



**Date Mailed:** October 10, 2025  
**Docket No.:** 25-029031  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[REDACTED]  
[REDACTED]  
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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.

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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 September 10, 2025. Petitioner appeared and represented herself. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Sunshine Simonson, Eligibility Specialist.

### **ISSUE**

Did the Department properly deny Petitioner's application for 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 or around [REDACTED] 2025, Petitioner submitted an application requesting SDA benefits.
2. On an unverified date, the Department denied Petitioner's [REDACTED] 2025, SDA application. Petitioner requested a hearing disputing the denial. After receiving Petitioner's request for hearing, the Department began reprocessing Petitioner's SDA application, as it had been denied in error. The hearing request was dismissed following a hearing held on July 10, 2025. (Exhibit A, pp. 9-11)
3. On or around July 10, 2025, the Department sent Petitioner a Medical Determination Verification Checklist (VCL) instructing her to submit verifications by July 21, 2025. The VCL identified the forms that needed to be completed and returned to the Department and the blank forms were included with the VCL and sent to Petitioner. Petitioner was instructed to return the DHS-0049-F Medical Social Questionnaire. (Exhibit A, pp. 12-13)
4. On or around July 21, 2025, Petitioner submitted the Medical Social Questionnaire to the Department. (Exhibit A, p. 14, 22-27)

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5. The Department and Disability Determination Service (DDS) determined that the Medical Social Questionnaire submitted by Petitioner could not be accepted, as it contained incomplete information.
6. On or around July 24, 2025, the Department sent Petitioner a Notice of Case Action, denying her SDA application on the basis that Petitioner failed to return documentation needed to complete the disability determination. (Exhibit A, pp.29-32)
7. On or around August 4, 2025, Petitioner submitted a request for hearing, disputing the Department's actions with respect to the denial of her SDA application. (Exhibit A, pp. 3-5)

### **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, Petitioner requested a hearing to dispute the denial of her [REDACTED] 2025, SDA application.

To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 (April 2017), p.1. At application, if requested mandatory forms are not returned, the Disability Determination Service (DDS, cannot make a determination on the severity of the disability, and the application will be denied for failure to provide required verifications. BAM 815 (April 2018), p.2.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (October 2023), p.1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. Although the client must obtain the required verification, the Department must assist if a client needs and requests help. If neither the client nor the Department can obtain the verification despite a reasonable effort, the Department is to use the best available information; and if no evidence is available, the Department is to use its best judgment. BAM 130, p. 3. For SDA, clients are given 10 calendar days to provide the verifications requested by the Department. Verifications are considered to be timely if received by the date they are due. The Department sends a negative action notice when the client

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indicates a refusal to provide a verification or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, pp. 7-8.

At the hearing, the Department representative testified that after receiving Petitioner's initial request for hearing, it began reprocessing Petitioner's SDA application and issued an updated Medical Determination VCL on July 10, 2025, instructing Petitioner to submit requested verifications by July 21, 2025. The Department representative testified that although Petitioner returned the Medical Social Questionnaire on July 21, 2025, it was incomplete and could not be accepted. A review of the Medical Social Questionnaire submitted by Petitioner shows that on page two where she is instructed to identify her doctors/health care providers, their addresses, and dates of visits, Petitioner wrote "Please see attached doctors. Can't remember. I sent this information previously. Haven't seen anyone else." Throughout the form in other sections, Petitioner also noted that she has previously sent in the requested information. (Exhibit A, pp. 22-27). The Department asserted that the Medical Social Questionnaire was not accepted by DDS because it did not identify the facility addresses or phone numbers or other needed information to obtain medical records from Petitioner's treating medical providers. Additionally, the Department asserted that the Medical Social Questionnaire previously submitted by Petitioner on April 18, 2025, could not be used because it was also incomplete. (Exhibit A, pp. 15-21). Petitioner testified that she submitted the requested documentation to the Department and included updated medical documentation. However, it was established that this submission was in connection with a subsequent SDA application received by the Department on or around August 20, 2025. Petitioner's testimony as to the documents submitted and the dates of submission was inconsistent. Thus, Petitioner failed to show that she sufficiently complied with the July 10, 2025, Medical Determination VCL by submitting a Medical Social Questionnaire that was complete and had all needed information.

### **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 ██████████ 2025, SDA application.

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

  
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**ZAINAB A. BAYDOUN**  
**ADMINISTRATIVE LAW JUDGE**

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**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](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.

