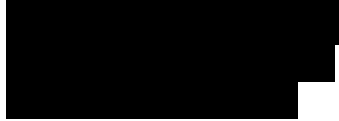


**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

IN THE MATTER OF:



MAHS Reg. No.: 15-015115
Issue No.: 4002
Agency Case No.: [REDACTED]
Hearing Date: October 08, 2015
County: Wayne (57) Conner

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

HEARING DECISION

Following Petitioner'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 November 5, 2015, from Detroit, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by [REDACTED], Medical Contact Worker.

ISSUE

Did the Department properly deny the Petitioner's application for State Disability Assistance (SDA)?

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 Petitioner applied for SDA on May 18, 2015.
2. The Department sent the Petitioner a Medical Determination Verification Checklist on May 21, 2015, with a due date of June 1, 2015. Exhibit 1.
3. The Department issued a Notice of Case Action on July 17, 2015 denying the Petitioner's application for SDA as of June 16, 2015. Exhibit 4. Pursuant to the Notice the application was denied due to failure to return documentation to complete a disability determination.

4. The Petitioner did not return proof of pending Social Security application or the DHS-49 Medical Examination form. The Petitioner provided medical documents that were older than 12 months but not the DHS-49.
5. The Petitioner submitted proof of his SSA application in September 2015 after his SDA application was already denied. The Petitioner did not request an extension from the Department at any time of the verification due date.
6. The Petitioner did return psychiatric examination dated May 16, 2014, and a hospital emergency room report from July 29, 2013.
7. The Petitioner did not sign the DHS-49WH work history form. Exhibit 2.
8. The Petitioner requested a timely hearing on August 10, 2015, protesting the Department's actions.

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 (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, Department denied the Petitioner's application for SDA due to the Petitioner's failure to return proof of making an SSA application, failure to complete the work history form with a signature and failure to return a DHS-49. Exhibits 1 and 2.

The issue which must be determined is whether the basis for the denial was in conformance with DHS policy regarding verifications required for SDA applications to be processed.

SDA and MA

At program application or request for disability deferral, **clients must apply for or appeal benefits through the SSA if claiming disability and/or blindness.** This is a condition of program eligibility; see BEM 270, Pursuit of Benefits. BAM 815, (July 1, 2015) p. 1.

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, p. 1

Certain forms contained in the Medical verification packet are mandatory:

The client or authorized representative must complete all sections of the DHS-49-F, Medical-Social Questionnaire. **This form is mandatory.**

The client or authorized representative must sign the DHS1555, Authorization to Release Protected Health Information, to request existing medical records. **This form is mandatory** BAM 815, p.3

For state-funded FIP/SDA only, the client must sign a DHS3975, Reimbursement Authorization, as a condition of eligibility; see BEM 272, State-Funded FIP and SDA Repay Agreements.

The Department is to send the completed DHS-49F and DHS-1555 along with any medical evidence provided to the Disability Determination Service (DDS) to begin the medical development process. The Specialist is not required to gather medical evidence. If the client provides medical evidence, forward it to the DDS. BAM 815, p. 4-5. The application for a medical determination requires verifications of the completed DHS-49-F, and the DHS-1555, along with any medical evidence provided, to the DDS to begin the medical development process.

FIP, SDA and RCA

Refusal of a program group member to pursue a potential benefit results in group ineligibility.

Individuals applying for or receiving disability-related MA must apply for SSI as a potential resource.

A repay agreement is required when there is a potential benefit for state-funded FIP/SDA individuals; see BEM 272, State-Funded FIP, SDA Repay Agreements. BEM 270 (July 1, 2015), p. 2.

Because the Petitioner did not return proof of applying for Social Security by the Medical Verification due date of June 1, 2015, and only returned proof of his SSA application sometime in September 2015, after the SDA application had been denied on June 16,


2015, it is determined that the Department properly denied the SDA application as the Petitioner did not meet the mandatory eligibility requirement to provide proof of an SSA application at the time of his application.

The Petitioner may reapply for SDA at any time.

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 denied the Petitioner's application for SDA

DECISION AND ORDER

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



Lynn M. Ferris

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

Date Mailed: **11/6/2015**

LMF/jaf

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:

