



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

SUZANNE SONNEBORN EXECUTIVE DIRECTOR MARLON I. BROWN, DPA DIRECTOR



Date Mailed: September 9, 2024 MOAHR Docket No.: 24-007469

Agency No.:

ADMINISTRATIVE LAW JUDGE: Caralyce M. Lassner

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 hearing was held by telephone on August 14, 2024. Petitioner appeared and represented himself. The Department of Health and Human Services (Department) was represented by Jamila Goods, Eligibility Specialist.

ISSUE

Did the Department properly deny Petitioner's 2023 State Disability Assistance (SDA) application for failure to provide requested verifications?

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 application 2023, the Department received an application for SDA (page 2023) application) from Petitioner for himself.
- 2. On November 14, 2023, the Department sent a Verification of Application or Appeal for SSI/RSDI (SSA Verification) to Alpena SSA. (Exhibit A, pp. 4 5).
- 3. On June 14, 2024, the Department sent a Notice of Case Action (NOCA) to Petitioner that denied Petitioner's application for SDA. (Exhibit A, pp. 6 9).
- 4. On June 24, 2024, the Department received a request for hearing from Petitioner disputing the denial of his SDA application. (Exhibit A, p. 3).

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.

Petitioner requested a hearing to dispute the denial of his SDA application. The Department denied Petitioner's SDA application for failure to return verification of an application or appeal of application to the Social Security Administration (SSA) for Supplemental Security Income (SSI) or Retirement, Survivors, and Disability Insurance (RSDI).

When the client applies for SDA and claims a disability, the Department must verify the client's claim to determine eligibility. BEM 261 (April 2017), pp. 1, 5. To obtain verification, the Department must tell the client what verification is required, how to obtain it, and the due date. BAM 130 (October 2023), p. 3. SDA applicants who do not already have a SSA approval must provide verification of a SSA application or appeal, among other documents. BAM 815 (April 2018), p. 8. The client has the responsibility to obtain required verification unless he requests help from the Department, and an application for assistance for failure to provide verifications is denied only if the client refuses to provide the verification or the time period to provide it has lapsed and the client has not made a reasonable effort to provide the verification. BAM 130, pp. 4, 7.

In this case, SSA Verification was addressed to Alpena SSA and the Department testified that it sent it directly to Alpena SSA on 2023. (Exhibit A, pp. 4-5). The Department testified that it did not send any request for verification to Petitioner for his September application. Therefore, the Department did not give Petitioner the opportunity to provide the verification. Because a client has the responsibility to obtain required verification and an application for assistance for failure to provide verifications cannot be denied unless the client refuses to provide the verification or the time period to provide it has lapsed and the client has not made a reasonable effort to provide the verification, the Department did not act in accordance with Department policy when it sent the SSA Verification to Alpena SSA rather than Petitioner and subsequently denied Petitioner's application for failure to provide verifications.

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 did not act in accordance with Department policy when it denied Petitioner's application for failure to provide verifications.

DECISION AND ORDER

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1.	Redetermine Petitioner's eligibility under the requesting verifications if necessary;
2.	If Petitioner is determined disabled and otherwise eligible, issue SDA supplements to Petitioner for benefits not he is eligible to receive from ongoing; and,
3.	Notify Petitioner in writing of its decision.
CML	

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 Via-Electronic Mail: DHHS

Susan Noel

Wayne-Inkster-DHHS 26355 Michigan Ave Inkster, MI 48141

MDHHS-Wayne-19-Hearings@michigan.gov

Interested Parties

BSC4

L. Karadsheh

<u>Via-First Class Mail</u>: Petitioner

