



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

██████████  
██████████  
██████████, MI ██████████

Date Mailed: March 30, 2021  
MOAHR Docket No.: 21-000607  
Agency No.: ██████████  
Petitioner: ██████████ ██████████

**ADMINISTRATIVE LAW JUDGE:** Aaron McClintic

### **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 March 18, 2021, from Lansing, Michigan. The Petitioner was represented by himself. The Department of Health and Human Services (Department) was represented by Cristin Gougeon, Eligibility Specialist. Department Exhibit 1, pp. 1-34 was received and admitted.

### **ISSUE**

Did the Department properly deny Petitioner's State Disability Assistance (SDA) application for failing to return documents required for disability determination?

### **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 ██████████ ██████████ 2020, Petitioner applied for State Disability Assistance.
2. On December 14, 2020, a Medical Determination Verification Checklist was sent to Petitioner instructing Petitioner regarding what was required.
3. On December 29, 2020, Notice of Case Action was sent to Petitioner informing him that his application was denied for failing to return documents required for disability determination.
4. On January 21, 2021, Petitioner requested hearing disputing the denial of SDA.

## **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.

### **VERIFICATION REQUIREMENTS**

Verify the disability or the need for a caretaker at application, rede-termination, when required by the DDS, or as needed when the client's circumstances change. Verify age only if the client's statement is inadequate or inconsistent.

Verify participation in substance abuse treatment at each medical review.

If the client's circumstances change so that the verification method used to establish eligibility is no longer valid, obtain new verification following policy in BAM 130. (For example, a client no longer participating in Special Education may now have to provide medical evidence.) Do **not** immediately send a negative action notice for case closure. First request verification according to policy in BAM 130. BEM 261

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day.

Send a negative action notice when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130 (January 2020)

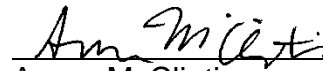
In this case, Petitioner alleged that a department worker told him that he did not need to return the requested documents because it was the holiday period. Nothing in the case notes reflected that Petitioner was told this. Department policy does not give extra time during the holiday to return documents. Petitioner failed to make a reasonable effort to provide requested verification, therefore the closure for failing to provide verifications was proper and correct. BAM 130

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 SDA application for failing to return documents required for disability determination.

**DECISION AND ORDER**

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

AM/nr



---

Aaron McClintic  
Administrative Law Judge  
for Elizabeth Hertel, 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**DHHS**

Jessica Tokar  
1509 Washington, Ste. A  
PO BOX 1609  
Midland, MI  
48641

Midland County DHHS- via electronic mail

BSC2- via electronic mail

L. Brewer-Walraven- via electronic mail

**Petitioner**

██████████ - via first class mail

██████████

██████████, MI

██████████