

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-005003  
Issue No.: 4002  
Case No.: [REDACTED]  
Hearing Date: May 13, 2015  
County: Wayne (55)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**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 May 13, 2015, from Detroit, Michigan. Participants included the above-named Claimant, [REDACTED], Claimant's fiancé, testified on behalf of Claimant. Participants on behalf of the Department of Health and Human Services (DHHS) included [REDACTED], specialist.

**ISSUE**

The issue is whether DHHS properly denied Claimant's State Disability Assistance (SDA) application due to Claimant's failure to return requested verifications.

**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 [REDACTED], Claimant applied for SDA benefits.
2. On [REDACTED], DHHS mailed Claimant a Medical Determination Verification Checklist (VCL) requesting the completion and return of various forms, including the following: Reimbursement Authorization (DHS-3975), Medical-Social Questionnaire (DHS-49), Authorization to Release Protected Health Information (DHS-1555), and Activities of Daily Living (DHS-49G).
3. Claimant's due date to return the forms was [REDACTED].
4. Claimant failed to return any requested forms to DHHS.

5. On [REDACTED], DHHS mailed a Notice of Case Action (Exhibit 1-5) informing Claimant that her SDA application was denied due to a failure to return requested forms.
6. On [REDACTED], Claimant requested a hearing to dispute the denial of SDA.

### **CONCLUSIONS OF LAW**

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. DHHS (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. DHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Claimant requested a hearing to dispute an SDA application denial. It was not disputed that DHHS denied Claimant's application due to Claimant's failure to return various documents.

For all programs, DHS is to use the DHS-3503, Verification Checklist to request verification. BAM 130 (November 2014), p. 3. DHS must tell the client what verification is required, how to obtain it, and the due date. *Id.*

For SDA benefits, DHS must give clients at least ten days to provide the verifications that are requested. *Id.*, p. 6. DHS is to send 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. *Id.*

DHS presented a Medical Determination Verification Checklist (Exhibit 1-4) dated [REDACTED]. The VCL did not check any forms but it was not disputed that the VCL mailing included 7 different forms that Claimant conceded that she knew had to be returned. The verification due date was [REDACTED]. Claimant conceded that she returned none of the requested forms to DHHS.

Claimant alleged that DHHS improperly cut-off her medical coverage (DHHS denied the allegation). Claimant contended that the lack of medical coverage made it impossible for her to see a physician and to return requested documentation. Claimant's argument fails to explain why she did not complete 4 of the 7 forms (DHS-1555, DHS-49G, DHS-49, and DHS -3975) which were intended for her to complete, not a physician.

Claimant's contention was also hampered by testimony that she failed to contact DHHS explaining her obstacle. DHHS testimony indicated that Claimant was called and left a message on multiple occasions while Claimant's application was pending. DHHS testimony indicated that the purpose of the calls was to inquire why Claimant hadn't returned the documents. DHHS testimony also indicated that Claimant did not return the DHHS phone messages. Claimant did not rebut the DHHS testimony. Based on the

presented evidence, it is found that DHHS properly denied Claimant's SDA application due to Claimant's failure to timely return requested SDA forms.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHHS properly denied Claimant's application dated [REDACTED] due to Claimant's failure to return required documents. The actions taken by DHHS are **AFFIRMED**.



---

**Christian Gardocki**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **5/14/2015**

Date Mailed: **5/14/2015**

CG / hw

**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:

