



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: March 28, 2017
MAHS Docket No.: 17-001557
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 March 01, 2017, from Lansing, Michigan. The Petitioner was represented by his mother [REDACTED] [REDACTED]. The Department was represented by [REDACTED] [REDACTED] Hearing Facilitator.

ISSUE

Did the Department of Health and Human Services (Department) properly deny Petitioner's application for cash assistance?

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 December 13, 2016, the Department received Petitioner's application for cash assistance claiming to be disabled.
2. On December 20, 2016, the Department sent Petitioner a Medical Determination Verification Checklist (DHS-3503-MRT) with a January 3, 2017, due date. Exhibit A, p 3.
3. On January 19, 2017, the Department notified Petitioner that his application for cash assistance had been denied. Exhibit A, p 5.
4. On January 24, 2017, the Department received Petitioner's request for a hearing protesting the Department's denial of his application for cash assistance.

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 (October 1, 2016), 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 December 13, 2016, the Department received Petitioner's application for cash assistance. Petitioner does not meet the criteria for Family Independence Program (FIP) benefits. Petitioner claims to be disabled and the Department determined his eligibility for State Disability Assistance (SDA) benefits.

In order to determine his eligibility for SDA benefits, on December 20, 2016, the Department sent Petitioner a Medical Determination Verification Checklist (DHS-3503-MRT) with a January 3, 2017, due date. When the Department did not receive verification of a pending application or appeal with the Social Security Administration, which was necessary to determine his eligibility for cash assistance, it notified him that his application had been denied.

Petitioner's representative argued that Petitioner had provided the Department with proof of a pending Social Security Administration disability benefits application. Petitioner's representative entered documentation into the hearing record that was supplied to the Department on January 3, 2017, and appears to be medical records and the results of a questionnaire.

This Administrative Law Judge finds that the results of the questionnaire submitted by Petitioner on January 3, 2017, is not clearly identifiable as an application for disability

benefits with the Social Security Administration, and the Department had no reason to suspect that this submission was not merely a copy of medical records supporting Petitioner's application for SDA benefits.

This Administrative Law Judge finds that Petitioner failed to make a reasonable effort to respond to the December 20, 2016, verification checklist, and the Department was acting in accordance with policy when it denied Petitioner's application for cash assistance.

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 December 13, 2016, application for cash assistance.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.

KS/nr



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]

[REDACTED]

[REDACTED]

[REDACTED]

Petitioner

[REDACTED]