

**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.: 15-015203
Issue No.: 4002
Agency Case No.: [REDACTED]
Hearing Date: October 20, 2015
County: GENESEE-UNION ST
DISTRICT

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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 [REDACTED], from Lansing, Michigan. [REDACTED], the Claimant, appeared on her own behalf. [REDACTED], Cousin, appeared as a witness for Claimant. The Department was represented by [REDACTED], Eligibility Specialist (ES) and Hearing Coordinator.

ISSUE

Did the Department properly deny Claimant's State Disability Assistance (SDA) application based on a failure to comply with verification requirements?

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 [REDACTED], Claimant applied for SDA. (Department Exhibit A, pp. 5-17)
2. On [REDACTED], a Medical Determination Verification Checklist was issued to Claimant stating what proofs were due by the [REDACTED] due date. (Department Exhibit A, pp. 18-19)
3. On [REDACTED], a Medical Determination Verification Checklist was issued to Claimant stating what proofs were due by the [REDACTED] due date. (Department Exhibit A, pp. 20-21)
4. On [REDACTED], a Notice of Case Action was issued to Claimant stating SDA was denied based on a failure to provide the requested verifications by the [REDACTED] due date. (Department Exhibit A, pp. 22-25)

5. On [REDACTED], Claimant submitted a hearing request contesting the Department's determination. (Department Exhibit A, p. 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.

In general, verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. The Department worker must tell the Client what verification is required, how to obtain it, and the due date. The Client must obtain required verification, but the Department must assist if the Client needs and requests help. If neither the Client nor the Department can obtain verification despite a reasonable effort, the Department worker should use the best available information. If no evidence is available, the Department worker is to use their best judgment. BAM 130, (July 1, 2015), pp. 1-3.

For SDA, the Department is to allow the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested. BAM 130, p. 6.

On [REDACTED], Claimant applied for SDA. (Department Exhibit A, pp. 5-17)

On [REDACTED], a Medical Determination Verification Checklist was issued to Claimant stating what proofs were due by the July 17, 2015 due date. (Department Exhibit A, pp. 18-19)

On [REDACTED], a Medical Determination Verification Checklist was issued to Claimant stating what proofs were due by the July 31, 2015 due date. It was noted that this was an extension of the original deadline. (Department Exhibit A, pp. 20-21)

On [REDACTED], a Notice of Case Action was issued to Claimant stating SDA was denied based on a failure to provide the requested verifications by the July 31, 2015, due date, which include the DHS-49F Medical/Social Questionnaire and DHS 155 Authorization to Release Medical Information. (Department Exhibit A, pp. 22-25)

Claimant asserted that she complied with the request for verifications. Claimant testified her Case Manager helped her fill out the documents, the Case Manager was going to fax a copy to the Department, and Claimant dropped off a copy of the

completed forms at the local Department office on [REDACTED]. Claimant also provided detailed testimony of what steps she took when she dropped off the copies of the required forms off at the local office. Claimant's testimony was consistent with the hearing request, which states Claimant completed the needed documents with her Case Manager on [REDACTED], and dropped them off to the Department on [REDACTED]. On the hearing request form, Claimant wrote that she attached signed copies of the documents. (Department Exhibit A, p. 26) The [REDACTED], fax transmission line shows this was page 2 of a 9 page fax. (Department Exhibit A, p. 26) The Department was unable to locate the other 8 pages of this fax. During the hearing proceedings, Claimant submitted copies of the completed forms, DHS-49F Medical/Social Questionnaire and DHS 155 Authorization to Release Medical Information signed on [REDACTED]. It is noted that Claimant's Case Manager completed the Medical-Social Questionnaire. Additionally, an [REDACTED], fax transmission confirmation was submitted showing a successful transmission of 9 pages to the Department. (Claimant Exhibit 1, pp. 1-9)

Overall, the evidence establishes that the Department has lost at least some documentation submitted for Claimant's case. Specifically the additional pages Claimant attached with Claimant's hearing request could not be located. Accordingly, the Department case record not showing that Claimant dropped off a copy of the required forms on [REDACTED], cannot be found entirely reliable. Further, Claimant's testimony regarding dropping off a copy of the required forms on [REDACTED], is found credible based on the details Claimant provided about what she did when she dropped them off and the consistency of her testimony with the copies of the forms Claimant submitted at the [REDACTED], hearing. Therefore, the [REDACTED], determination to deny Claimant's SDA application based on a failure to comply with verification requirements cannot be upheld.

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 denied Claimant's SDA application based on a failure to comply with verification requirements.

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. Re-determine Claimant's eligibility for SDA retroactive to the [REDACTED], application date, to include requesting any verification(s) still needed, in accordance with Department policy.
2. Issue written notice of the determination in accordance with Department policy.
3. Supplement for lost benefits (if any) that Claimant was entitled to receive, if otherwise eligible and qualified in accordance with Department policy.

Colleen Lack

Colleen Lack
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:

