

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-013168  
Issue No.: 4001  
Case No.: [REDACTED]  
Hearing Date: January 22, 2015  
County: Macomb-District 20

**ADMINISTRATIVE LAW JUDGE:** Carmen G. Fahie

**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 Thursday, January 22, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED] =-[REDACTED] Hearing Facilitator.

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly close Claimant's case State Disability Assistance (SDA)?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. The Claimant received SDA benefits.
2. The Claimant was required to submit requested verification by August 25, 2014.
3. On August 27, 2014, the Department closed Claimant's case.
4. On August 27, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5. On October 3, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.

### **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), and Department of Human Services Reference Tables Manual (RFT).

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, the Claimant submitted a medical review for SDA on August 6, 2014. Department Exhibit 5-8. On August 14, 2014, the Department sent the Claimant a Verification Checklist for written verification that was due on August 25, 2014. Department Exhibit 1-2. According to the Department, the Claimant failed to provide the required verification of her medical forms that was due on August 25, 2014. As a result, the Department sent the Claimant a notice that her SDA benefits were denied on August 27, 2014 due to failure to provide verification. Department Exhibit 3-4. BEM 260 and 261.

During the hearing, the Claimant stated that medical forms were printed in Spanish. The Department concurred that her medical forms were indeed printed in Spanish even though there was nothing on the record that the Claimant spoke Spanish. She does not speak Spanish. The Claimant stated that she called the Department on August 21, 2014 to inform the Department Caseworker that her medical forms were printed in Spanish and that she asked for an extension from the supervisor, [REDACTED]. The Claimant received SDA with a medical review due August 2014. As a result of Department error, the Claimant is eligible for SDA until the Medical Review Team (MRT) makes a determination of her medical review for SDA.

The Department has not met their burden that the Claimant's SDA case should be closed because the Claimant failed to provide the required verification to determine continued SDA eligibility.

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 sent the Claimant the medical forms in Spanish when she spoke English and did not issue an extension and resend the medical forms in English.

### **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. Initiate a redetermination of the Claimant's eligibility for SDA retroactive to September 2014 by sending a new verification checklist with medical forms written in English with the Claimant being eligible for SDA based on medical review until the MRT makes a new determination.
2. Provide the Claimant with written notification of the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits she/he may be eligible to receive, if any.

*Carmen G. Fahie*

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**Carmen G. Fahie**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **2/11/2015**

Date Mailed: **2/11/2015**

CGF/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 48909-8139

cc:

