



Date Mailed: February 18, 2026
Docket No.: 25-040922
Case No.: [REDACTED]
Petitioner: [REDACTED]

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

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Case No.: [REDACTED]

Petitioner: [REDACTED]

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 January 20, 2026. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Amanda Boobyer, AP Supervisor. Department Exhibit 1, pp. 1-64 was received and admitted.

ISSUE

Did the Department properly deny Petitioner's State Disability Assistance (SDA) application for failing to complete a medical/ social questionnaire?

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 October [REDACTED] 2025, Petitioner applied for medical assistance, food assistance and cash assistance.
2. On October [REDACTED] 2025, a Verification Checklist was sent to Petitioner along with documents for him to fill out including a Medical Social Questionnaire.
3. On October [REDACTED] 2025, Petitioner submitted a Medical Social Questionnaire that was incomplete. (Ex. 1, pp. 24-30)
4. On October [REDACTED] 2025, a Notice of Case Action was sent to Petitioner informing him that his SDA application was denied for failing to verify disability.
5. On November 3, 2025, Petitioner requested hearing contesting the determination regarding Medical assistance and cash assistance.
6. On November [REDACTED] 205, Petitioner filed a new application for SDA.
7. Medical Assistance and Food Assistance were active at the time of hearing and Petitioner stated that he was not disputing anything with regard to those benefits.

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 Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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.

Timeliness of Verifications

FIP, SDA, RCA, Child Development and Care (CDC), FAP

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested. Exception: For CDC, if the client cannot provide the verification despite a reasonable effort, extend the time limit at least once. Exception: For CDC, at redetermination, if a signed redetermination form is received prior to the end of the redetermination month, and verifications are missing or incomplete, send a VCL. Verifications are due by the end of the redetermination month, or within 10 days after they are requested, which ever allows more time. Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day. Send a negative action notice when:

- The client indicates 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

In this case, the only issue in dispute was the denial of Petitioner's SDA application. A medical social questionnaire was sent to Petitioner that gave him the opportunity to provide information the Department needed to determine his eligibility for SDA. Petitioner did not complete the medical social questionnaire leaving many sections of the form blank and information needed by the Department to determine his eligibility was not provided. Petitioner could not explain at hearing why he did not fully complete the medical social questionnaire. The Department action to deny Petitioner's SDA

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application for failing to complete the medical social questionnaire was proper and correct and consistent with Department policy. BAM 130

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 SDA application for failing to complete the medical social questionnaire.

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



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. 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://irs.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

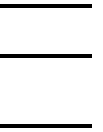
- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

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Via Electronic Mail:

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**MDHHS-CALHOUN-
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Via First Class Mail:

