

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

**IN THE MATTER OF:**



Reg. No.: 15-012105  
Issue No.: 4001  
Case No.: [REDACTED]  
Hearing Date: September 09, 2015  
County: Saginaw

**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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on September 9, 2015, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Hearing Facilitator.

**ISSUE**

Did the Department properly close the Claimant's State Disability Assistance (SDA) case because of failure to provide required verification?

**FINDINGS OF FACT**

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

1. The Claimant was a recipient of SDA.
2. On June 18, 2015, the Department sent the Claimant a Verification Checklist, DHS 3503, for the Claimant to provide proof of residence and home rent.
3. On July 1, 2015, the Department received the required verification.
4. On July 1, 2015, the Department sent the Claimant a notice that her SDA case was closing due to her failure to provide required verification.
5. On July 8, 2015, the Department received a hearing request from the Claimant, contesting the Department's negative action.

### **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.

In this case, the Claimant was a recipient of SDA. On June 18, 2015, the Department sent the Claimant a Verification Checklist, DHS 3503, for the Claimant to provide proof of residence and home rent due June 29, 2015. On July 1, 2015, the Department received the required verification. On July 1, 2015, the Department sent the Claimant a notice that her SDA case was closing due to her failure to provide required verification. On July 8, 2015, the Department received a hearing request from the Claimant, contesting the Department's negative action. BAM 105, 130, and 220. BEM 214, 220, 221, 223, 225, 261, 400, and 500. Department Exhibit 3-13.

During the hearing, the Claimant stated that she called her Department Caseworker on July 29, 2015 and asked for an additional 2 days to provide the required verification. She provided the required verification on the third day of July 1, 2015. However, the Department Caseworker closed the Claimant's case on July 1, 2015. When a Claimant asks for an extension, the Department can give the Claimant an additional 10 days to provide the required verifications. Even though the Claimant only asked for 2 days, she was entitled to 10 days. In addition, the Claimant submitted the verification on the same day that the Department Caseworker closed her case. Therefore, the Department had the required verification on the same day, which requires the Department to determine the Claimant's eligibility for continued benefits.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it closed the Claimant's SDA case for failure to provide verifications when the Claimant was not given 10 days and the verification was provided the same day that her case was closed.

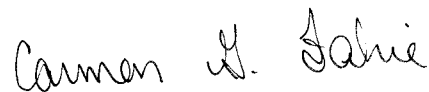
### **DECISION AND ORDER**

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 by using the residence and rent verification provided by the Claimant on July 1, 2015.
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.



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

Date Signed: **9/18/2015**

Date Mailed: **9/18/2015**

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 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:

