

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-002320  
Issue No.: PATH  
Case No.: [REDACTED]  
Hearing Date: April 14, 2015  
County: ST. JOSEPH

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

**HEARING DECISION**

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, an in-person hearing was held on April 14, 2015, from Centreville, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED], Eligibility Specialist, and [REDACTED], Assistance Payments Supervisor.

**ISSUE**

Did the Department properly deny Claimant's application for the Family Independence Program (FIP)?

**FINDINGS OF FACT**

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

1. On December 1, 2014, Claimant applied for FIP and noted a recent hospitalization, current physician restriction, and temporary inability to work.
2. On December 8, 2014, a Verification Checklist was issued to Claimant stating verification of residential address, school attendance, home rent, and checking account were needed by the December 18, 2014, due date and noted that Claimant needed to complete the Family Automated Screening Tool (FAST) online.
3. On December 8, 2014, a Work and/or Self-Sufficiency Rules for Cash Recipients was issued to Claimant, in part, stating she must complete the FAST within 30 days.
4. On December 8, 2014, a Partnership Accountability Training Hope (PATH) Appointment Notice was issued to Claimant for a December 15, 2014, appointment date.

5. On December 8, 2014, a DHS-54E Medical Needs PATH form was issued to Claimant.
6. On December 17, 2014, some of the requested verifications were submitted.
7. On December 17, 2014, a DHS-54E Medical Needs PATH form was submitted and the doctor marked that Claimant could not work and had no physical limitations.
8. On December 24, 2014, a DHS-54E Medical Needs PATH form was submitted and the doctor marked that Claimant could not work for three months and had some physical limitations.
9. On January 5, 2015, the requested school attendance verifications were completed by the school and submitted to the Department.
10. Claimant did not complete the FAST.
11. On January 8, 2015, a Notice of Case Action was issued to Claimant indicating FIP was denied based on: a failure to attend PATH, noting the documentation from the doctor indicates she can work with limitations; and a failure to complete the FAST within 30 days of the notice.
12. On February 5, 2015, Claimant filed a hearing request contesting the Department's action.

### **CONCLUSIONS OF LAW**

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

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Department of Human Services) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101-.3131.

The Family Independence Program (FIP) is temporary cash assistance to support a family's movement to self-sufficiency. The recipients of FIP engage in employment and self-sufficiency related activities so they can become self-supporting. BEM 230A (January 1, 2015), p. 1.

Federal and state laws require each work eligible individual (WEI) in the FIP group to participate in Partnership. Accountability. Training. Hope. (PATH) or other employment-related activity unless temporarily deferred or engaged in activities that meet participation requirements. BEM 230A, p. 1.

Persons with a mental or physical illness, limitation, or incapacity expected to last less than three months and which prevents participation may be deferred for up to three months. Verify the short-term incapacity and the length of the incapacity using a DHS-54A, Medical Needs, or DHS-54E, Medical Needs - PATH, or other written statement from an M.D./D.O./P.A. Set the medical review date accordingly, but not to exceed three months. BEM 230A, pp. 11-12.

At intake, redetermination or anytime during an ongoing benefit period, when an individual claims to be disabled or indicates an inability to participate in work or PATH for more than 90 days because of a mental or physical condition, the client should be deferred in Bridges. Conditions include medical problems such as mental or physical injury, illness, impairment or learning disabilities. Determination of a long-term disability is a three step process. BEM 230A, p. 12.

The Department 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 (October 1, 2014), p. 1.

Noncompliance of applicants includes failing or refusing to complete a Family Automated Screening Tool (FAST), as assigned as the first step in the Family Self-Sufficiency Plan (FSSP) process. BEM 233A, p. 2.

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. BEM 233A, p. 4.

Additionally, a Claimant must cooperate with the local office in determining initial and ongoing eligibility, including completion of necessary forms, and must completely and truthfully answer all questions on forms and in interviews. BAM 105, (January 1, 2015), p. 8.

In general, verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. The Department must allow a client 10 calendar days (or other time limit specified in policy) to provide the requested verification. The Department worker must tell the client what verification is required, how to obtain it, and the due date. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification despite a reasonable effort, the Department worker should use the best available information. If no evidence is available, the Department worker is to use their best judgment. Verifications are considered to be timely if received by the date they are due. The Department is to 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, (October 1, 2014), pp. 1-6.

In this case, the Department denied Claimant's FIP application based on: a failure to attend PATH, noting the documentation from the doctor indicates she can work with limitations; and based on a failure to complete the FAST within 30 days of the notice.

On December 8, 2014, a Work and/or Self-Sufficiency Rules for Cash Recipients was issued to Claimant, in part, stating she must complete the FAST within 30 days. Further, the December 8, 2014, Verification Checklist also noted that the FAST needed to be completed online.

Claimant acknowledged that she did not complete the FAST online. Claimant noted the amount of forms and paperwork that were issued at the same time and her compliance with completing the forms mailed to her as quickly as possible. Claimant noted that the direction to complete the FAST online was not easy to find, for example, it is in the middle of a paragraph on the first page of the Work and/or Self-Sufficiency Rules for Cash Recipients form. Claimant testified that not completing the FAST was an oversight. Claimant asserted that the Department should have reminded her of the need to complete this online screening in response to her multiple calls to the Department about her FIP application in December and early January 2015.

A record of voicemails, incoming calls, and outgoing calls related to Claimant's phone number was printed by the Department and submitted. Further, the Assistance Payments Supervisor's summary of her telephone contacts with Claimant was submitted. These documents support Claimant's testimony that she made many attempts to contact the Department. However, the Assistance Payments Supervisor, explained that when she spoke with Claimant she was responding to the issues raised in the voicemails from Claimant, which did not relate to the FAST.

The above cited BEM 233A policy specifies that noncompliance of applicants includes failing or refusing to complete the FAST as assigned. It was uncontested that Claimant did not complete the FAST. This ALJ understands that there were many forms issued and Claimant tried her best to get everything turned in as quickly as possible. However, Claimant was given written notice to complete the fast within 30 days of December 8, 2014 on the December 8, 2014, Work and/or Self-Sufficiency Rules for Cash Recipients form. Further, the need to complete the FAST online was also noted on the December 8, 2014, Verification Checklist. Overall, the evidence did not establish good cause for the non-compliance of failing to complete the FAST. Therefore, the denial of the FIP application must be upheld based on the failure to complete the FAST.

Regarding the failure to attend PATH, it is noted that the Department issued the PATH Appointment Notice to Claimant giving less than 10 days notice of the appointment and before allowing an opportunity for Claimant to provide verification of the temporary disability she reported on the Assistance Application. However, there is no need to further review the issue of temporary disability precluding participation in PATH because the denial of the FIP application based on the failure to complete the FAST must be upheld.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it denied deny Claimant's application for FIP.

**DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED**.



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Colleen Lack  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **4/23/2015**

Date Mailed: **4/23/2015**

CL/hj

**NOTICE OF APPEAL**: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date. A copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from MAHS within 30 days of the mailing date of this Hearing Decision, or MAHS **MAY** order a rehearing or reconsideration on its own motion. MAHS **MAY** grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

cc:

