

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
████████████████████

Reg. No.: 15-012239  
Issue No.: 4002  
Case No.: ██████████  
Hearing Date: September 16, 2015  
County: Wayne (31)

**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 September 16, 2015, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Michigan Department of Health and Human Services (MDHHS) included ██████████, medical contact worker.

**ISSUE**

The issue is whether MDHHS properly denied Claimant's State Disability Assistance (SDA) application due to a failure to return documents.

**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 May 12, 2015, Claimant applied for SDA benefits.
2. On May 21, 2015, MDHHS mailed Claimant a Medical Determination Verification Checklist (VCL) (Exhibits 5-6) which requested the completion and return of various forms including a Medical Examination Report and Medical Social Questionnaire (MSQ).
3. The VCL due date was June 1, 2015.
4. On June 4, 2015, Claimant submitted various documents to MDHHS including 2 pages of medical treatment documents, and 2 pages of a MSQ.
5. On June 26, 2015, MDHHS denied Claimant's application due to Claimant's failure to return documentation needed to complete disability determination.

6. On July 8, 2015, Claimant requested a hearing to dispute the denial of SDA benefits.

### **CONCLUSIONS OF LAW**

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

Claimant requested a hearing to dispute a denial of SDA benefits. MDHHS presented a Notice of Case Action (Exhibits 1-4) verifying that the reason for denial was an alleged failure by Claimant to submit medical documents. MDHHS testimony clarified that Claimant's application was denied due to Claimant's failure to return medical records and a fully completed MSQ

MDHHS outlines a 29-step process for evaluating SDA applications (see BAM 815) broken up between client and MDHHS obligations. The client or authorized representative must complete all sections of the DHS-49-F, Medical-Social Questionnaire (this is a mandatory form). BAM 815 (January 2015), p. 3.

The Medical-Social Questionnaire is understood to be a 4 page form to be completed by clients. Among other items, the form asks clients to provide demographic, medical, and employment information.

[MDHHS is to] complete a DHS-3503-MRT, Medical Review Verification Checklist, indicating the type of verification requested. *Id.*, p. 6. At application or medical review, if requested mandatory forms are not returned, the MRT cannot make a determination on the severity of the disability. *Id.* [MDHHS is to] deny the request or place in negative action for failure to provide required verifications. *Id.*

It was not disputed that MDHHS requested a Medical Examination Report and a MSQ from Claimant. It was also not disputed that Claimant failed to return the Medical Examination Report and 2 pages of the MSQ.

Claimant testified that she repeatedly called the worker listed on the VCL in an attempt to request additional time to submit requested documents. Claimant testified that she needed additional time because her physician was unable to complete the Medical Examination Report by the VCL due date. Claimant's testimony was supported by a MDHHS concession that Claimant's specialist was on a leave of absence around the time of the VCL due date. Claimant also testified that she mistakenly thought the 2 pages of the MSQ that she did not submit were to be completed by her physician.

[For SDA benefits, MDHHS is to] allow 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 client must obtain required verification, but the local office must assist if they need and request help. *Id.*, p. 3. [MDHHS 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.*, p. 6.

Claimant's attempts to contact her specialist were indicative of reasonable efforts to comply with the VCL request. The failure by MDHHS to respond to Claimant's telephone calls equated to a failure to assist Claimant. Had MDHHS responded to Claimant's calls, Claimant could have been advised that she needed to return two pages of the MSQ and that she could submit medical documents in lieu of a Medical Examination Report.

It should be noted that Claimant returned at least two pages of medical documents (Exhibits 18 and 20). The documents, by themselves, would improbably support a claim of disability, however, that determination is to be made by MRT and not by Claimant's specialist (see *Id.*, p.1). This consideration is further support to nullify the SDA denial based on Claimant's alleged failure to submit medical documents.

It is found that Claimant made reasonable efforts in complying with MDHHS requests for medical records and a MSQ. It is further found that MDHHS failed to assist Claimant in obtaining verifications. Accordingly, it is found that the denial of Claimant's SDA application was improper.

### **DECISION AND ORDER**

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS improperly denied Claimant's application for SDA benefits. It is ordered that MDHHS perform the following actions:

- (1) re-register Claimant's SDA application dated May 12, 2015; and
- (2) initiate processing of Claimant's SDA application subject the finding that Claimant made reasonable efforts to provide previously requested verifications and that MDHHS failed to assist Claimant with submitting verifications.

The actions taken by MDHHS are **REVERSED**.

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**Christian Gardocki**

Administrative Law Judge  
for Nick Lyon, Director

Department of Health and Human Services

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

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