

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

**IN THE MATTER OF:**



Reg. No.: 15-014420  
Issue No.: 4002, 3000, 2000  
Case No.: [REDACTED]  
Hearing Date: September 30, 2015  
County: MACOMB-DISTRICT 20

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

**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 30, 2015, from Detroit, 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?

**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 an ongoing SDA recipient.
2. The Department requested verification of medical records and completion of a review packet to be sent to the Medical Review Team (MRT). The medical packet of forms was sent to the Claimant on [REDACTED] with a due date of [REDACTED].
3. The Claimant was unable to complete the forms as she was hospitalized on and off during the time period she was required to return the medical packet.
4. The Claimant contacted her caseworker numerous times by phone requesting assistance completing the forms due to blood clots in her arms, but was not

offered assistance by the Department. The Claimant also requested time extension to complete the documents (which was not granted).

5. The Claimant withdrew her hearing request regarding her FAP and MA benefits, which never closed and were ongoing.
6. The Claimant requested a hearing on [REDACTED] protesting the Department's closure of her SDA case.

### **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 Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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.

#### **Withdrawal of Hearing Request regarding Food Assistance and Medical Assistance**

In this case, the Claimant sought a hearing regarding her Food Assistance and Medical Assistance benefits which were never closed or affected in any way. Based upon these factual circumstances, the Claimant withdrew her hearing request dated [REDACTED] regarding FAP and MA.

### Closure of SDA

The Claimant was an ongoing recipient of SDA. The Department closed the Claimant's SDA case due to Claimant's failure to complete the medical packet sent to her so the MRT could review her SDA eligibility for benefits. The packet was due on [REDACTED], [REDACTED]. The Claimant competently and credibly testified that she did not complete the medical packet due to being hospitalized and due to her medical condition, which caused her to be unable to write and use her hands and arms due to blood clots. The Claimant also credibly testified that she requested assistance several times but her caseworker did not help her. The Claimant also requested extensions to complete the medical packet, which were not documented as granted. Department policy provides:

#### **FIP, SDA, RCA and MA**

At application or medical review if requested mandatory forms are not returned, the DDS cannot make a determination on the severity of the disability. Deny the application or place an approved program into negative action for failure to provide required verifications. BAM 815 (July 1, 2015) p.2

As regards completing the Medical verifications BAM 815 provides:

1. Complete a DHS-3503-MRT, Medical Determination Verification Checklist, indicating the following verifications required:
  - DHS-49-FR.
  - DHS-1555.
  - DHS-3975, Reimbursement Authorization (for state-funded FIP/SDA only).
  - Verification of SSA application/appeal.
2. Assist the client or representative in completing the DHS-49-FR and DHS-1555 if the client or representative is unable to complete the forms. If the client is obviously handicapped (for example, totally blind, paraplegic, quadriplegic, double amputee), enter this information on the DHS-49-FR. Document the attempt(s) made to assist the client in Bridges; see BAM 130. BAM 815, p. 5-6.
3. The specialist is not required to gather medical evidence. If the client provides medical evidence, forward it to DDS with the DHS-1555 and DHS-49-F.

In this case, the Claimant was unable to complete the forms without assistance due to hospitalizations and her medical problems. The Medical Determination Verification Checklist sent to the Claimant states that the Department may be able to get proof if you ask for help.

BAM 130 requires the Department assist the Claimant under certain circumstances:

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level.

If the individual indicates the existence of a disability that impairs their ability to gather verifications and information necessary to establish eligibility for benefits, offer to assist the individual in the gathering of such information. BAM 130, (July 1, 2015) p.1.

The client must obtain required verification, but the local office must assist if they need and request help. BAM 130, p. 4. The verification may also be scanned. See BAM 130, p.4.

IP, SDA, Child Development and Care (CDC), FAP

If the verifications are not returned or are returned as incomplete, two 10 calendar day extensions must be given, sending VCLs after each verification due date. Clients are not required to request the extensions. BAM 130, p.7

Based upon the Department policy found in BAM 130 and BAM 815, it is determined that the Department did not comply with policy in that it failed to assist the Claimant after assistance was requested of the Department, and did not document extension requests as required.

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 closed the Claimant's case for failure to complete the MRT medical review packet and when it failed to assist the Claimant in completing the medical packet and documenting and granting extensions as required by Department policy.

### **DECISION AND ORDER**

Accordingly, the Department's decision is

**REVERSED as to closure of the Claimant's SDA case.**

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS

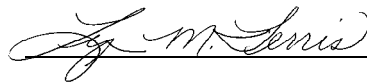
HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. The Department shall reinstate the Claimant's SDA case as of [REDACTED].
2. The Department shall issue an SDA supplement to the Claimant retroactive to the date of closure.
3. The Department shall assist the Claimant in obtaining medical hospitalization records and completion of the medical packet forms requested by the Department.

The Claimant's Hearing Request regarding FAP and MA were withdrawn on the record during the hearing and therefore are:

**DISMISSED.**

**IT IS SO ORDERED.**



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**Lynn M. Ferris**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **9/30/2015**

Date Mailed: **9/30/2015**

LMF / 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:

