

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

**IN THE MATTER OF:**



Reg. No.: 14-014349  
Issue No.: 2000, 3000, 4002, 5000  
Case No.: [REDACTED]  
Hearing Date: November 20, 2014  
County: GENESEE-DISTRICT 2

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

**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 November 20, 2014, from Lansing, Michigan. Participants on behalf of Claimant included herself. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator [REDACTED]

**ISSUE**

Did the Department properly deny Claimant's State Disability Assistance Program application on September 9, 2014?

**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 August 9, 2014, Claimant submitted an application for Medical Assistance, Food Assistance Program, and State Disability Assistance Program benefits.
2. On August 12, 2014, Claimant was sent a Health Care Coverage Determination Notice (DHS-1606) stating she was eligible for Medical Assistance beginning August 1, 2014. The Medical Assistance portion of this case is dismissed.
3. On August 13, 2014, Claimant was issued a Medical Determination Verification Checklist packet for her State Disability Assistance Program application.
4. On August 15, 2014, Claimant was sent a Notice of Case Action (DHS-1605) which stated she was eligible for the maximum amount of Food Assistance Program benefits beginning September 1, 2014. Claimant received Food Assistance Program benefits from Ohio for the month of August 2014. The Food Assistance Program portion of this case is dismissed.
5. On August 25, 2014, Claimant was granted an extension of the due date for her State Disability Assistance Program medical verifications.

6. On August 30, 2014, submitted another State Disability Assistance Program application.
7. On September 4, 2014, Claimant submitted another Medical Assistance and State Disability Assistance Program application.
8. On September 9, 2014, the Department had not received all the requested medical verification to determine Claimant's eligibility for State Disability Assistance Program. Claimant's State Disability Assistance Program application was denied Claimant was sent a Notice of Case Action (DHS-1605).
9. On October 7, 2014, Claimant submitted a hearing request for Medical Assistance, Food Assistance Program, State Disability Assistance Program, and State Emergency Relief Program.
10. On October 8, 2014, Claimant submitted an application for State Emergency Relief Program assistance.
11. On October 9, 2014, Claimant was sent notice regarding her State Emergency Relief Program application. There is no jurisdiction to review any State Emergency Relief Program concerns Claimant has in this hearing because the hearing request was submitted before any Departmental action on Claimant's State Emergency Relief Program application. The State Emergency Relief Program portion of this hearing is dismissed.

### **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.

During this hearing Claimant did not dispute her failure to provide all the requested medical verifications. Claimant asserted that she was unable to obtain them because it takes time for her to get approval from her primary physician to be referred out to specialists.

Bridges Administration Manual (BAM) 130 Verification and Collateral Contacts (2014) at page 6 under Timeliness of Verifications states:

#### **FIP, SDA, Child Development and Care (CDC), FAP**

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested.

**Exception:** For CDC only, if the client cannot provide the verification despite a reasonable effort, extend the time limit at least once.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a DHS representative are considered to be received the next business day.

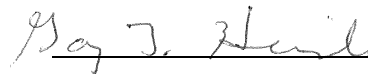
Send a negative action notice when:

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.

There is no evidence in this record showing that Claimant reported any further difficulty with obtaining the medical verifications or that she requested the Department's assistance to obtain the medical verifications. Claimant's assertion about the delay of obtaining medical verification may be true. However, Department policy contains clear criteria and the Department is not expected to know of difficulties or issues not reported to them. 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 State Disability Assistance Program application on September 9, 2014.

### **DECISION AND ORDER**

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



\_\_\_\_\_  
Gary Heisler  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **12/16/2014**

Date Mailed: **12/16/2014**

GFH/hj

**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 48909-8139

cc:

