



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR



Date Mailed: June 13, 2016  
MAHS Docket No.: 16-005646  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Kevin Scully**

**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. After due notice, telephone hearing was held on June 02, 2016, from Lansing, Michigan. Participants on behalf of Petitioner included [REDACTED]. [REDACTED] (Family Independence Manager) represented the Department of Health and Human Services (Department).

**ISSUE**

Did the Department of Health and Human Services (Department) properly deny the Petitioner's application for State Disability Assistance (SDA) benefits?

**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 November 25, 2015, the Department received the Petitioner's application for State Disability Assistance (SDA) benefits. Exhibit A, pp 2 – 10.
2. On April 1, 2016, the Department sent the Petitioner a Medical Determination Verification Checklist (DHS-3503-MRT) and Medical – Social Questionnaire (DHS\_49-F) requesting that they be returned by April 11, 2016. Exhibit A, pp 11 – 16.
3. On April 13, 2016, the Department notified the Petitioner that her State Disability Assistance (SDA) application had been denied. Exhibit A, pp 17 – 20.

4. On April 22, 2016, the Department received the Petitioner's request for a hearing protesting the denial of her State Disability Assistance (SDA) application. Exhibit A, p 22 – 23.
5. Department records indicate that no correspondence was received from the Petitioner after she submitted her application for State Disability Assistance (SDA) benefits until the Department received her request for a hearing. Exhibit A, pp 21.

### **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 and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (July 1, 2015), p 8.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (January 1, 2016), pp 1-9.

On November 25, 2015, the Department received the Petitioner's SDA application. On April 1, 2016, the Department sent the Petitioner a Medical Determination Verification Checklist (DHS-3503-MRT) and Medical – Social Questionnaire (DHS\_49-F) requesting that they be returned by April 11, 2016. There is no record of any correspondence received by the Department from the Petitioner after she applied for SDA benefits until the Department received her request for a hearing on April 22, 2016. The Department denied the Petitioner's SDA application for failure to provide information necessary to determine whether she is disabled.

The Petitioner testified that she was evicted from her home on April 4, 2016, which was three days after the Department had mailed her the documents necessary to establish her disability. The Petitioner testified that she notified the Department of this eviction by telephone but did not present any evidence of this report other than her own testimony.

While a presumption arises that a letter with a proper address and postage will, when placed in the mail be delivered by the postal service, this presumption can be rebutted with evidence that the letter was not received. If such evidence is presented, as it was here, then a question of fact arises regarding whether the letter was received. [Citations omitted.] *Goodyear Tire & Rubber Co v Roseville*, 468 Mich 947; 664 NW2d 751 (2003).

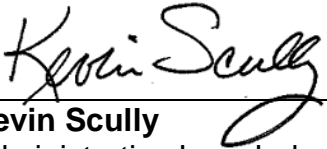
In this case, the Department presented substantial evidence that it sent the Petitioner a Medical Determination Verification Checklist (DHS-3503-MRT) to her correct mailing address of record and the Petitioner failed to rebut the presumption of receipt.

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 State Disability Assistance (SDA) benefits for failure to provide the Department with information necessary to determine her eligibility to receive benefits.

#### **DECISION AND ORDER**

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

KS/las

  
\_\_\_\_\_  
**Kevin Scully**  
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

**DHHS**

[REDACTED]

[REDACTED]

**Petitioner**

[REDACTED]