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GOVERNOR

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

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DIRECTOR

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Date Mailed: January 13, 2025  
MOAHR Docket No.: 24-008812  
Agency No.: 134853944  
Petitioner: Angela Harvey

**ADMINISTRATIVE LAW JUDGE: Linda Jordan**

**HEARING DECISION**

Following Petitioner’s request for a hearing, this matter is before the undersigned Administrative Law Judge (ALJ) 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 on September 11, 2024, via videoconference. Petitioner appeared and was represented by ██████████ Authorized Hearing Representative (AHR). Ms. Evans, Assistance Payments Supervisor, appeared on behalf of the Michigan Department of Health and Human Services (MDHHS or Department). MDHHS’ Hearing Packet was admitted into evidence as MDHHS Exhibit A, pp. 1-250. Petitioner’s proposed exhibits were admitted into evidence as Petitioner Exhibit 1, pp. 1-6 and Petitioner Exhibit 2, p. 1.

On September 16, 2024, the undersigned ALJ issued Interim Order Extending the Record upon Petitioner’s request. AHR indicated that the record was incomplete and expressed her desire to submit additional documentation. The parties waived the timeliness standard for the issuance of this decision. Additional evidence was due to the Michigan Office of Administrative Hearings and Rules (MOAHR) by September 23, 2024. MOAHR did not receive any additional documentation from the parties.

**ISSUE**

Did MDHHS properly terminate Petitioner’s State Disability Assistance (SDA) benefits?

**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 June 5, 2023, the Disability Determination Service (DDS) found Petitioner disabled for the purposes of SDA because her physical or mental impairments prevented employment for over 90 days and she was not capable of performing

other work (Exhibit A, pp. 93-94). A medical review of Petitioner's disability status was requested for July 5, 2024 (Exhibit A, p. 93).

2. On [REDACTED] 2024, Petitioner completed Medical Social Questionnaire Update (Exhibit A, p. 170). Petitioner also completed Authorization to Release Protected Health Information Forms (Exhibit A, p. 175).
3. On June 25, 2024, MDHHS sent Petitioner a Function Report – Adult – Form SSA-3373-BK, and a Work History Report – Form SSA 3369-BK, which were due July 5, 2024 (Exhibit A, pp. 138-164).
4. On July 23, 2024, the Disability Determination Service (DDS) found Petitioner not disabled due to insufficient evidence/failure to cooperate (Exhibit A, p. 245). DDS alleged that Petitioner failed to return forms regarding Activities of Daily Living (ADLs) and work history (Exhibit A, p. 62).
5. On July 25, 2024, MDHHS sent Petitioner a Notice of Case Action indicating that her cash/program/SDA benefits were terminated, effective September 1, 2024 ongoing (Exhibit A, p. 247).
6. On July 30, 2024, Petitioner requested a hearing (Exhibit A, pp. 4-6).

### **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. MDHHS administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

In this case, MDHHS terminated Petitioner's SDA benefits due to an alleged failure to cooperate with DDS to complete the medical review of continuing eligibility for disability (Exhibit A, p. 246). Petitioner was previously approved for SDA with a review date of [REDACTED] 2024.

The Disability Determination Service (DDS) develops and reviews medical evidence for disability and/or blindness and certifies the client's medical eligibility for assistance. BAM 815 (April 2018). For SDA, MDHHS is required to verify the disability at application, redetermination, when required by DDS or as needed when the client's circumstances change. BEM 261 (April 2017), p. 5. If requested mandatory forms are not returned at application or medical review, DDS cannot make a determination on the severity of the disability. BAM 815, p. 2. In these instances, MDHHS will deny the application or place an approved program into negative action for failure to provide the required verifications. *Id.* For SDA, clients are allowed ten calendar days (or other time limit specified in policy) to return requested verifications. BAM 130 (May 2024), p. 1. If

the client indicates the existence of a disability that impairs their ability to gather verifications and information necessary to establish eligibility for benefits, MDHHS is required to offer to assist the individual in the gathering of such information. *Id.*, p. 1.

At the hearing, MDHHS could not adequately explain the basis for its determination that Petitioner failed to cooperate with the medical review process. A review of the record shows that a DDS alleged that it did not receive forms related to Petitioner's ADLs or work history (Exhibit A, p. 62). However, the Disability Examiner did not appear at the hearing or otherwise provide any testimony on the matter. MDHHS could not indicate which specific forms were not returned. Petitioner credibly testified that she returned all forms in a timely manner and was making every effort to comply with DDS' requests for information. Additionally, given Petitioner's disability status, MDHHS should have offered Petitioner assistance in obtaining any missing documentation or information. It is unclear from the record whether it did so in this case.

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 MDHHS failed to satisfy its burden of showing that it acted in accordance with Department policy when it terminated Petitioner's SDA benefits.

### **DECISION AND ORDER**

Accordingly, MDHHS' decision is **REVERSED**. MDHHS 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 for SDA benefits, effective September 1, 2024 ongoing, requesting additional verification, as needed, and providing the appropriate assistance;
2. Issue any supplemental SDA payments that Petitioner was eligible to receive but did not, from September 1, 2024 ongoing; and
3. Notify Petitioner of its decision in writing.

LJ/pt

  
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**Linda Jordan**  
Administrative Law Judge

**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**  
Pam Farnsworth  
Monroe County DHHS  
903 Telegraph  
Monroe, MI 48161  
**MDHHS-Monroe-Hearings@michigan.gov**

**Interested Parties**  
BSC4  
L. Karadsheh  
MOAHR

**Via-First Class Mail:**

**Petitioner**  
[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]

**Authorized Hearing Rep.**  
[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]