

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 15-003401  
Issue No.: 2002  
Case No.: ██████████  
Hearing Date: April 16, 2015  
County: WAYNE-DISTRICT 57  
(CONNER)

**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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on April 16, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant, ██████████. Participants on behalf of the Department of Health and Human Services (Department or DHHS) included ██████████, Medical Contact Worker.

**ISSUE**

Did the Department properly deny Claimant's State Disability Assistance (SDA) program application effective February 1, 2015?

**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 January 8, 2015, Claimant applied for SDA benefits. See Exhibit 1, p. 1.
2. On January 26, 2015, the Department sent Claimant a Verification Checklist (VLC)/medical packet and it was due back by February 5, 2015. See Exhibit 1, p. 12. The medical packet included additional medical forms to complete by February 5, 2015, such as an Authorization to Release Protected Health Information (DHS-1555), Medical Social Questionnaire (DHS-49-F), and the entire 49 series of medical documents.
3. Claimant testified he informed his DHHS caseworker (who was not present for the hearing) that he could not see his doctor until February 6, 2015, which was after

the due date. Claimant's testimony indicated that his DHHS caseworker did not have any problems with the appointment being after the due date.

4. On February 6, 2015, Claimant testified that he submitted all of the medical forms, whereas the Department indicated that Claimant submitted a majority of the medical packet. See Exhibit 1, pp. 13-15. However, the Department testified that the remaining medical packet was submitted on February 9, 2015.
5. On February 6, 2015, the Department sent Claimant a Notice of Case Action notifying him that his Cash (SDA) application was denied effective February 1, 2015, ongoing, due to his failure to return the requested medical packet by the due date. See Exhibit 1, pp. 16-17.
6. On February 17, 2015, Claimant filed a hearing request, protesting the SDA denial. See Exhibit 1, pp. 2-3.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and 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 Health and Human Services (formerly known as the Department of Human Services) 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 DHHS office in obtaining verification for determining initial and ongoing eligibility. BAM 105 (January 2015), p. 8.

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 (October 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 (January 2015), pp. 1-15. 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).

In the present case, this Administrative Law Judge (ALJ) finds that the Claimant made a reasonable effort to provide the verifications before the time period given had elapsed. See BAM 130, p. 6. Claimant credibly testified he informed his DHHS caseworker that he could not see his doctor until February 6, 2015, which was after the due date. Claimant's testimony indicated that his DHHS caseworker did not have any problems with the appointment being after the due date. In effect, Claimant's DHHS caseworker gave him an extension. Nevertheless, Claimant's DHHS caseworker was not present at the hearing to rebut Claimant's testimony. Claimant's credibility is supported by the fact that he indeed submitted a majority of his medical packet on the day of his doctor's appointment, February 6, 2015. In fact, the Department provided a copy of his Medical Examination Report received on February 6, 2015. See Exhibit 1, pp. 13-15. This supports Claimant's argument that he spoke with the DHHS caseworker prior to the due date in which he was attempting to submit all of the documents. Because Claimant made a reasonable effort to provide the verifications before the time period given has elapsed, the Department improperly denied Claimant's SDA application effective February 1, 2015. BAM 130, p. 6.

### **DECISION AND ORDER**

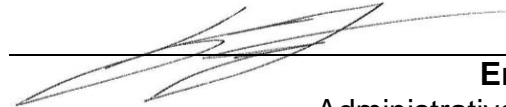
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it improperly denied Claimant's SDA application effective February 1, 2015, ongoing.

Accordingly, the Department's SDA 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 re-registration and reprocessing of Claimant's SDA application dated January 8, 2015;
2. Begin issuing supplements to Claimant for any SDA benefits he was eligible to receive but did not from February 1, 2015, ongoing; and

3. Begin notifying Claimant of its SDA decision.



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

Date Signed: **4/17/2015**

Date Mailed: **4/17/2015**

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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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]