

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-35258  
Issue No(s): 3008;4002  
Case No.: [REDACTED]  
Hearing Date: May 22, 2014  
County: Wayne (55)

**ADMINISTRATIVE LAW JUDGE:** Zainab Baydoun

**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 22, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and his mother/Authorized Hearing Representative (AHR), [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Eligibility Specialist/Medical Contact Worker.

**ISSUE**

Did the Department properly calculate the amount of Claimant's Food Assistance Program (FAP) benefits and deny his application for State Disability Assistance (SDA)?

**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 was an ongoing recipient of FAP benefits and was approved for monthly FAP benefits of \$189. (Exhibit 1)
2. On January 29, 2014, Claimant submitted an application for SDA benefits.
3. On February 7, the Department sent Claimant a Medical Determination Verification Checklist along with other forms for which Claimant was required to complete and return to the Department by February 18, 2014. (Exhibit 2)

4. On April 17, 2014, the Department sent Claimant a Notice of Case Action informing him that his SDA application had been denied on the basis that he failed to verify or allow the Department to verify information necessary to determine eligibility for the program. (Exhibit 3)
5. On April 28, 2014, Claimant submitted a hearing request 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).

#### **FAP**

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001 to .3015.

Claimant submitted a hearing request disputing the Department's calculation of his FAP benefits. At the hearing, the Department stated and Claimant confirmed that Claimant was approved for FAP benefits in the amount of \$189. A review of the eligibility summary presented establishes that Claimant has been receiving FAP benefits in the monthly amount of \$189 since November 1, 2013, and that there has been no lapse or interruption in his receipt of FAP benefits. (Exhibit 1).

According to RFT 260, the maximum amount of monthly FAP benefits that Claimant's confirmed group size of one is eligible to receive is \$189. Therefore, the Department did properly calculate Claimant's FAP benefits. RFT 260 (December 2013), p.1.

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 acted in accordance with Department policy when it calculated the amount of Claimant's FAP benefits.

#### **SDA**

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.

Additionally, verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (July 2013), p.1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, pp. 2-3. Although the client must obtain the required verification, the Department must assist if a client needs and requests help. If neither the client nor the Department can obtain the verification despite a reasonable effort, the Department is to use the best available information; and if no evidence is available, the Department is to use its best judgment. BAM 130, p. 3.

With respect to SDA cases, clients are given 10 calendar days to provide the verifications requested by the Department. Verifications are considered to be timely if received by the date they are due. BAM 130, p.6. The Department will send a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p.6.

In this case, in connection with Claimant's SDA application, the Department testified that on February 7, 2014, it sent Claimant a Medical Determination Verification Checklist (VCL), along with other documents such as a DHS 49-Medical Examination Report, DHS 49D-Psychiatric/Psychological Examination Report, DHS 49E- Mental Residual Functional Capacity Assessment, DHS 49F- Medical Social Questionnaire, DHS 49G-Activities of Daily living and a DHS 1555-Authorization to Release Protected Health Information. Claimant was instructed to return the completed forms to the Department by February 18, 2014. (Exhibit 2).


The Department stated that because it did not receive any of the requested information by the due date and because it did not receive any communication from Claimant indicating he was having difficulty obtaining the verifications, it sent Claimant a Notice of Case Action on April 17, 2014, denying the application. (Exhibit 3).

At the hearing, Claimant testified that he is not sure whether or not he received the VCL. Claimant's AHR stated that Claimant has memory trouble and has difficulty remembering facts. Neither Claimant nor his AHR could recall if the forms were completed and returned. Claimant testified that his doctor completes all of his medical forms, however, it was not established that Claimant provided the forms to his doctor to be submitted to the Department.

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 acted in accordance with Department policy when it denied Claimant's SDA application based on a failure to verify. Claimant was informed that he was entitled to submit a new application for SDA benefits and have an authorized representative assigned to his case to assist him.

**DECISION AND ORDER**

Accordingly, the Department's FAP and SDA decisions are AFFIRMED.

  
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**Zainab Baydoun**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: May 29, 2014

Date Mailed: May 29, 2014

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, 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

ZB/tlf

2014-35258/ZB

cc:

