

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-007263  
Issue No.: 4003  
Case No.: [REDACTED]  
Hearing Date: July 02, 2015  
County: GENESEE-DISTRICT 6  
(CLIO RD)

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

**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 July 2, 2015, from Lansing, Michigan. Participants on behalf of Claimant included himself. Participants on behalf of the Department of Health and Human Services (Department) included Hearing Facilitator [REDACTED] c.

**ISSUE**

Did the Department properly close Claimant's State Disability Assistance Program?

**FINDINGS OF FACT**

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

1. Claimant was an ongoing recipient of State Disability Assistance Program benefits.
2. On March 26, 2015, Claimant was sent a Medical Determination Verification Checklist (DHS-3503-MRT) requesting verifications for redetermination of his State Disability Assistance Program eligibility.
3. On April 21, 2015, the Department had not received the required information and verifications. Claimant was sent a Notice of Case Action (DHS-1605) which stated his State Disability Assistance Program would end on June 1, 2015.
4. On April 27, 2015, Claimant submitted a hearing request.

**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).

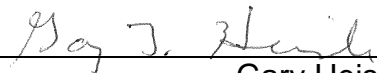
The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Health and Human Services (formerly known as the Department of Human Services) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

During this hearing Claimant did not dispute that he had not returned the Medical Determination Verification Checklist (DHS-3503-MRT) by April 21, 2015. Claimant testified that he had not received the paperwork. The address where the Department sent the paperwork was verified as the correct address Claimant had provided to the Department. None of the paperwork was returned as undeliverable. The Department fulfilled its responsibility to provide Claimant with the required paperwork, in sufficient time. Any failure to submit the required paperwork is within Claimant's responsibility.

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 close Claimant's State Disability Assistance Program. Claimant was informed that nothing in this situation prevents him from submitting an application for State Disability Assistance Program.

**DECISION AND ORDER**

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



Gary Heisler

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

Date Signed: **7/9/2015**

Date Mailed: **7/9/2015**

GFH / 

**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:

