

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**

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Reg. No.: 14-001318  
Issue No.: 4001  
Case No.: ██████████  
Hearing Date: May 29, 2014  
County: WAYNE-DISTRICT 55

**ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton**

**HEARING DECISION**

Following Claimant'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. After due notice, a telephone hearing was held on May 29, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and ██████████, Claimant's Authorized Hearing Representative. Participants on behalf of the Department of Human Services (Department) included ██████████, Eligibility Specialist/Medical Contact Worker.

**ISSUE**

Did the Department act properly when it denied Claimant's application for State Disability Assistance (SDA) benefits for a failure to verify her disability?

**FINDINGS OF FACT**

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

1. Claimant applied for SDA benefits on January 28, 2014.
2. On February 7, 2014, the Department sent Claimant a Verification Checklist (VCL) requesting that she provide medical records regarding her disability by February 18, 2014.
3. Prior the due date, Claimant left a message and a handwritten letter for her assigned worker stating that her doctor required payment prior to completion one of the medical forms.

4. On April 17, 2014, the Department sent Claimant a Notice of Case Action notifying her that her application for SDA benefits had been denied for failure to verify her disability.
5. On April 23, 2014, Claimant filed a request for hearing disputing the Department's actions.

### **CONCLUSIONS OF LAW**

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

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

Claimant acknowledged receipt of the VCL requesting that she provide several documents including medical records. Claimant testified that she turned in all the requested documents except a form that was to be completed by her doctor. Claimant stated that she left both a voicemail message and a handwritten letter for her assigned worker stating that she could not afford to have the form completed by her doctor. Department policy requires that if a client is unable to provide verification despite reasonable efforts, the Department is to extend the time limit up to three times. BAM 130 (January 2014), p. 6. It does not appear that any extension of time was allowed in this matter. Further, Department policy requires that payment assistance is to be provided to the client in obtaining medical evidence. BAM 815 (January 2013), p. 7. The Department confirmed that it did not provide Claimant with any payment assistance in obtaining required documentation. Further, the Department is required to have the client complete an authorization to release health information and request existing records if the client has seen a physician within the last six months, gone to a clinic within the past six months or has been hospitalized within the past 12 months. BAM 815, pg. 4.

Additionally, the Department testified that in lieu of receipt of the form completed by Claimant's doctor, it would have accepted discharge documentation relating to Claimant's illnesses. Claimant testified that on the day she left the handwritten letter for her worker, she also attempted to leave her discharge paperwork and other medical information. However, a Department employee would not allow Claimant to submit the medical documentation. The Department is aware its front desk staff is prohibiting clients from leaving medical information and indicated that it is currently taking steps to address this issue.

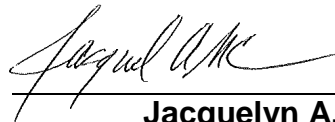
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it denied Claimant's application for SDA benefits for failure to returned requested information.

**DECISION AND ORDER**

Accordingly, the Department's decision is **REVERSED**.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Register and Reprocess Claimant's January 28, 2014 application for SDA benefits;
2. Issue supplements to Claimant for any SDA benefits she is eligible to receive but did not from February 16, 2014 ongoing; and
3. Notify Claimant in writing of its decision in accordance with Department policy.



**Jacquelyn A. McClinton**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **6/4/2014**

Date Mailed: **6/4/2014**

JAM /cl

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

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 48909-07322

CC:

[REDACTED]