

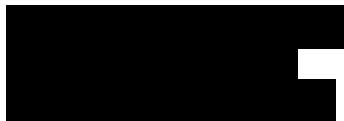


Date Mailed: August [REDACTED], 2025

Docket No.: 25-020869

Case No.: [REDACTED]

Petitioner: [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 দ্রষ্টাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

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

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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 July 17, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Sophia Yatoma, Eligibility Specialist.

ISSUE

Did the Department properly deny Petitioner's June 13, 2025, application for State Disability Assistance (SDA) case assistance?

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 May 2, 2025, Petitioner reapplied for cash assistance following a denial due to failure to return requested verifications. Exhibit A, p. 3.
2. The Department sent Petitioner a Medical Determination Verification Checklist (VCL), which requested that she provide proof of certain medical records and required Department forms related to her claimed disability. Petitioner submitted the requested forms on April 30, 2025; May 2, 2025; and May 23, 2025. Exhibit A, p. 3.
3. On May 23, 2025, the Department sent Petitioner a Notice of Case Action informing her that her request for SDA was denied due to her not being disabled. However, the Department clarified at the hearing that the Notice reason was provided in error; and the correct reason for the denial was due to missing or incomplete information on the forms provided by Petitioner. Exhibit A, pp. 60-64.
4. On May 27, 2025, Petitioner requested a hearing disputing the denial of her SDA application. Exhibit A, pp. 5-7.

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.

In this case, the Department denied Petitioner's SDA application because she failed to provide an address for one of her providers on the required form. Petitioner disputed the denial.

Petitioner initially applied for SDA cash assistance on April 16, 2025. This application was processed and a VCL requiring proof of her claimed disability was sent to Petitioner with a due date of April 28, 2025, including the DHS-49F, DHS-1551, DHS-1552, and DHS-3975 forms. The Department alleged that Petitioner submitted the requested documents after the VCL due date, on April 30 and May 2, 2025; and as a result, the Department denied Petitioner's April 16, 2025, application for failure to provide timely verifications.

The record shows that Petitioner reapplied for SDA on May 2, 2025, and timely returned all requested forms on April 30, 2025; May 2, 2025; and May 23, 2025. The Department processed these submissions but denied the May 2, 2025, application because the DHS-49F form was missing two pages. The application was reprocessed on June 2, 2025; and the Department again requested a completed DHS-49F form.

Petitioner credibly testified that she went to the local office for assistance with the incomplete DHS-49F form, and that a Department worker helped her complete it. Petitioner believed that all missing information was provided at that time. However, on June 13, 2025, the Department issued a Notice of Case Action denying the application because the Medical Review Team (MRT) determined the DHS-49F was incomplete due to the missing provider's address.

Department policy is clear that when required verification is missing or incomplete, the Department must issue a VCL or other written notice identifying the missing information and allow the client a reasonable opportunity to provide it before denying the application. BAM 130 (May 2024), pp. 1, 3. The Department must also advise the client how to obtain the verification, provide a due date, and assist the client if needed. BAM 130, p. 3. If the information cannot be obtained despite reasonable effort, the Department must use the best available information. BAM 130, p. 4. For SDA, the client

is allowed ten calendar days to provide the verification, and the Department may grant an extension if requested before the due date. BAM 130, pp. 7-9.

Here, the Department did not notify Petitioner of the missing provider address or provide her with an opportunity to supply the information before issuing the denial. The record shows Petitioner made good-faith efforts to comply with verification requests and sought in-person assistance from Department staff. It is unclear whether the Department fulfilled its obligation to assist her in obtaining the missing information. Denying the application without affording Petitioner the required opportunity to cure the deficiency was inconsistent with Department policy.

At the hearing, the Department testified that a subsequent Notice of Case Action dated June 13, 2025, was sent to Petitioner denying her SDA application because the Medical Review Team (MRT) at the Disability Determination Services (DDS) determined that the DHS-49F form was incomplete because the form was missing the provider's address.

When required a verification is missing or incomplete, the Department must provide the client with a VCL or other written notice specifying what is needed and allow the client a reasonable opportunity to provide the missing information before denying the application.

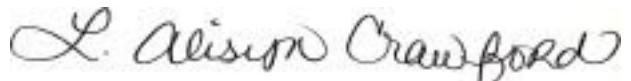
DECISION AND ORDER

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied Petitioner's application for SDA.

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. Reregister and reprocess Petitioner's May 2, 2025, application for cash assistance, requesting additional verifications as necessary;
2. If eligible, provide Petitioner with supplemental cash assistance payments based on the May 2, 2025, application; and
3. Notify Petitioner of its decision in writing.



L. ALISYN CRAWFORD

25-020869

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. 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, 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.

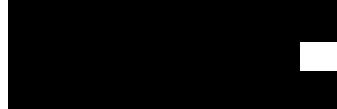
Via Electronic Mail:

Respondent

MACOMB COUNTY DHHS WARREN DIST 20
13041 E 10 MILE RD
WARREN, MI 48089
MDHHS-MACOMB-20-
HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

A large black rectangular redaction box covering the mailing address for the Petitioner.