



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

MIKE ZIMMER  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: March 7, 2016  
MAHS Docket No.: 16-000810

[REDACTED]  
[REDACTED]

**ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong**

**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 March 1, 2016, from Lansing, Michigan. Petitioner and his son, [REDACTED], both personally appeared and testified. [REDACTED] from the [REDACTED] provided interpretation. The Department of Health and Human Services (Department) was represented by Family Independence Manager [REDACTED] and Eligibility Specialist [REDACTED]

**ISSUE**

Did the Department properly deny Petitioner's application for State Disability Assistance (SDA) based on his failure to timely return the Medical Questionnaire?

**FINDINGS OF FACT**

The Administrative Law Judge, based on competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner applied for State Disability Assistance (SDA) on December 7, 2015. (Hearing Summary, Dept Exh. A, pp 1-2).
2. On December 9, 2015, a Medical Review package (MRT) was mailed to Petitioner.
3. On January 22, 2015, the Department mailed Petitioner a Notice of Case Action informing him that his application for SDA had been denied. (Dept. Exh. A, p 4).

4. On January 26, 2015, Petitioner submitted a hearing request. (Dept Exh. A, p 3).
5. On January 29, 2016, the Department mailed Petitioner a Verification Checklist and the Medical Questionnaire with a due date of February 8, 2016. (Hearing Summary, Dept Exh. A, p 2).

### **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.

As a preliminary matter, during the hearing Petitioner indicated he understood that he and his wife were receiving the maximum amount of FAP allowed for a group of two and the FAP program was no longer at issue.

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.

Department policy states that clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105, p 8 (7/1/2015). This includes completion of the necessary forms. BAM 105, p 8. Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM 105, p 9. Clients must take actions within their ability to obtain verifications. BAM 105, p 12.

The Department must assist when necessary; see BAM 130 and BEM 702. BAM 105, 12. The local office must assist clients who ask for help in completing forms or gathering verifications. BAM 105, p 14. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, p 1 (7/1/2015). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130, p 1.

The Department uses the Verification Checklist, DHS-3503, to tell the client what verification is required, how to obtain it and the due date. BAM 130, p 3. The client

must obtain the required verification, but the Department must assist if they need and request help. BAM 130, p 3.

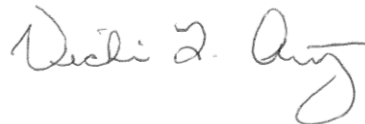
A client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested by the Department. BAM 130, p 6. The Department sends a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p 7.

In this case, Petitioner failed to submit the requested Medical Questionnaire. Petitioner testified that he never received the Medical Questionnaire. Petitioner's son credibly testified that he acted as an interpreter on his parent's behalf. Petitioner's son stated that he may not have mailed the Medical Questionnaire back and now that he understood, he would have his father complete the medical questionnaire and reapply for SDA.

As a result, the Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department acted in accordance with Department policy when it denied Petitioner's SDA application.

### **DECISION AND ORDER**

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



VA/db

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

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED]

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