



Date Mailed: April 22, 2025

Docket No.: 25-011061

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

### 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; 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 via telephone conference on April 15, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Melissa Stanley, Hearing Facilitator. Department Exhibit 1, pp. 1-29 was received and admitted.

### ISSUE

Did the Department properly deny Petitioner's State Emergency Relief (SER) application because she failed to make her copayment?

### 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 December [REDACTED] 2024, Petitioner applied for SER seeking assistance with outstanding utility bills.
2. On January [REDACTED] 2025, an State Emergency Relief Decision Notice was sent to Petitioner informing her that she was approved for SER with copayments and her request for exception was denied.

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3. On January █ 2025, a State Emergency Relief Decision Notice was sent to Petitioner informing her that her SER payment was denied because she did not submit proof of copayment prior to the deadline.
  4. On February 14, 2025, Petitioner requested hearing disputing the denial of SER payment.

### **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 Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Department of Human Services) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001-.7049.

#### **Total Copayment**

The income and asset copayments combined together determine the SER group's total copayment. The total copayment is the amount the SER group must pay toward their emergency. Copayment amounts are deducted from the cost of resolving the emergency. Example: The applicant has an eviction for \$100. The shortfall copayment is \$15 and the income copayment is \$100. Subtract the total \$115 copayment from the \$100 need. SER is denied because the copayment exceeds the need. Example: The applicant has an eviction for \$400. The shortfall copayment is \$15 and the income copayment is \$100. Subtract the total \$115 copayment from the \$400 need. The available SER payment is then \$285. The \$285 payment may be made once it is verified that the client's \$115 copayment has been paid. The group is not required to pay the copayment more than once during the 30-day authorization period. If multiple services are requested, the client is only required to pay the copayment on one service. However, the copayment must be paid before any other service is paid. The client is notified on the DHS-1419, Decision Notice, of their copayment amount and the deadline to return verification that they have paid their copayment. In Bridges, the worker must pseudoauthorize the application in order to establish the deadline date and to issue the DHS-1419. The deadline date is always the last day of the 30-day eligibility period regardless of when the client requests the service. The client must provide verification of their payment by the last day of the 30-day eligibility period. ERM 208

In this case, Petitioner was approved for SER for outstanding utilities, but copayments were required. Petitioner was given until January █ 2025, to provide proof of copayment. Petitioner failed to submit proof of copayment and in fact did not make the required copayment. Petitioner's SER payment was denied because she failed to make the

required copayment prior to the deadline, that denial was proper and correct and consistent with Department policy. ERM 208

At hearing, Petitioner questioned why her copayment was so high. It was explained that the copayment was based on the amount of the outstanding bill and the maximum allowable benefit.

### **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 acted in accordance with Department policy when it denied Petitioner's SER payment because she did not make her copayment.

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



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**AARON MCCLINTIC**  
**ADMINISTRATIVE LAW JUDGE**

**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](https://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to [MOAHR-BSD-Support@michigan.gov](mailto:MOAHR-BSD-Support@michigan.gov), **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

**Via Electronic Mail:**

**Respondent**  
SAGINAW COUNTY DHHS  
411 E GENESEE AVE  
PO BOX 5070  
SAGINAW, MI 48607  
**MDHHS-SAGINAW-  
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**MCLAUGHLINJ**

**HOLZHOUSENE**

**BSC2HEARINGDECISIONS**

**MOAHR**

**Via First Class Mail:**

**Petitioner**

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