



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: April 7, 2017
MAHS Docket No.: 17-001605
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

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 [REDACTED] [REDACTED] from Detroit, Michigan. The Petitioner was represented by [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], [REDACTED], Hearing Facilitator.

ISSUE

Did the Department properly deny Petitioner's [REDACTED] application for Family Independence Program (FIP) application?

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 [REDACTED], Petitioner applied for FIP benefits.
2. On [REDACTED], the Department sent Petitioner a Verification Checklist (VCL) requesting specific documentation which was due to be submitted on or before [REDACTED].
3. Petitioner failed to return the required documentation prior to the required due date.

4. On [REDACTED], the Department sent Petitioner a Notice of Case Action which notified Petitioner that her application for FIP benefits had been denied.
5. On [REDACTED], Petitioner filed a 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.

Additionally, verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130 (July 2016), p. 1. In this case, Petitioner applied for FIP benefits on [REDACTED]. Petitioner acknowledged that she received the VCL requesting specific documentation. Petitioner testified that she experienced a death in her family and had medical issues which made it difficult to submit the requested documents on or before [REDACTED]. Petitioner further testified that she placed approximately three telephone calls to her assigned worker but stated that she did not receive a response from her assigned worker. Petitioner indicated that she eventually reached the supervisor of her assigned worker but by that time, she had already missed the deadline.

The Department testified that it received documents related to the VCL on [REDACTED], and [REDACTED], which was past the deadline. The Department testified that because it did not receive the requested documents by the due date, it sent Petitioner a Notice of Case Action on [REDACTED], which notified Petitioner that her application for FIP benefits had been denied. Petitioner's assigned worker was present at the hearing but was unable to recall whether Petitioner left her a voice message during the pendency of the verifications.

Under Department policy, a negative action notice is to be sent 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, p. 7.

The facts in this case established that Petitioner attempted to contact her worker on approximately three occasions prior to the expiration of the due date to request an extension. Because the assigned worker was unable to recall if Petitioner had contacted her during the relevant period and because the Department confirmed that Petitioner had spoken with the worker's supervisor, Petitioner's testimony that she made several attempts to contact her worker is accepted as credible. As such, it is found that Petitioner made a reasonable effort to timely return the requested documentation and therefore, the Department improperly denied Petitioner's [REDACTED], application for FIP benefits.

DECISION AND ORDER

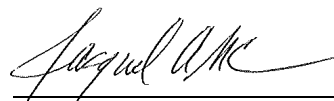
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it denied Petitioner's [REDACTED], application for FIP benefits.

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reregister and reprocess Petitioner's [REDACTED] application for FIP benefits;
2. Issue supplement's Petitioner was eligible to receive but did not effective [REDACTED]; and
3. Notify Petitioner in writing of its decision.

JM/hw



Jacquelyn A. McClinton

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]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]