

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-017559
Issue No.: 4001
Agency Case No.: [REDACTED]
Hearing Date: [REDACTED]
County: Kalamazoo

ADMINISTRATIVE LAW JUDGE: Vicki Armstrong

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 [REDACTED], from Lansing, Michigan. Claimant personally appeared and testified. The Department of Health and Human Services (Department) was represented by Hearing Facilitator [REDACTED].

ISSUE

Did the Department properly close 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. Claimant was receiving SDA at all times relevant to this matter.
2. On [REDACTED], the Department mailed Claimant a Medical Determination Verification Checklist with a due date of [REDACTED]. (Dept Ex. A, pp 3-17).
3. On [REDACTED], the Department issued Claimant an appointment letter informing him he was scheduled for an Internal Medicine Examination on [REDACTED] at 12:00PM. (Dept Ex. A, p 18).
4. On [REDACTED] Claimant received the letter at 1PM. (Claimant's testimony).
5. On [REDACTED], Dr. Brooks wrote a letter to the Department, informing them that Claimant failed to show for his medical examination. (Dept Ex. A, p 19).

6. On [REDACTED], the Department issued Claimant a Notice of Case Action informing him that his SDA benefits would be closing effective [REDACTED]. (Dept Ex. A, pp 20-24).
7. On [REDACTED], the Department received Claimant's Request for Hearing contesting the closure of his SDA benefits. (Dept Ex. A, pp 25-26).

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.

The Department is required to verify continuing disability at Redetermination. BEM 261, p 4 (7/1/2015). Clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105, p 8 (7/1/2015). If the requested mandatory forms are not returned at medical review, the Department cannot make a determination on the severity of the disability. BAM 815, p 2 (7/1/2015). The Department then issues a negative action to Claimant for failure to provide required verifications. BAM 815, p 2.

Claimant testified that he had checked his mailbox on [REDACTED] and there was no mail from the Department. He admitted he did not check his mailbox on Friday or Saturday, and next checked it on [REDACTED] at [REDACTED]. Claimant stated he found the letter from the Department informing him he had had a medical appointment scheduled for noon. Claimant contended that it was not fair because if the letter had truly been mailed as indicated on [REDACTED], how come it took three weeks for him to receive the letter.

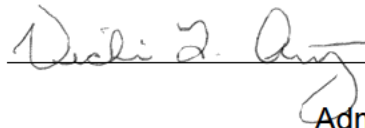
However, Claimant's argument is rendered moot by his receipt of the Notice of Case Action dated [REDACTED], which he timely appealed three days later on [REDACTED]. It follows that if Claimant could receive a Notice in three days from the Department that it did not take three weeks for the notice of the medical examination to reach him.

The Department properly scheduled a medical examination during the Redetermination period to determine Claimant's disability status. Because Claimant failed to cooperate by attending the medical examination, the Department properly issued Claimant a negative case action and closed Claimant's SDA 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 acted in accordance with Department policy when it closed Claimant's SDA benefits.

DECISION AND ORDER

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



Vicki Armstrong
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

[REDACTED]

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:

