

**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.: 15-014955  
Issue No.: 1008, 1001  
Agency Case No.: [REDACTED]  
Hearing Date: October 14, 2015  
County: WAYNE-DISTRICT 76

**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 14, 2015 from Detroit, Michigan. The Petitioner was represented by the Claimant. The Department was represented by [REDACTED], FIM.

**ISSUE**

Did the Department properly close the Claimant's FIP cash assistance?

**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 Claimant was an ongoing recipient of FIP cash assistance.
2. The Claimant was assigned to attend the PATH program.
3. The Claimant's FIP case was closed effective [REDACTED]. Exhibit 1. The Claimant signed a request to have her cash grant closed on [REDACTED]. Next to her signature, the Claimant noted in writing the words "under distress". Exhibit 4
4. The Claimant provided a Medical Needs Form to the PATH program signed by her doctor who noted no restrictions or other impediments that caused her to be unable to work. Exhibits 4, 5, and 8
5. The Department issued a Notice of Case Action on [REDACTED] closing the Claimant's FIP case, as she requested closure. The Claimant's FIP case remained open, as did her CDC. Exhibit 6

6. The Claimant requested a hearing on [REDACTED] noting that her cash case had closed and that she needed money for her child.

### **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 closed the Claimant's FIP case due to its receipt of a written request from the Claimant to close her case. Exhibits 4 and 6. The request to close the case filled out by the Claimant noted by Claimant's signature, "under distress". The Department was advised of the signed request and closed the case after attempting to contact the Claimant by phone to discuss the matter. The Department issued a Notice of Case Action on [REDACTED] closing the Claimant's case effective [REDACTED]. The Claimant apparently continued to receive FIP in July 2015. The Department is entitled to close the case without timely notice when the Claimant requests closure in writing. BEM 505 (July 1, 2015)

After receiving the request to close the FIP case from the Claimant, the Department attempted to contact the Claimant but was unsuccessful. Based upon a Medical Needs Form submitted by the Claimant, the Claimant's doctor did not impose any restrictions on the Claimant which would keep her from working as of [REDACTED]. Although the Claimant indicated she was required to go to the doctor more than once a month, that did not appear to be a problem in any of the case notes from the PATH program. The Claimant also indicated during the hearing, by her testimony, that she was not interested in returning to the PATH program or reapplying.. She was completing her journeyman carpenter apprenticeship. The Claimant takes a lot of medications and was attending her doctor's appointments. The Claimant testified that she signed the form because she was scared and tired, not because she was coerced by the PATH caseworker. There was no evidence that the Claimant was not allowed to go to the doctor, other than the Claimant's testimony. Ultimately, it does appear overall that the Claimant voluntarily signed the form and that her distress was because she was tired and worried about her medical condition not issues related to the PATH program. This conclusion is made based upon nothing in the case notes which would indicate that the Claimant was harassed or that she was denied being allowed going to the doctor.

Exhibit 7. Further, when queried whether she would return to PATH, the Claimant indicated that she did not want to return to PATH. Lastly, based upon Claimant's treating doctor's evaluation on the Medical Needs Form, Claimant returned to PATH on [REDACTED], the Claimant's doctor placed absolutely no restrictions on the Claimant's ability to work, which does not corroborate Claimant's testimony that the Claimant had aneurisms. The Medical Needs Form notes headaches and anxiety. Exhibit 8

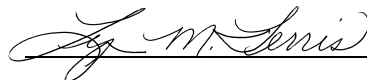
During the hearing, the Claimant was questioned as to whether anyone coerced her to sign the form. It did not appear that was the case. The Claimant testified that she did not get along with the PATH program caseworker assigned to her. However, it also was not established that she was placed in triage for anything regarding her compliance with the program or that she was threatened with triage. Ultimately, the Department properly relied upon the Claimant's request to have her FIP case closed and her FAP (food assistance) and Medical Assistance continue. The Department acted reasonably, based upon the information it had available when it closed the FIP case; and it also attempted to contact the Claimant to confirm the closure request but was unable to reach the Claimant and did not hear back from the Claimant.

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 the Claimant's FIP case based upon Claimant's letter to the Department indicating that she wanted her FIP case closed.

### **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 Signed: **10/19/2015**

Date Mailed: **10/19/2015**

LMF / hw

**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:

