



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: March 1, 2017  
MAHS Docket No.: 16-018602  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

### **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 [REDACTED] Michigan. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by [REDACTED], hearing facilitator.

### **ISSUE**

The issue is whether MDHHS properly terminated Petitioner's State Disability Assistance (SDA) eligibility.

### **FINDINGS OF FACT**

The administrative law judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner was an ongoing SDA recipient.
2. On an unspecified date, Petitioner reported a new address to MDHHS.
3. On [REDACTED], MDHHS mailed Petitioner a Verification Checklist (VCL) requesting proof of residential address.
4. On [REDACTED], MDHHS mailed Petitioner a Notice of Case Action informing Petitioner of a termination of SDA eligibility, effective [REDACTED], due to Petitioner's alleged failure to verify address.

5. On [REDACTED], Petitioner requested a hearing to dispute the termination of SDA eligibility.
6. On [REDACTED], Petitioner submitted proof of residential address to MDHHS.

### **CONCLUSIONS OF LAW**

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. MDHHS (formerly known as the Family Independence Agency) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180. MDHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute a termination of SDA benefits. MDHHS presented a Notice of Case Action (Exhibit 1, pp. 1-4) dated [REDACTED]. The stated reason for SDA termination was Petitioner's alleged failure to verify residential address.

[For SDA benefits, MDHHS is to] verify the individual's address, unless homeless. BEM 220 (January 2016), p. 6. Verification sources [may include any of the following:] driver's license, other ID which provides a name and address, mortgage or rent receipt, utility bill[, or] collateral contact with a person who knows the individual's living arrangement.

Petitioner testified she had a kitchen fire at a residence which she was renting; the fire occurred in [REDACTED]. Petitioner testified her landlord moved her to a new permanent residence in [REDACTED]. It was not disputed that Petitioner reported her new address to MDHHS. Petitioner contended her stated circumstances were akin to homelessness.

Above-cited MDHHS policy appears to excuse homeless persons from verifying residency. A homeless person is an individual who lacks a fixed and regular nighttime dwelling or whose temporary night time dwelling is one of the following: supervised private or public shelter for the homeless..., halfway house or similar facility to accommodate persons released from institutions, home of another person, place not designed or ordinarily used as a dwelling (for example, a building entrance or hallway, bus station, park, campsite, vehicle). *Id.*, p. 2.

Petitioner's circumstances were sympathetic, however, she was not homeless. There was no indication of difficulty in receiving mail. There was no indication that any of Petitioner's residences were temporary. It is found Petitioner was not homeless, and therefore, subject to verifying her address.

[For all programs, MDHHS is to] use the DHS-3503, Verification Checklist to request verification. BAM 130 (July 2016), p. 3. [MDHHS must] allow the client 10 calendar days

(or other time limit specified in policy) to provide the verification that is requested. *Id.*, p. 6. [MDHHS] must tell the client what verification is required, how to obtain it, and the due date. *Id.*, p. 3. [For MA benefits, MDHHS is] to send a case action notice when the client indicates refusal to provide a verification, or the time period given has elapsed. *Id.*, p. 7.

MDHHS presented a VCL dated [REDACTED] requesting, in part, proof of Petitioner's address. The due date was [REDACTED].


It was not disputed that MDHHS received Petitioner's proof of her residency change on [REDACTED]. The submission date would have been beyond the time to prevent the closure of Petitioner's SDA eligibility. Petitioner testified she thought she submitted verification of her address earlier than [REDACTED], though no reliable evidence suggested such a submission. MDHHS testimony credibly indicated a check of Petitioner's electronic case file revealed some submissions by Petitioner, though none verifying her address.

It is found that Petitioner failed to verify her address. Accordingly, the corresponding SDA termination was proper.

#### **DECISION AND ORDER**

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly terminated Petitioner's SDA eligibility, effective [REDACTED]. The actions taken by MDHHS are **AFFIRMED**.

CG/hw

  
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**Christian Gardocki**  
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]  
[REDACTED]

[REDACTED]  
[REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]