



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: July 3, 2018
MAHS Docket No.: 18-004059
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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 three-way telephone hearing was held on June 28, 2018, from Detroit, Michigan. The Petitioner was represented by Petitioner. The Department of Health and Human Services (Department) was represented by Brenda Drewnicki, Hearing Facilitator.

ISSUE

Did the Department properly determine that Petitioner was entitled to receive \$ [REDACTED] per month in State Disability Assistance (SDA) effective May 1, 2018?

FINDINGS OF FACT

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

1. In April 2017, Petitioner applied for SDA benefits.
2. Petitioner began receiving SDA benefits in the amount of \$ [REDACTED] per month.
3. In February 2018, Petitioner submitted a completed Redetermination in February 2018 for a different program.
4. The Department incorrectly certified Petitioner for SDA benefits in the amount of \$ [REDACTED] per month.

5. On April 2, 2018, the Department sent Petitioner a Notice of Case Action which notified Petitioner that she was entitled to SDA benefits in the amount of \$ [REDACTED] per month effective May 1, 2018.
6. Petitioner contacted the Department to inquire as to whether she was entitled to \$ [REDACTED] per month.
7. The Department reviewed Petitioner's case and determined that the \$ [REDACTED] amount was incorrect, and that Petitioner was entitled to \$ [REDACTED] per month.
8. On April 11, 2018, the Department sent Petitioner a Notice of Case Action which notified Petitioner that she would receive \$ [REDACTED] per month in SDA benefits effective May 1, 2018.
9. On April 20, 2018, Petitioner filed a Request for Hearing disputing 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.

Additionally, SDA is a cash assistance program designed to help individuals and families become self-sufficient. BEM 209 (July 2017), p. 1. Further, **Special Living Arrangement** (SLA) is a group living facility that provides food, shelter and some level of supervision and/or care, see BEM 615, Group Living Facilities. The following living arrangements are considered SLAs. A client in an SLA may be eligible for SDA and Medicaid. If eligible for SDA, they may be entitled to an incidentals allowance and/or provider payments. If not eligible for SDA, they still may be eligible for Medicaid.

- Adult Foster Care (AFC) home.
- County Infirmary (CTI) (domiciliary or personal care clients only).
- Home for the Aged (HFA).
- Hospital (incidentals only) (HSP).
- Long-Term Care (LTC) facility (incidentals only).
- Substance Abuse Treatment Center (SAT) (incidentals only). BEM 616 (July 2017), p. 1.

In this case, Petitioner applied for SDA benefits in April 2017 and began receiving benefits in the amount of \$ [REDACTED] per month. Petitioner is residing in a Special Living Arrangement. The Department testified that when it received Petitioner's February 2018 Redetermination, it incorrectly certified Petitioner to receive \$ [REDACTED] per month effective May 1, 2018.

Petitioner contacted the Department to inquire as to whether she should receive \$ [REDACTED] per month. At that point, the Department realized that it had incorrectly certified Petitioner to receive \$ [REDACTED] per month. The Department corrected the mistake and returned Petitioner's SDA benefits to \$ [REDACTED] per month effective May 1, 2018. As such, Petitioner did not receive any change in benefit amount.

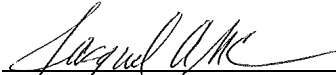
Petitioner testified that she understood that she was entitled to receive \$ [REDACTED] in SDA benefits. As such, it is found that the Department properly provided Petitioner with notice of the decreased amount after it incorrectly sent notice increasing Petitioner's SDA benefit amount to \$ [REDACTED] per month.

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 decreased Petitioner's SDA benefits to \$ [REDACTED] per month effective May 1, 2018.

DECISION AND ORDER

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

JAM/tlf



Jacquelyn A. McClinton
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) 763-0155; 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

Via Email:

MDHHS-Macomb-12-Hearings
BSC4 Hearing Decisions
L. Karadsheh
MAHS

Petitioner – Via First-Class Mail:

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