

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED]
Claimant

Reg. No: 2009-14590
Issue No: 1021, 3019
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
March 30, 2009
Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Tyra L. Wright

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; and MCL 400.37 upon Claimant's request for a hearing. After due notice, a hearing was held on March 30, 2009. Claimant and her mother personally appeared and testified. The Department was represented by a family independence specialist.

ISSUE

Did the Department act properly in determining that Claimant's Family Independence Program (FIP) and Food Assistance Program (FAP) cases should be closed on the grounds that she failed to timely submit certain medical verification documents?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

- (1) Claimant is a recipient of FIP and FAP benefits.

- (2) Claimant's case was transferred to the Department's [REDACTED] office for Wayne County. Because there was no medical documentation in Claimant's file, the new caseworker sent Claimant a Verification Checklist, form DHS 3503. (Exhibit 1). The checklist included and requested that Claimant return a completed a Medical Examination Report, form DHS-49, a Medical Needs form DHS-54-A, and a Verification of Application or Appeal for SSI/RSDI, known as a form DHS 1552, by the January 30, 2009 deadline. (See Exhibits 2, 3 and 4, respectively).
- (3) Claimant contends that she received the checklist and the enclosed medical documents only three days before the deadline. Moreover, she asserted that when she took the medical documents to her doctor, he complained that he would not complete the documents on such short notice.
- (4) Claimant called her caseworker's manager prior to the January 30, 2009 deadline and reported that she could not get the documents completed by the deadline. Claimant, the manager, and her caseworker also spoke by phone conference prior to the deadline. In that conversation, Claimant again, restated that she could not submit the completed forms by the deadline because her doctor refused to complete the forms on short notice. Claimant asked the Department workers: "What am I supposed to do?" The workers did not provide any assistance.
- (5) Claimant did not return the completed forms.
- (6) Consequently, the Department worker closed Claimant's FIP and FAP cases on February 11, 2009 on the grounds that she failed to provide the requested medical verifications.

- (7) The Department received Claimant's hearing request on February 9, 2009.
(Exhibit 9).

CONCLUSIONS OF LAW

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 8 USC 601, et seq. The Department of Human Services (formerly known as the Family Independence Agency) administers the FIP program pursuant to MCL 400.10, et seq., and MAC R 400.3101-3131. The FIP program replaced the Aid to Dependent Children (ADC) program effective October 1, 1996. Department policies for FIP are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

The Food Assistance Program (FAP) (formerly known as the Food Stamp (FS) program) is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the FAP program pursuant to MCL 400.10, et seq., and MAC R 400.3001-3015. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

DEPARTMENT POLICY

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Obtain verification when:

Required by policy. PEM items specify which factors and under what circumstances verification is required.

Required as a local office option. The requirement **must** be applied the same for every client. Local requirements may **not** be imposed

for MA, TMA-Plus or AMP without prior approval from central office.

Information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party. (PAM 130, pg. 1)

Obtaining Verification

All Programs

Tell the client what verification is required, how to obtain it, and the due date (See “Timeliness Standards” in this item). (PAM 130, pg. 2).

Assisting the Client

All Programs

The local office must assist clients who ask for help in completing forms (including the DCH-0373-D) or gathering verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English.

The poster, DHS Publication 478, Help Is Available, must be displayed in the local office lobby. A section of the application form has the same title and information. These documents tell clients that DHS must help persons fill out the application when requested. (PAM 105, pg. 10)

Under PAM 130, when verification is sought, the client must be told “what verification is required, how to obtain it and the due date.” Under PAM 105, the Department has a responsibility to assist clients in obtaining verification when help is requested. Consequently, it is found that Claimant promptly reported to the Department that she could not return the medical forms by the deadline due to her doctor’s refusal to cooperate with the deadline. In addition, the evidence indicates that she asked the Department for assistance. She did not receive any assistance. Under these circumstances, it is found that the Department acted improperly in closing Claimant’s cases on the grounds that she did not timely submit medical verification documents.

