



**Date Mailed:** February 23, 2026  
**Docket No.:** 25-048622  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[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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**Case No.:** [REDACTED]

**Petitioner:** [REDACTED] [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 February 18, 2026. Petitioner appeared and was unrepresented. [REDACTED] [REDACTED] appeared as a witness for Petitioner. Mr. [REDACTED] interpreter identification number [REDACTED] appeared as Arabic interpreter for Petitioner. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Danielle Moton, Assistance Payment Worker.

### **ISSUE**

Did the Department properly determine Petitioner's eligibility for State Disability Assistance (SDA)?

### **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 November [REDACTED] 2025, the Department received Petitioner's application for Medicaid (MA) and SDA cash assistance for Petitioner and [REDACTED] [REDACTED] (Spouse). Exhibit A, pp. 8-14.
2. Petitioner is married to Spouse. Exhibit A, p. 9.
3. Petitioner is [REDACTED] years old and Spouse is [REDACTED] years old. Exhibit A, p. 9.
4. Petitioner reported no income for himself or Spouse. Exhibit A, p. 12.
5. Petitioner reported that both he and Spouse were applying for disability benefits through the Social Security Administration (SSA). Exhibit A, p. 11.
6. On November [REDACTED] 2025, the Department sent Petitioner a verification checklist (VCL) with a due date of November 24, 2025 that requested verification of Petitioner's disability and Petitioner's checking account. Exhibit A, pp. 15-17.
7. On December [REDACTED] 2025, the Department sent Petitioner a Notice of Case Action (NOCA) that informed Petitioner that his SDA application was denied effective

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December 1, 2025 ongoing for failing to return requested verifications. Exhibit A, pp. 22-25.

8. On December 26, 2025, the Department received Petitioner's request for hearing. 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).

Petitioner's request for hearing disputed the denial of both MA and SDA cash assistance. At the commencement of the hearing, Petitioner indicated that he no longer had a dispute regarding MA and withdrew that portion of the request for hearing. Thus, the request for hearing regarding MA is DISMISSED. The Department also indicated that after Petitioner filed his request for hearing, the Department subsequently processed Petitioner's SDA application. The Department indicated that it issued a NOCA on January █ 2026 which denied Petitioner's SDA application. This NOCA was issued after Petitioner filed his request for hearing. At the hearing, Petitioner was informed that if he disputes the Department's action reflected in the January █ 2026 NOCA, he may request a hearing within the timeframe provided in that notice.

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 disputed the December 15, 2025 denial of his SDA application. The Department explained that the application was denied because Petitioner failed to provide verifications in response to a VCL.

SDA is a cash program for individuals who are not eligible for Family Independence Program (FIP) and are disabled or the caretaker of a disabled person. BEM 214 (April 2019), p. 1. To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. BEM 261 (April 2017), p. 1. A person is disabled for SDA purposes if he or she meets any of the following criteria: receives other specified disability-related benefits or services; resides in a qualified Special Living Arrangement (SLA) facility; is certified as unable to work due to mental or physical disability for at least 90 days from the onset of the disability; or is diagnosed as having Acquired Immunodeficiency Syndrome (AIDS). BEM 261, pp. 1-2. When the person does not meet one of the criteria under other benefits or services or special living arrangements, the Department is to seek a Medical Determination from the Disability Determination Service (DDS). The

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DDS will gather and review the medical evidence and either certify or deny the disability claim based on the medical evidence. BEM 261, p. 4; BAM 815 (January 2025), p. 1. As a condition of SDA program eligibility, individuals applying for SDA must apply for or appeal benefits through the SSA if claiming disability and/or blindness. BAM 815 (January 2025), pp. 1-2; BEM 270 (January 2025), p. 1. Further, verification must be obtained from SSA that an application or appeal for SSA disability benefits is on file before the case is referred to the DDS. BEM 270 (January 2025), p. 7. SSA's final determination that a client is not disabled and/or blind supersedes DDS's certification. BAM 815, p. 2. Further, at application or medical review if requested mandatory forms are not returned, the DDS cannot make a determination on the severity of the disability. BAM 815, p. 2. The Department will deny the application or place an approved program into negative action for failure to provide required verifications. *Id.* Mandatory forms include the Medical Social Questionnaire and Authorization to Release Protected Health Information. BAM 815, p. 4

Regarding verifications, a client is allowed 10 calendar days to provide requested verifications. BAM 130 (May 2024), p. 7. The Department sends a negative action notice when either 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, p. 7.

Here, Petitioner applied for SDA for himself and Spouse. The Department sent Petitioner a VCL on November █ 2025 that requested verification of Petitioner's disability and of a checking account. The VCL did not request any information regarding Spouse's disability or any verification that an application or appeal for SSA was on file for either Petitioner or Spouse. No evidence was presented that the Department provided Petitioner or Spouse with the Medical Social Questionnaire and Authorization to Release Protected Health Information forms. On December █ 2025, the Department sent Petitioner a NOCA that denied the SDA application. At the hearing, the Department testified that it did not request all the information it needed to properly process the SDA application. Based on the testimony presented, the Department acknowledged that it did not request sufficient verifications or properly process the SDA application. Thus, the Department's December █ 2025 denial was incorrect and the Department's eligibility determination must be reversed.

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**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 Department policy when it denied Petitioner's November 4, 2025 SDA application.

Accordingly, pursuant to Petitioner's withdrawal of the hearing request regarding MA, the request for hearing regarding **MA** is, hereby, **DISMISSED**.

The Department's decision regarding **SDA** 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 November █ 2025 SDA application, requesting additional verifications from Petitioner and Spouse, if necessary;
2. If Petitioner and Spouse are eligible for cash assistance, supplement Petitioner and Spouse for benefits they were eligible to receive but did not from November █ 2025 ongoing; and
3. Notify Petitioner of its decision in writing.



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**JULIA NORTON**  
**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://rs.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,

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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

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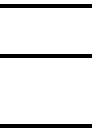
- by email to [MOAHR-BSD-Support@michigan.gov](mailto:MOAHR-BSD-Support@michigan.gov), **OR**
  - by fax at (517) 763-0155, **OR**
  - by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139
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**Via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

**Respondent**

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**Via First Class Mail:**

**Petitioner**

[REDACTED]  
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[REDACTED]