, vision loss, hearing loss, difficulty with environment (e.g. fumes), hand manipulation, bending, crouching, kneeling, or other body maneuvers (see *Id.*).



If your impairment(s) and related symptoms, such as pain, only affect your ability to perform the nonexertional aspects of work-related activities, the rules in appendix 2 do not direct factual conclusions of disabled or not disabled. 20 C.F.R. § 416.969a(c)(2)

Limitations are classified as exertional if they affect your ability to meet the strength demands of jobs. *Id.* To determine the physical exertion requirements of work in the national economy, we classify jobs as *sedentary, light, medium, heavy, and very heavy*. 20 C.F.R. § 416.967.

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. 20 C.F.R. § 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. *Id.*

Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. 20 C.F.R. § 416.967(b). Even though the 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, you must have the ability to do substantially all of these activities. *Id.* If someone can do light work, we determine that he or she can also do sedentary work, unless there are additional 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 C.F.R. § 416.967(c). If someone can do medium work, we determine that he or she can also do sedentary and light 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 C.F.R. § 416.967(d). If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. *Id.*

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 C.F.R. § 416.967(e). If someone can do very heavy work, we determine that he or she can also do heavy, medium, light, and sedentary work. *Id.*

Given Petitioner's age, education and employment history a determination of disability is dependent on Petitioner's ability to perform light employment. Social Security Rule 83-10 states that the full range of light work generally requires standing or walking, off and on, for a total of approximately 6 hours of an 8-hour workday.

Petitioner testified she uses a cane 3-4 times per week. Petitioner testified she will use a cane when her left side is weak. Petitioner testified she can walk for 5 minutes before losing her breath. Petitioner testified ankle pain limits her standing to 5-10 minutes. Petitioner could not estimate how long she can sit. Petitioner testified her lifting/carrying is limited to 15 pounds.

Petitioner testified she relies on a chair when bathing. Petitioner testified she has no problems when dressing other than difficulty putting on a bra. Petitioner testified her boyfriend performs most house cleaning and laundry, but she can dust. Petitioner testified she is able to shop but limits her trips to 20 minutes. Petitioner testified she is unable to fish, bowl, or bike.

Petitioner's statements concerning use of a cane, limited standing, and ADLs was generally consistent with an inability to perform light employment. The analysis will proceed to consider whether Petitioner's statements were supported by presented medical records.

Hospital treatment documents from ██████ referenced an abnormal gait and leg-muscle weakness. Generally, an abnormal gait and leg weakness are consistent with standing difficulties precluding the performance of light employment.

It is notable that an abnormal gait and muscle weakness were documented only immediately after Petitioner was treated for stroke-like symptoms. Treating physician documents did not appear to note that Petitioner's gait was abnormal or that she experienced leg-muscle weakness. Permanent neurological abnormalities were not apparent. Brain radiology was indicative of concern, though it was not accompanied by treatment documents.

Generally, Petitioner complained of multiple physical problems but provided verify little verification of treatment. Only a single physician encounter was documented. The lack of physician treatment is consistent with restrictions that would not preclude the performance of light employment.

Given presented evidence, it is found that Petitioner is capable of performing light employment. The analysis will proceed to consider Petitioner's alleged non-exertional restrictions.

Petitioner only verified 2 mental health treatment visits. An increase in Celexa was verified. Multiple reported symptoms were documented. A diagnosis of "moderate" depression was verified. The evidence is conceivably indicative of non-exertional restrictions, though again it must be wondered how serious Petitioner's symptoms are given presented treatment records. At most, given presented evidence justifies finding that Petitioner is precluded from performing highly stressful and/or complex employment. The non-exertional restriction on employment is not deemed to significantly reduce Petitioner's light employment opportunities so that an evaluation of employment opportunities within Petitioner's residential area is necessary.

Based on Petitioner's exertional work level (light), age (approaching advanced age), education (high school), employment history (no transferrable skills), Medical-Vocational Rule 201.13 is found to apply. This rule dictates a finding that Petitioner is not disabled. Accordingly, it is found that MDHHS properly found Petitioner to be not disabled for purposes of SDA benefits.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly denied Petitioner's SDA benefit application dated [REDACTED], based on a determination that Petitioner is not disabled. The actions taken by MDHHS are **AFFIRMED**.

CG/hw



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**Christian Gardocki**

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) 335-6088; 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**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]

**Authorized Hearing Rep.**

[REDACTED]  
[REDACTED]  
[REDACTED]