



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: September 20, 2017
MAHS Docket No.: 17-009992
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: [REDACTED]

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; 42 CFR 438.400 to 438.424; 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 September 19, 2017, from Detroit, Michigan. The Petitioner appeared as a witness at the hearing. The Petitioner was represented by [REDACTED] [REDACTED] Authorized Hearing Representative. The Department of Health and Human Services (Department) was represented by [REDACTED] [REDACTED], Assistance Payments Worker.

ISSUE

Did the Department properly deny the Petitioner's SDA/FIP application?

FINDINGS OF FACT

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

1. The Petitioner applied for SDA on May 5, 2017.
2. The Department issued an Notice of Case Action on June 22, 2017 denying the application effective, June 1, 2017, for failure to return documentation to complete the disability Determination. Exhibit B
3. The Department received an unsigned Medical Social Questionnaire dated June 6, 2017 on June 16, 2017. The Medical Social Questionnaire was due June 16, 2017. Exhibit C.

4. The Petitioner requested a timely hearing on July 24, 2017 protesting the Department's actions.

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.

In this case, the Petitioner filed a Medical Social Questionnaire in a timely manner on June 16, 2017 but did not sign the form. Exhibit C. The Department testified that it denied the Petitioner's SDA application because the form was turned in without a signature. BEM 815 provides that the Medical Social Questionnaire is mandatory form when applying for SDA:

1. The client or authorized representative must complete all sections of the DHS-49-F, Medical-Social Questionnaire. **This form is mandatory.** BAM 815, (January 1, 2017), p. 4.

Unfortunately, the Department was required to have a completed form, including the signature of the Petitioner or his AHR, in order for the Department to be able to submit a Medical Social Questionnaire to the DDS (Disability Determination Service) and could not do so under these circumstances. Given the facts presented, it is determined that the Department properly denied the application due to the form not being signed. The Petitioner's hearing request also raised the issue that due to a mental disability he was discriminated against by the Department in this process as he believed the form was complete. The Petitioner testified that at no time when submitting the Medical Social Questionnaire, did he advise the DHS employee who looked at the form of his disability and request assistance, other than to provide him a copy. As stated at the hearing, the Petitioner may resubmit the signed Medical Social Questionnaire with a new application for SDA at any time.

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 SDA for failure to return the mandatory Medical Social Questionnaire.

DECISION AND ORDER

Accordingly, the Department's decision is

AFFIRMED.

LF/tm



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]

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

cc: [REDACTED]
[REDACTED]