

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-018662
Issue No.: 4002
Case No.: [REDACTED]
Hearing Date: February 19, 2015
County: Kent-District 1

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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, telephone hearing was held on February 19, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] and her daughter [REDACTED]. Participants on behalf of the Department included [REDACTED], Family Independence Manager, and [REDACTED] as Hearings Facilitator. This hearing was combined with a hearing under Reg. No. 14-017873 but a separate written decision and order will be issued.

ISSUE

Did the Department close the Claimant's State Disability Assistance (SDA) benefits?

FINDINGS OF FACT

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

1. The Claimant was an ongoing State Disability Assistance (SDA) recipient.
2. On November 13, 2014, the Department sent the Claimant a Medical Determination Verification Checklist (DHS-3503-MRT) with a due date of November 24, 2014.
3. On December 12, 2014, the Department notified the Claimant that it would close her State Disability Assistance (SDA) benefits as of January 1, 2015.
4. On December 18, 2014, the Department received the Claimant's request for a hearing protesting the closure of her State Disability Assistance (SDA) benefits.

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 office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (October 1, 2014), p 5.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (October 1, 2014), pp 1-9.

The Claimant was an ongoing State Disability Assistance (SDA) recipient when the Department initiated a routine review of her eligibility to receive ongoing benefits. On November 13, 2014, the Department sent the Claimant a Medical Determination Verification Checklist (DHS-3503-MRT) with a due date of November 24, 2014. On December 12, 2014, the Department had not received the Claimant's verification material and it notified the Claimant that it would close her State Disability Assistance (SDA) benefits as of January 1, 2015.

The Claimant testified that she was willing to provide the Department with the information that was requested. The Claimant testified that she submitted the Department's forms to her treating physician and that her physician failed to pass them on to the Department in a timely manner.

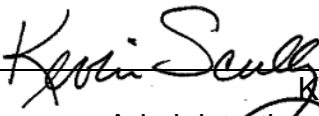
The Claimant has the burden to establish her eligibility to receive benefits and a duty to provide the Department with the information necessary to determine her eligibility for these benefits. This duty to provide the Department with information cannot be delegated to the Claimant's treating physician. The Claimant did not provide the Department with the information that was requested and the Claimant has failed to establish that she was eligible for continuing benefits.

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 closed the Claimant's State Disability Assistance (SDA) benefits.

During the hearing, the Claimant testified that she was protesting the Food Assistance Program (FAP) as well. The Claimant's request for a hearing dated December 18, 2014, does not give any indication that she was protesting the Food Assistance Program (FAP) and therefore this program was not address in this decision.

DECISION AND ORDER

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



Kevin Scully
Administrative Law Judge
for Nick Lyon, Acting DHS Director
Department of Human Services

Date Signed: **3/2/2015**

Date Mailed: **3/2/2015**

KS/las

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:

