

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

IN THE MATTER OF:

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██
████████████████████

Reg. No.: 15-005812
Issue No.: 1002
Case No.: ██████████
Hearing Date: May 18, 2015
County: MACOMB-20 (WARREN)

ADMINISTRATIVE LAW JUDGE: Robert J. Chavez

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, a telephone hearing was held on May 18, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████. Participants on behalf of the Department of Health and Human Services (Department) included ██████████ Hearings Facilitator, and ██████████, PATH caseworker.

ISSUE

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

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 a FIP recipient.
2. On February 18, 2015, Claimant submitted a DHS-54-E, Medical Needs-JET form that indicated a disability that would prevent work related activities for more than 90 days.
3. On February 18, 2015, Claimant was sent a DHS-3503-MRT, with a due date of March 2, 2015.

4. This form asked for, among other things, a DHS-49F, Medical Social Questionnaire, and a DHS-1555, Authorization to Release Protected Health Information.
5. Claimant failed to return any of the documents, nor did the Claimant request an extension or assistance in securing the documents.
6. On March 9, 2015, Claimant was sent a Notice of Case Action closing the FIP benefit case effective April 1, 2015, for failing to return required documentation.
7. On April 15, 2015, Claimant requested a hearing.

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.

BEM 230A states that when Claimant has indicated a disability that prevents work related activities for more than 90 days, a disability review process must be started. This includes starting the medical evidence collection procedures found in BAM 815. Claimant returned documentation indicating a disability that would prevent work related activities for more than 90 days.

Furthermore, BEM 230A states that if this process is not completed, the FIP benefit case in question is to be closed. BEM 230A, pg. 12 (2014).

While there can be some debate as to which documents Claimant has to return to remain in compliance with both BEM 230A and BAM 815—the undersigned believes that BAM 815 only specifically requires the return of the DHS-1555 and the DHS-49F—the fact remains that in the current case, Claimant returned no documents at all.

Furthermore, Claimant admitted on the record that she received the documentation request, and additionally, failed to request assistance from the Department in securing documentation, and failed to request any extensions.

As such, lacking any documentation whatsoever, the Department had no choice but to follow BEM 230A, which directs a FIP case to close when the requested documentation was not returned. This was in accordance with policy, and as such, the Department's actions must be deemed correct.

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 closed Claimant's FIP benefit case.

DECISION AND ORDER

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



Robert J. Chavez
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **5/26/2015**

Date Mailed: **5/26/2015**

RJC / tm

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: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]