

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: 2010-23072
Issue No: 1005
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
April 8, 2010
Crawford County DHS

ADMINISTRATIVE LAW JUDGE: Gary F. Heisler

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 telephone hearing was held on April 8, 2010. Claimant appeared and testified.

ISSUE

Did the Department of Human Services properly close Claimant's Family Independence Program (FIP) case for failure to provide required verifications?

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 was an ongoing recipient of Family Independence Program (FIP), Medical Assistance (MA), and Food Assistance Program (FAP) benefits. Claimant had previously been deferred from attending the Michigan Works Agency/Jobs Education and Training Program (JET) due to a surgery. That deferral ended in September 2009.

(2) On October 13, 2009, Claimant attended an appointment and submitted redetermination documents for her Family Independence Program (FIP), Medical Assistance (MA), and Food Assistance Program (FAP) cases.

(3) On November 1, 2009, Claimant's Family Independence Program (FIP) and Medical Assistance (MA) cases were incorrectly closed based on a failure to submit the redetermination documents.

(4) On November 25, 2009, Claimant's Medical Assistance (MA) case was reinstated back to November 1, 2009 and her Family Independence Program (FIP) was pended for reinstatement as well depending on medical verifications to determine whether she was required to attend the Michigan Works Agency/Jobs Education and Training Program (JET). Claimant took a Medical Needs Form (DHS-54a) to be filled out by her neurologist and returned by December 7, 2009.

(5) On January 20, 2010, the Department had not received the Medical Needs Form (DHS-54a) and Claimant was sent a Notice of Case Action (DHS-1605) stating her Family Independence Program (FIP) case was closed from November 1, 2009 and ongoing.

(6) On January 26, 2010, the Medical Needs Form (DHS-54a) given to Claimant on November 25, 2009 was received. The form had been signed by [REDACTED] on January 22, 2010. The Medical Needs Form (DHS-54a) indicated that Claimant was able to work with limitations.

(7) On February 18, 2010, Claimant submitted a request for hearing on closure of her Family Independence Program (FIP) case.

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 (DHS or department) 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 are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Department policy provides the following guidance for case workers. The Department's policies are available on the internet through the Department's website.

VERIFICATION AND COLLATERAL CONTACTS

DEPARTMENT POLICY

All Type of Assistance (TOA)

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

Obtain verification when:

- Required by policy. BEM 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.
- Information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level.

If the individual indicates the existence of a disability that impairs their ability to gather verifications and information necessary to establish eligibility for benefits, offer to assist the individual in the gathering of such information.

Verification is **not** required:

- When the client is clearly ineligible, or
- For excluded income and assets **unless** needed to establish the exclusion.

Obtaining Verification

All TOA

Tell the client what verification is required, how to obtain it, and the due date (see **Timeliness of Verifications** in this item). Use the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification.

The client must obtain required verification, but you must assist if they need and request help.

If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If **no** evidence is available, use your best judgment.

Timeliness of Verifications

CDC, FIP, FAP

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification you request. If the client cannot provide the verification despite a reasonable effort, extend the time limit at least once.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email), 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 DHS 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 Medical Needs Form (DHS-54a) from Claimant's neurologist is the issue. It is undisputed that the form was not received by the Department until well past the due date. The form itself was filled out showing 1/16/2010 as the last date the patient was seen. The form also bears Claimant's signature and the signature date block contains 11/26/09. The parties raised the issue of why the form was late. Claimant asserts that the form was late because of the Doctor not filling it out and sending it in. Claimant testified that she sent the form to the Doctor on November 26, 2009, the day after she hand carried it out of the local DHS office. Claimant testified that she contacted the Doctor's office again before the form was due and was told the form had been sent in. When specifically asked Claimant stated she did not actually go to the Doctor's office until 1/16/10 and that was a follow up after some testing which had been done shortly after she got the form. Claimant did not present any documentation showing the successful transmission of the fax. Claimant testified that she faxed it from the hospital where her mother works. Claimant was specifically asked if she remembered what day she did that and replied it was a Thursday. Examination of a 2009 calendar shows that Thursday November 26, 2009, was Thanksgiving Day. Claimant made absolutely no reference to the holiday. It is incredibly suspect that Claimant would not associate the Thanksgiving holiday as the day she sent the form. This Administrative Law Judge is not convinced by a preponderance that Claimant attempted to provide the required Medical Needs Form (DHS-54a) by faxing it to her Doctor on November 26, 2009. The evidence in this record does not show that Claimant made a reasonable effort to obtain the required verification prior to the due date.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the Department of Human Services properly closed Claimant's Family Independence Program (FIP) case for failure to provide required verifications.

It is ORDERED that the actions of the Department of Human Services, in this matter, are UPHELD.

/s/

Gary F. Heisler
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: April 13, 2010

Date Mailed: April 13, 2010

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

GFH/alc

cc:

