



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON
DIRECTOR

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Date Mailed: September 15, 2017
MAHS Docket No.: 17-008926
Agency No.: ██████████
Petitioner: ██████████

ADMINISTRATIVE LAW JUDGE: Denise McNulty

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; 42 CFR 438.400 to 438.424; 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 August 30, 2017, from Detroit, Michigan. The Petitioner represented herself. The Department of Health and Human Services (Department) was represented by ██████████, Assistance Payments Worker, and ██████████, JET Coordinator ██████████.

ISSUE

Did the Department properly close Petitioner's Family Independence Program (FIP) benefits effective ██████████, for failure to verify or to allow the Department to verify information necessary to determine eligibility for 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. Petitioner was a recipient of FIP benefits.
2. Petitioner requested a Partnership.Accountability.Training.Hope. (PATH) deferral due to a medical condition.
3. On ██████████, the Department sent Petitioner a Medical Determination Verification Checklist along with other forms.
4. On ██████████, the Department sent Petitioner a Notice of Case Action notifying her that FIP benefits would close effective ██████████. Petitioner claimed

she never received the [REDACTED], packet mailed to her by the Department. However, Petitioner has received all other mailings.

5. On [REDACTED], a reprint of the Medical Determination Verification Checklist and other forms were resent to Petitioner. As of the date of hearing, [REDACTED], Petitioner had not yet returned the requested verifications.
6. On [REDACTED], Petitioner submitted a timely request for hearing disputing the Department's actions.

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, Petitioner requested a hearing to dispute the Department's Notice of Case Action which notified Petitioner that her FIP benefits were scheduled to close effective [REDACTED]. The Department planned to close Petitioner's FIP case because she failed to provide verifications or documentation that would allow the Department to verify whether she qualified for a deferral from PATH due to a medical condition and thereby whether she was eligible for continued receipt of FIP benefits.

The Department requires clients to participate in employment and self-sufficiency-related activities and to accept employment when offered while receiving FIP benefits. BEM 233A (April 2016), p. 1. A client may be deferred from participation in employment and self-sufficiency-related activities if shown by medical evidence or other reliable information to be physically or mentally unfit for the job or activity. *Id.* p. 5.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130 (April 2017), p. 1. Petitioner requested a deferral from program requirements, and the Department sought documentation from Petitioner that would allow it to determine her continued eligibility. The Department sent a packet to Petitioner to her address of record. Petitioner stated she never received the initial packet. The Department sent her a reprint of the packet, and Petitioner received it. It is noted that Petitioner received the Notice of Disqualification Hearing at her address of record without problem also. It is the client's responsibility to obtain the requested verifications and to provide them to the Department by the due date.

In this case, based upon the evidence presented and the testimony of the parties, it is found that the Department timely requested verifications from Petitioner; and she failed to return same. As such, it is found that the Department properly closed Petitioner's FIP case when it was not provided verifications by Petitioner because absent documentation regarding her claimed medical condition a determination of eligibility could not be made.

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 Petitioner's FIP benefits case.

DECISION AND ORDER

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



DM/jaf

Denise McNulty
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

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

DHHS

[REDACTED]

Petitioner

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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