

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-015994
Issue No.: 1008
Agency Case No.: [REDACTED]
Hearing Date: October 22, 2015
County: Wayne (18) Taylor

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

HEARING DECISION

Following Petitioner'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, a telephone hearing was held on October 22, 2015, from Detroit, Michigan. The Petitioner was represented by the Petitioner, [REDACTED]. A witness, [REDACTED], also appeared on behalf of the Petitioner. The Department of Health and Human Services (Department) was represented by [REDACTED], Hearing Facilitator and Eligibility Specialist; and [REDACTED] Partnership.Accountability.Training.Hope. (PATH) Coordinator, Taylor District.

ISSUE

Did the Department properly deny/close the Petitioner's Family Independence Program (FIP) cash assistance due to failure to complete the Medical Determination Verification Checklist?

FINDINGS OF FACT

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

1. The Petitioner applied for FIP benefits and was assigned to attend PATH Orientation on August 17, 2015. The Petitioner did not attend the orientation and thereafter sought a deferral from the PATH Program due to several medical conditions.
2. The Department sent the Petitioner a Medical Determination Verification Checklist dated August 10, 2015, with a due date of August 28, 2015. Exhibit C. The Department granted the Petitioner several extensions from the original due date.

3. A second Medical Determination Verification Checklist dated August 18, 2015, was sent again requesting the DHS-1555 Authorization to Release Protected Health Information, the DHS-49F Medical Determination Verification Checklist, proof of pending Social Security Administration (SSA) disability benefits application and DHS-1552. The Medical Determination Verification Checklist also contained a note requesting the Petitioner to clear her voicemail so that the Department could call Petitioner back with instructions. The Department also sent a quick Note on the same date regarding problems with contacting return phone calls due to full voice mail box and informed the Petitioner that there were missing pages for the DHS-1555 and DHS-49F. Exhibit D.
4. The Petitioner did not return the signature page for the DHS-49F Medical Social Questionnaire Update, which was partially filled out, and did not return the signature page for the DHS-1555 Authorization to Release Protected Health Information. Exhibit B.
5. The Petitioner applied for Social Security on July 18, 2015, but the Department did not receive the verification that she had applied.
6. The Department denied the application after August 29, 2015, the final deadline for return of the medical verifications request.
7. The Petitioner requested a hearing on August 24, 2015, protesting the Department's denial of her FIP application.

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.

In this case, the Department denied the Petitioner's application for FIP benefits after she failed to complete a few crucial forms, which must be completed so that the medical information can be sent to the Disability Determination Service (DDS).

The Medical Forms Packet was forwarded to the Petitioner as part of a Medical Determination Verification. Exhibits C and D. The Petitioner was provided the Medical forms on several occasions by the Department. The Department's assigned caseworker, acknowledging the Petitioner's difficulty following through with the form

completion met with Petitioner to explain what was required in person. Ultimately, the Department denied the Petitioner's FIP application, specifically because she did not file complete forms, which are mandatory. The Petitioner sent in a partially completed DHS-49F without all the pages and no signature page. Exhibit B. The Petitioner did not return the DHS-1555 Authorization to Release Protected Health information. Department policy requires in order for a DDS determination to be completed and forwarded to the DDS the following:

**MEDICAL
DETERMINATION
PROCEDURES**

FIP, SDA, RCA and MA

At application or medical review if requested mandatory forms are not returned, the DDS cannot make a determination on the severity of the disability. Deny the application or place an approved program into negative action for failure to provide required verifications. BAM 815 (July 1, 2015), p. 2. (Emphasis supplied)

1. The client or authorized representative must complete all sections of the DHS-49-F, Medical-Social Questionnaire. **This form is mandatory.**
2. The client or authorized representative must sign the DHS-1555, Authorization to Release Protected Health Information, to request existing medical records. **This form is mandatory.** BEM 815 p.4
3. Assist the client or representative in completing the DHS-49-F and DHS-1555 if the client or representative is unable to complete the forms. If the client is obviously handicapped (for example, totally blind, paraplegic, quadriplegic, double amputee), enter this information on the DHS-49-F. Document the attempt(s) made to assist the client in Bridges; see BAM 130.
4. Review the DHS-1555 and the DHS-49-F to make sure the appropriate sections are complete.

Based upon the testimony of the parties and the documentary evidence provided and admitted at the hearing it is determined that the Department demonstrated that it complied with the requirements of BEM 815 as two of the mandatory forms were not completed and signed. It is also determined that the Department complied with and was sensitive to the Petitioner's problems completing the form, and provided multiple copies of the forms and separated the forms for doctor completion and Petitioner completion for the Petitioner placing them in a separate file, and met with the Petitioner

for an hour and a half to explain the requested information. These actions fulfilled the obligation of the Department to assist the Petitioner. In addition, Petitioner's Exhibits contained these same forms DHS-49-F without the signature page attached and with pages missing. Petitioner's Exhibit 1. The Petitioner may reapply for FIP benefits at any time but will have to fully complete the mandatory forms referenced above if requesting a deferral, as well as all the other requested information required by the Medical Determination Verification requests.

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 the Petitioner's application for FIP benefits for failure to complete the verification for deferral.

DECISION AND ORDER

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



Lynn M. Ferris

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

Date Mailed: **10/28/2015**

LMF/jaf

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:

