



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

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██████████, MI ██████████

Date Mailed: December 26, 2024  
MOAHR Docket No.: 24-013052  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm**

### **HEARING DECISION**

On November 21, 2024, Petitioner ██████████ requested a hearing to dispute a State Disability Assistance (SDA) determination. As a result, a hearing was scheduled to be held on December 19, 2024. Public assistance hearings are held 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; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Hearing Coordinator Rachel Meade appear as its representative.

Sworn testimony was provided by both parties, and one exhibit was admitted into evidence. A 75-page packet of documents provided by the Department was admitted collectively as Exhibit A.

### **ISSUE**

Did the Department properly deny Petitioner's SDA 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. On August 8, 2024, Petitioner applied for SDA from the Department.
2. On August 22, 2024, the Department mailed the following forms to Petitioner:
  - a. A verification checklist (DHS-3503) that instructed Petitioner to provide the Department with verification of her disability (such as medical records about her disability), verification of her checking account, and verification of her

savings account. The verification checklist instructed Petitioner to provide her proofs to the Department by September 3, 2024.

- b. A medical determination verification checklist (DHS-3503-MRT) that instructed Petitioner to provide proof of her pending Social Security Administration disability benefits application to the Department by September 3, 2024. The form stated, "bring a copy of checked proofs to your interview, return by mail, or bring to DHS." Following this statement, there was list of medical records with check boxes beside each form, and none of the boxes were checked. The box for form DHS-49-F was not checked, the box for form DHS-1555 was not checked, and the box for form DHS-3975 was not checked.
  - c. A medical – social questionnaire (DHS-49-F) that instructed Petitioner to complete the questionnaire.
  - d. An authorization to release protected health information (DHS-1555) that instructed Petitioner to sign the authorization.
  - e. A reimbursement authorization (DHS-3975) that instructed Petitioner to sign the authorization.
  - f. A notice to apply (DHS-1551) that instructed Petitioner to apply for SSI benefits from the Social Security Administration and file an appeal if denied.
3. On August 23, 2024, Petitioner provided the Department with the following proofs:
    - a. A letter from her attorney that asserted that Petitioner was pursuing disability benefits from the Social Security Administration.
    - b. A Cash App account statement for July 2024.
    - c. A True Community Credit Union statement for June 2024.
    - d. A medical needs form (DHS-54A) dated March 26, 2024.
    - e. A mental RFC assessment dated November 22, 2022.
  4. On August 30, 2024, the Department received verification from the Social Security Administration that Petitioner had a pending appeal for disability benefits.
  5. On September 6, 2024, the Department mailed a notice of case action to Petitioner to notify her that her application for SDA was denied because verification of disability was not returned.
  6. Petitioner requested a hearing to dispute the Department's decision.

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

When a client applies for SDA from the Department, the Department must obtain the client's medical records so that the Disability Determination Service (DDS) can make a disability determination. BAM 815 (January 1, 2025), p. 2. The client must complete all sections of the medical – social questionnaire (DHS-49-F), and the client must sign the authorization to release protected health information (DHS-1555). *Id.* at pp. 3-4. The Department uses these forms to obtain the client's medical records. When the client fails to return either one of these forms, the Department is unable to obtain the client's medical records, so the Department must deny the client's application. *Id.* at 2.

In this case, the Department denied Petitioner's application for SDA, and the Department stated the reason for the denial was that "verification of disability was not returned." This presumably refers to information that the Department requested from Petitioner in the verification checklist (DHS-3503) that instructed Petitioner to provide the Department with verification of her disability (such as medical records about her disability). The Department is not required to gather medical evidence from a client. *Id.* at 5. The Department is only required to obtain a completed DHS-49-F and a signed DHS-1555 from the client so that the Department can obtain the client's medical records.

It is unclear if the Department received a completed DHS-49-F and a signed DHS-1555 from Petitioner. The Department did not inform Petitioner that it needed these forms when the Department mailed a medical determination verification checklist (DHS-3503-MRT) to Petitioner. The DHS-3503-MRT specifically listed the DHS-49-F and the DHS-1555, and the Department did not check the box next to either the DHS-49-F or the DHS-1555 to indicate that the Department needed to obtain them from Petitioner. Thus, a reasonable person would have read the DHS-3503-MRT and concluded that the Department did not need the DHS-49-F and the DHS-1555.

For these reasons, the Department did not properly request information from Petitioner to obtain Petitioner's medical records when the Department processed Petitioner's SDA application. Therefore, the Department did not properly deny Petitioner's SDA application. The Department shall reprocess Petitioner's SDA application. If the Department still needs to obtain Petitioner's medical records to process her application, the Department must send Petitioner a new medical determination verification checklist (DHS-3530-MRT) and specifically indicate which form(s) the Department still needs from

Petitioner by checking the box(es) next to the form(s) that the Department needs Petitioner to provide.

**DECISION AND ORDER**

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 its policies and the applicable law when it denied Petitioner's SDA application.

**IT IS ORDERED** the Department's decision is **REVERSED**. The Department shall reprocess Petitioner's SDA application consistent with this decision. The Department shall begin to implement this decision within 10 days from the date of mailing of this decision and order.

JK/pe



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**Jeffrey Kemm**  
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**

Heather Dennis  
Jackson County DHHS  
301 E. Louis Glick Hwy.  
Jackson, MI 49201

**MDHHS-Jackson-Hearings@michigan.gov**

**Interested Parties**

BSC4  
L. Karadsheh  
MOAHR

**Via First Class Mail:**

**Petitioner**

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