

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 14-017518  
Issue No.: 4002  
Case No.: ██████████  
Hearing Date: March 4, 2015  
County: OAKLAND-DISTRICT 4  
(NORTH SAGINAW)

**ADMINISTRATIVE LAW JUDGE: Eric Feldman**

**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 March 4, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant, ██████████; and Claimant's interpreter, ██████████, Case Manager from ██████████. Participants on behalf of the Department of Human Services (Department or DHS) included ██████████ Eligibility Specialist.

**ISSUE**

Did the Department properly deny Claimant's State Disability Assistance (SDA) program application effective September 1, 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 4, 2014, Claimant applied for SDA benefits. See Exhibit 1, p. 1.
2. On August 21, 2014, the Department sent Claimant a Verification Checklist (VCL) and a Medical Determination Verification Checklist (medical packet) and it was due back by September 2, 2014. See Exhibit 1, pp. 4-5 and 14-15. The medical packet included additional medical forms to complete by September 2, 2014, such as an Authorization to Release Protected Health Information (translated version) (DHS-1555-SP), Medical Social Questionnaire (translated version) (DHS-0049-F-SP), etc...See Exhibit 1, pp. 4-5.

3. On August 28, 2014, Claimant submitted an Activities of Daily Living (translated version) (DHS-0049-G-SP) and a Medical Social Questionnaire (translated version) (DHS-0049-F-SP). See Exhibit 1, pp. 6-13.
4. The Department indicated that Claimant failed to submit the remaining verifications, such as the DHS-1555-SP, Authorization to Release Protected Health Information.
5. On September 15, 2014, the Department sent Claimant a Notice of Case Action notifying her that her Cash (SDA) application was denied effective September 1, 2014, ongoing, due to her failure to return the requested medical packet by the due date. See Exhibit 1, pp. 16-17
6. Claimant alleged that her primary physician faxed over to the Department her medical records on two different occasions. Claimant alleged that the first faxed was done before the due date of September 2, 2014 and the second fax was completed on September 23, 2014 (fax confirmation page provided). See Exhibit A, p. 1.
7. On September 22, 2014, Claimant filed a hearing request, protesting the SDA denial. See Exhibit 1, p. 2.

### **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.

Clients must cooperate with the local DHS office in obtaining verification for determining initial and ongoing eligibility. BAM 105 (April 2014), p. 6.

For SDA cases, the Department allows the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested. BAM 130 (July 2014), p. 6. The Department sends 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.

Additionally, BAM 815 explains the process for obtaining medical evidence provided by the client and how it would be reviewed by the Medical Review Team (MRT). See BAM 815 (July 2014), pp. 1-16. Specifically, BAM 815 indicates that Claimant must complete

the Medical Social Questionnaire (DHS-49-F) and the Authorization to Release Protected Health Information (DHS-1555). See BAM 815, pp. 3-4 (client must complete appropriate sections of the DHS-1555 to authorize release of the medical information).

At the hearing, Claimant acknowledged receiving the numerous medical forms to complete by the due date. Moreover, Claimant agreed that she only submitted the two forms (Activities of Daily Living and Medical Social Questionnaire) on August 28, 2014. See Exhibit 1, pp. 6-13. However, Claimant argued that her primary physician also submitted the remaining forms by the due date. Claimant testified that she went to her primary physician and indicated that the primary physician faxed the forms and/or medical records before due date of September 2, 2014. Claimant did not provide a copy of the alleged first fax transmission. Then, Claimant discovered that the Department did not receive the original fax and had the primary physician send a subsequent fax again on September 23, 2014. Claimant provided a copy of the fax confirmation on September 23, 2014. See Exhibit A, p. 1. Claimant also indicated that she spoke to multiple DHS caseworkers.

In response, the Department argued that it did not receive the remaining documents requested, specifically, supporting medical information from the doctor to state her disability. See Exhibit 1, p. 1. The Department stated that per policy if no medical information is provided from the Claimant, the Department is not required to submit the request to the Medical Review Team (MRT). See Exhibit 1, p. 1.

Based on the foregoing information and evidence, the Department properly denied Claimant's Cash (SDA) application effective September 1, 2014, ongoing, in accordance with Department policy.

Claimant indicated that she spoke to different DHS caseworkers regarding the verifications requested. Nonetheless, Claimant must complete the necessary forms to determine her initial SDA eligibility. BAM 105, p. 6. Claimant alleged her primary physician submitted the remaining medical forms before the due date; however, she failed to provide any proof of the fax confirmation. Claimant only provided proof of the fax completed on September 23, 2014; but this was after the due date. See Exhibit A, p. 1.


Additionally, the Department's argument appears partially incorrect when it stated that if no medical information is provided from the Claimant, the Department is not required to submit the request to the MRT. See Exhibit 1, p. 1. A review of BAM 815 finds that Claimant must only complete the Medical Social Questionnaire form (DHS-49-F) and the Authorization to Release Protected Health Information form (DHS-1555). See BAM 815, pp. 3-4 (client must complete appropriate sections of the DHS-1555 to authorize release of the medical information). Even though the Department's argument appears improper, the Department still established that Claimant failed to submit the Authorization to Release Protected Health Information form before the due date. Because Claimant failed to submit the medical packet before the due date (i.e., the

Authorization to Release Protected Health Information form (DHS-1555), the Department acted in accordance with Department policy when it denied Claimant's Cash (SDA) application effective September 1, 2014. BAM 105, p. 6; BAM 130, p. 6; and BAM 815, pp. 1-16. Claimant can reapply for SDA benefits.

### **DECISION AND ORDER**

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 properly denied Claimant's SDA application effective September 1, 2014.

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

  
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**Eric Feldman**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **3/5/2015**

Date Mailed: **3/5/2015**

EJF/tm

**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: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]