

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

**IN THE MATTER OF:**



Reg. No.: 2013-7816  
Issue No.: 1038  
Case No.:   
Hearing Date: January 9, 2013  
County: Wayne (31)

**ADMINISTRATIVE LAW JUDGE:** Jan Leventer

**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 January 9, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included , Family Independence Specialist.

**ISSUE**

Did the Department properly  deny Claimant's application  close Claimant's case for:

- |                                                                        |                                                             |
|------------------------------------------------------------------------|-------------------------------------------------------------|
| <input checked="" type="checkbox"/> Family Independence Program (FIP)? | <input type="checkbox"/> Adult Medical Assistance (AMP)?    |
| <input type="checkbox"/> Food Assistance Program (FAP)?                | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input type="checkbox"/> Medical Assistance (MA)?                      | <input type="checkbox"/> Child Development and Care (CDC)?  |

**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  applied for benefits  received benefits for:

- |                                                                        |                                                             |
|------------------------------------------------------------------------|-------------------------------------------------------------|
| <input checked="" type="checkbox"/> Family Independence Program (FIP). | <input type="checkbox"/> Adult Medical Assistance (AMP).    |
| <input type="checkbox"/> Food Assistance Program (FAP).                | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input type="checkbox"/> Medical Assistance (MA).                      | <input type="checkbox"/> Child Development and Care (CDC).  |

2. On October 1, 2012, the Department  
 denied Claimant's application     closed Claimant's case  
due to a determination that Claimant failed to participate in work or self-sufficiency-  
related activities as required by the FIP program.
3. On September 13, 2012, the Department sent  
 Claimant     Claimant's Authorized Representative (AR)  
notice of the     denial.     closure.
4. On September 20, 2012, Claimant filed a hearing request, protesting the  
 denial of the application.     closure of the case.

### **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, Rule 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.

Additionally, the following findings of fact and conclusions of law are entered in this case. In about August, 2012, Claimant applied for FIP benefits, stating she was able to work. On August 27, 2012, Claimant attended the Work First orientation program. Dept. Exh. 1, pp. 6, 8.

On August 29, 2012, Claimant's doctor disabled her from work. *Id.*, p. 3. Claimant presented a doctor's note to the Work First program and was told that it was insufficient to excuse her from the work requirement. The Claimant made reasonable efforts to contact the Department for help. The Department failed to communicate to Claimant that she needed to complete a Medical Needs-JET form, DHS 54E, at the time Claimant attempted to request help. *Id.*, p. 10 (two-sided document).

On September 13, 2012, the Department sent Claimant two separate documents, a Notice of Noncompliance and a Notice of Case Action. Claimant did not receive the Notice of Noncompliance.

On September 20, Claimant requested a hearing. Also on September 20, 2012, the Department sent Claimant a Medical Needs-JET form. On September 29, 2012, Claimant submitted the completed Medical Needs form to the Department. *Id.*, pp. 2, 4-5, 11-17.

In this case the applicable Department policy is Bridges Administrative Manual (BAM) 105, "Rights and Responsibilities." This policy requires the Department to protect client rights and determine eligibility. Department of Human Services Bridges Administrative Manual (BAM) 105 (2012), p. 1. Applying this policy to the facts of this case, it is found and determined that the Department failed in its duties as set forth in BAM 105. First, the Department failed to provide Claimant in a timely fashion with adequate information to complete the required Department forms for a medical deferral. Second, when Claimant did submit the proper form, the Department failed to take it into consideration before terminating her benefits two days later.

Having taken all of the evidence in this case into consideration as well as the applicable law, it is found and determined that the Department failed to fulfill its BAM 105 responsibilities. The Department's action shall be reversed.

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

properly denied Claimant's application     improperly denied Claimant's application  
 properly closed Claimant's case             improperly closed Claimant's case

for:     AMP     FIP     FAP     MA     SDA     CDC.

**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 act properly.         did not act properly.

Accordingly, the Department's  AMP     FIP     FAP     MA     SDA     CDC decision is  AFFIRMED     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:

1. Reinstate Claimant's FIP benefits.
2. Initiate procedures to provide Claimant with retroactive and ongoing FIP benefits at the benefit level to which she is entitled.
3. Initiate procedures to delete all penalties and sanctions imposed upon Claimant as a result of the Department's actions.

4. All steps shall be taken in accordance with Department policy and procedure.

  
\_\_\_\_\_  
Jan Leventer  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: January 9, 2013

Date Mailed: January 10, 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

JL/tm

cc:

