

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:

[REDACTED]

Reg. No.: 201325035
Issue No.: 1038
Case No.: [REDACTED]
Hearing Date: May 15, 2013
County: Wayne (18)

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on May 15, 2013, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and [REDACTED], Claimant's husband. Participants on behalf of Department of Human Services (Department) included [REDACTED], Family Independence Specialist, and [REDACTED], PATH Coordinator.

ISSUE

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

FINDINGS OF FACT

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

1. Claimant was an ongoing recipient of FIP benefits.
2. On December 14, 2012, the Department sent Claimant a Medical Determination Verification Checklist (VCL) requesting Claimant's husband's medical documentation by December 26, 2012.
3. Claimant did not respond to the VCL.
4. On January 4, 2013, the Department sent Claimant a Notice of Case Action notifying her that her FIP case would close effective February 1, 2013, because she failed to verify or allow the Department to verify information necessary to determine her eligibility for program benefits.

5. On January 11, 2013, Claimant filed a request for hearing disputing the Department's actions.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), the Department of Human Services Bridges Eligibility Manual (BEM), and the Department of Human Services Reference Tables Manual (RFT).

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, *et seq.* The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, *et seq.*, and 1999 AC, R 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

Additionally, in this case, the Department did not provide a copy of the January 4, 2013 Notice of Case Action closing Claimant's FIP case with the hearing packet but testified that Claimant's case was closed because Claimant did not submit any documentation concerning her husband's disability to establish his deferral from participation in the PATH program. Claimant's FIP case was not sanctioned.

When an individual claims at anytime during an ongoing FIP benefit period to be disabled or unable to participate in work or the work participation program for more than 90 days because of a mental or physical condition, when requested the client must provide the Department with verification of the disability showing that it will last longer than 90 calendar days. BEM 230A (January 2013), p 10. If the client fails to provide initial verification of a disability that will last more than 90 days, the client has failed to establish a disability and must fully participate in the work participation program as a mandatory participant. BEM 230A, p 10.

Once a client provides verification of a disability lasting over 90 days, the client must then submit a completed medical packet (consisting of documentation such as the DHS-49 series and medical and/or education documentation needed to define the disability) to the Department to be forwarded to the Medical Review Team (MRT) for MRT's determination of whether the client is disabled and eligible for a deferral from the work participation program. BEM 230A, pp 10-12. If the client fails to provide the completed medical packet, the Department closes the client's FIP case for failure to provide needed medical documentation. BEM 230A, p 10.

In this case, when Claimant's husband notified the Department of a long-term disability that prevented his participation in the work-participation program, the Department gave him a Medical Determination Verification Checklist (VCL) on December 14, 2012, which included several documents that either he or his doctor needed to complete. The VCL

had a due date of December 26, 2012. In essence, the Department combined the first two steps of the disability assessment, requiring that Claimant both verify that he had a disability lasting longer than 90 days and submit a completed medical packet for MRT.

Claimant did not provide the requested documentation by the due date, or any time prior to the hearing. At the hearing, Claimant's husband testified that he was unable to get an appointment with his doctor prior to May 23, 2013 to have the documents completed. While the Department must assist a client with scheduling a medical examination appointment, paying for medical evidence and/or medical transportation (BAM 815 (March 2012), p 5), neither Claimant nor her husband credibly testified that they informed the Department, prior to the VCL due date, that they were unable to provide the requested documents by the due date. The Verification of Disability form Claimant submitted to the Michigan State Housing Development Authority, a copy of which Claimant testified was also submitted to the Department, did not provide verification of a disability lasting more than 90 days, as required under policy. Likewise, the fact that Claimant's husband received veteran's benefits that were disability-related did not provide verification of disability as required by policy. See BEM 230A, pp 10, 20. Because the Department did not receive a completed MRT packet, it acted in accordance with Department policy when it closed Claimant's FIP case for failure to provide requested verifications to determine disability.

DECISION AND ORDER

Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that the Department acted in accordance with Department policy when it closed Claimant's FIP case for failure to provide requested documentation.

Accordingly, the Department's decision is AFFIRMED.



Alice C. Elkin
Administrative Law Judge
For Maura Corrigan, Director
Department of Human Services

Date Signed: 5/29/2013

Date Mailed: 5/29/2013

NOTICE: Michigan Administrative Hearing System (MAHS) 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. MAHS 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. (60 days for FAP cases)

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt 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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at
Michigan Administrative hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

ACE/hw

cc:

