

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-003675  
Issue No.: 5002  
Case No.: [REDACTED]  
Hearing Date: May 07, 2015  
County: Allegan

**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 May 07, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], authorized hearings representative. Participants on behalf of the Department included [REDACTED], Assistance Payment Supervisor, and [REDACTED], Eligibility Specialist.

**ISSUE**

Did the Department of Health and Human Services (Department) properly deny the Claimant's application for State Emergency Relief (SER) 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. On January 28, 2015, the Claimant's representative submitted a State Emergency Relief (SER) application requesting assistance with burial expenses.
2. On January 30, 2015, the Department sent the representative a Verification Checklist (DHS-3503-SER) requesting verification of assets by February 6, 2015.
3. On February 9, 2015, the Department notified the representative that the application for assistance had been denied.
4. On March 2, 2015, the Department received the Claimant's request for a hearing protesting the denial of the SER application.

## **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 Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Department of Human Services) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001-.7049.

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.

If neither the client nor the local office can obtain verification despite a reasonable effort, the Department will use the best available information and if no evidence is available, use their best judgment. BAM 130, p 3.

In this case, the Claimant's representative submitted an application for State Emergency Relief (SER) benefits requesting assistance with burial expenses after the Claimant's body was not claimed by any relative. On January 30, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503-SER) requesting verification of all assets that could be applied towards the burial expenses. The representative lacked the authority to compel the Claimant's credit union to provide verification of any assets in the Claimant's account. The Department was also unable to obtain a copy of a current account statement. On February 9, 2015, the Department notified the Claimant that it had denied the SER application for failure to provide the Department with information necessary to determine her eligibility to receive benefits.

The Department's representative testified that at the time of her death that the Claimant was an ongoing Medical Assistance (MA) recipient. Case notes submitted by the Department as an exhibit indicate that on December 26, 2013, the Claimant's redetermination would be extended along with all other non-MAGI Medicaid groups.

The Department's representative testified that the Claimant's assets had not been verified for the purposes of determining eligibility for MA within 30 days of applying for SER benefits.

This Administrative Law Judge finds that the representative made a reasonable attempt to provide verification of the Claimant's countable assets and that it was within the discretion of the Department to use its best judgment to determine the Claimant's eligibility for SER benefits. Information used to determine the Claimant's eligibility for ongoing MA benefits may have been used to determine SER 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 denied the Claimant's SER application.

### **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 determination of the Claimant's eligibility for State Emergency Relief (SER) as of January 28, 2015.
2. Provide the Claimant with a Notice of Case Action (DHS-1605) describing the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits she may be eligible to receive, if any.



Kevin Scully  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **5/18/2015**

Date Mailed: **5/18/2015**

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 48909-8139

cc:

