

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

**IN THE MATTER OF:**



MAHS Reg. No.: 15-023792  
Issue No.: 4002  
Agency Case No.: [REDACTED]  
Hearing Date: February 18, 2016  
County: WAYNE-DISTRICT 31

**ADMINISTRATIVE LAW JUDGE: Eric Feldman**

**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 February 18, 2016, from Detroit, Michigan. The Petitioner was represented by [REDACTED] (Petitioner). The Department was represented by [REDACTED], Assistant Payment Supervisor.

**ISSUE**

Did the Department properly deny Petitioner's Cash (State Disability Assistance (SDA) program) application effective October 16, 2015?

**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], Petitioner applied for Cash (SDA) benefits.
2. On [REDACTED], the Department sent Petitioner a Medical Determination Verification Checklist ("medical packet") and the medical packet was due back by [REDACTED]. See Exhibit A, pp. 4-5. The medical included the following documentation to be completed by the due date: (i) Medical – Social Questionnaire (DHS-49-F); (ii) Authorization to Release Protected Health Information (DHS-1555); and (iii) Notice to Apply (DHS-1551) – submit verification of Social Security Administration (SSA) application/appeal. See Exhibit A, pp. 4-13.
3. Petitioner failed to submit the requested medical packet before the due date.

4. On [REDACTED], the Department sent Petitioner a Notice of Case Action notifying him that his Cash (SDA) application was denied effective [REDACTED], [REDACTED] ongoing, due to his failure to comply with the verification requirements. See Exhibit A, pp. 14-15.
5. On [REDACTED] Petitioner filed a hearing request, protesting the Cash denial. See Exhibit A, pp. 2-3.

### **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.

Clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105 (July 2015), p. 8. This includes completion of necessary forms. BAM 105, p. 8.

For SDA cases, the Department allows the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested. BAM 130 (July 2015), p. 6. The Department sends 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. BAM 130, p. 7.

Additionally, BAM 815 explains the process for obtaining medical evidence provided by the client and how it would be reviewed by the Disability Determination Service (DDS). See BAM 815 (July 2015), pp. 1-11.

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

The Department provides a multi-step process for medical determination applications. See BAM 815, pp. 2-10. For step 6, the Department completes a DHS-3503-MRT, Medical Determination Verification Checklist, indicating the following verifications required:

- DHS-49-F.

- DHS-1555.
- DHS-3975, Reimbursement Authorization (for state-funded FIP/SDA only).
- Verification of SSA application/appeal.

BAM 815, p. 4. It should be noted that these are the documents that were sent to Petitioner, except for the DHS-3975. A further review of the steps indicated that the Medical-Social Questionnaire (DHS-49-F) and Authorization to Release Protected Health Information (DHS-1555) are mandatory forms that must be completed. BAM 815, pp. 2-6.

As to verification of SSA application/appeal, at program application or request for disability deferral, clients must apply for or appeal benefits through the SSA if claiming disability and/or blindness. BAM 815, pp. 1-2. This is a condition of program eligibility. BAM 815, pp. 1-2.

In the present case, the Department argued that Petitioner failed to submit the medical packet by the due date.

In response, Petitioner argued that he submitted the medical packet by the due date. On or around [REDACTED] Petitioner testified that he went to the SSA office to obtain verification. Then on or around that same time period, Petitioner testified that he went to the local office and submitted the requested documentation. Petitioner testified that he witnessed the Department worker stamp the documents; however, Petitioner did not obtain any copies. Finally, Petitioner testified that he believed that he did sign the log book when he submitted the documents at the local office. Such proof of Petitioner's signature in the log book would support his testimony that he indeed submitted the documents. On or around December 2015, Petitioner testified that he and the Department worker present for this hearing went through the log book and did not discover his signature. The undersigned afforded Petitioner the opportunity to review the log book once more during the hearing, but he declined.

Based on the foregoing information and evidence, the Department properly denied Claimant's Cash (SDA) application effective [REDACTED], ongoing, in accordance with Department policy. Petitioner argued that he submitted the medical packet by the due date, but failed to provide the undersigned any copies. Furthermore, both parties previously reviewed the log book on or around December 2015 and did not discover the Petitioner's signature. Because Petitioner's signature was not discovered in the log book, this does not support his claim that he submitted the medical packet. Nonetheless, Petitioner must complete the necessary forms to determine his initial SDA eligibility. BAM 105, p. 8. The evidence established that Petitioner failed to submit the medical packet. Because Petitioner failed to submit the medical packet, the Department acted in accordance with Department policy when it denied his Cash (SDA) application effective [REDACTED]. BAM 105, p. 8; BAM 130, pp. 6-7; and BAM 815, pp. 1-11. Petitioner can reapply for SDA benefits.

**DECISION AND ORDER**

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 Petitioner's SDA application effective [REDACTED].

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



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**Eric Feldman**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **FEBRUARY 25, 2016**

Date Mailed: **FEBRUARY 25, 2016**

EF / 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:

