

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2013-28529  
Issue No.: 1021  
Case No.: [REDACTED]  
Hearing Date: April 25, 2013  
County: Van Buren

**ADMINISTRATIVE LAW JUDGE:** Vicki L. Armstrong

**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, an in-person hearing was held on April 25, 2013, at the Van Buren County DHS office. Claimant and his wife personally appeared and testified. Participants on behalf of Department of Human Services (Department ) included Family Independence Manager [REDACTED] and Eligibility Specialist [REDACTED].

**ISSUE**

Did the Department properly close Claimant's Family Independence Program (FIP) case?

**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 receiving FIP benefits.
2. On June 22, 2012, Claimant's treating physician submitted a Medical Needs-Jet form to DHS. Claimant was diagnosed with seizures and alcoholism. The physician indicated Claimant was unable to work at his usual occupation. Claimant could work however he would be restricted to no driving or operation of dangerous machinery, and no lifting. The physician indicated that Claimant's wife was needed in the home to provide care and could not work due to the extent of care Claimant required until Claimant was seizure free for 6 months or cleared by neurology. Claimant made changes to the Medical Needs form and the treating physician was asked to complete the form again. The treating physician then wrote on the same form that Claimant's wife probably amended the report because he was frustrated with the

idea of filling out the same report twice. The physician indicated he had clearly stated Claimant's needs, including the need to have home support in a discharge note and completing this form previously for Claimant. The physician also indicated that he realized this was probably more work than just completing the form twice, but he believed DHS needed to facilitate the process, not create endless documentation with no added benefit to the Claimant or caregiver. (Dept Ex. A, pp 17-18).

3. On November 28, 2012, an MRT assessment for JET participation project was completed for Claimant indicating that Claimant was work ready with limitations, no dangerous heights or moving machinery and unskilled work. (Dept Ex. A, p 31).
4. On November 28, 2012, MRT denied Claimant's request for a deferral from JET. (Dept Ex. A, pp 32-33).
5. On January 30, 2013, Claimant's primary care physician wrote a letter indicating that Claimant was under her care due to his uncontrolled seizure condition and she advised that Claimant should not be left alone. (Dept Ex. A, p 27).
6. On February 5, 2013, Claimant's primary care physician wrote a letter indicating that Claimant was under her care for an uncontrolled seizure disorder and may not work at this time. He is unable to work in any capacity until his seizures are better controlled. (Dept Ex. A, p 28).
7. On March 1, 2013, the Department closed Claimant's FIP case due to Claimant and his wife failing to show for the scheduled PATH appointment on 1/14/13.
8. On January 28, 2013, the Department sent Claimant notice of the closure.
9. On February 1, 2013, Claimant filed a hearing request, protesting the closure of the FIP case.
10. On February 7, 2013, a telephone triage was held. Claimant stated he has seizures and claimed disability. The Medical Review Team (MRT) denied his JET deferral, therefore, no good cause was found. Claimant's wife did not attend JET because she stated that Claimant cannot be left alone because of his seizures. No good cause was found due to the MRT decision.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the 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.

DHS requires clients to participate in employment and self-sufficiency related activities and to accept employment when offered. The focus is to assist clients in removing barriers so they can participate in activities which lead to self-sufficiency. However, there are consequences for a client who refuses to participate, without good cause. The goal of the FIP penalty policy is to obtain client compliance with appropriate work and/or self-sufficiency related assignments and to ensure that barriers to such compliance have been identified and removed. The goal is to bring the client into compliance. BEM 233A.

A Work Eligible Individual (WEI) and non-WEI's (except ineligible grantees, clients deferred for lack of child care, and disqualified aliens), see [BEM 228](#), who fails, without good cause, to participate in employment or self-sufficiency-related activities, must be penalized. Depending on the case situation, penalties include the following:

- Delay in eligibility at application.
- Ineligibility (denial or termination of FIP with no minimum penalty period).
- Case closure for a minimum of three months for the first episode of noncompliance, six months for the second episode of noncompliance and lifetime closure for the third episode of noncompliance.

Good cause is a valid reason for noncompliance with employment and/or self-sufficiency related activities that are based on factors that are beyond the control of the noncompliant person. A claim of good cause must be verified and documented for member adds and recipients. Document the good cause determination in Bridges and the FSSP under the Participation and Compliance tab. BEM 233A.

If it is determined during triage the client has good cause, and good cause issues have been resolved, the client is sent back to PATH and there is no need for a new PATH referral. BEM 233A.

Good cause includes the client is physically or mentally unfit for the job or activity, as shown by medical evidence or other reliable information. This includes any disability-related limitations that preclude participation in a work and/or self-sufficiency-related activity. The disability-related needs or limitations may not have been identified or assessed prior to the noncompliance. Good cause also includes the client has a debilitating illness or injury, or a spouse or child's illness or injury requires in-home care by the client. BEM 233A.

In this case, the triage was on 2/7/13. At the time of triage, the department had received two letters from Claimant's treating physician. The first dated 1/30/13, indicated Claimant's wife could not work because Claimant could not be left alone due to his seizure disorder. The second letter dated 2/5/13, clearly stated Claimant was unable to perform any work at this time due to his uncontrolled seizure disorder. The

participating department members at the hearing indicated they were bound by MRT's denial, despite the evidence submitted and known to them during the triage. Because Claimant's treating physician's opinion is well supported by medically acceptable clinical and laboratory diagnostic techniques, it has controlling weight. 20 CFR 404.1527(d)(2).

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 improperly closed Claimant's FIP case

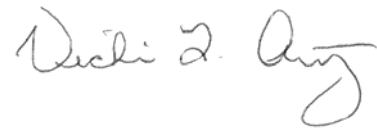
**DECISION AND ORDER**

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department did not act properly.

Accordingly, the Department's FIP decision is **REVERSED** for the reasons stated on the record.

THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

Determine eligibility in accord with this decision and award any retroactive FIP benefits in addition to reinstating the FIP program.



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Vicki L. Armstrong  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: May 17, 2013

Date Mailed: May 17, 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

VLA/las

cc:

