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

IN THE MATTER OF:

| | | Reg. No.: Issue No.: Case No.: Hearing Date: County: | 201229936 3055 May 30, 2012 Genesee County DHS #2 | | | | | |
|--|---|---|--|--|--|--|--|--|
| Αľ | OMINISTRATIVE LAW JUDGE: Corey A. A | rendt | | | | | | |
| | HEARING DECISION FOR INTENTI | ONAL PROGRAM V | IOLATION | | | | | |
| an he La | is matter is before the undersigned Adminis d MCL 400.37 upon the Department of Hur aring. After due notice, a telephone he nsing, Michigan. The Department was re fice of Inspector General (OIG). | man Services' (Depa aring was held <u>on</u> | rtment) request for a | | | | | |
| pu | Respondent did not appear at the hearing rsuant to 7 CFR 273.16(e), Mich Admin Co. 0.3187(5). | | • | | | | | |
| | ISSUE | <u>:s</u> | | | | | | |
| 1. | Did Respondent receive an overissuance (| | | | | | | |
| | ☐ Family Independence Program (FIP) ☐ State Disability Assistance (SDA) | ∑ Food Assistance ☐ Child Developme ☐ Child Developme | Program (FAP) ent and Care (CDC) | | | | | |
| | benefits that the Department is entitled to re | | | | | | | |
| 2. | Did Respondent commit an Intentional Program Violation (IPV)? | | | | | | | |
| Should Respondent be disqualified from receiving | | | | | | | | |
| | ☐ Family Independence Program (FIP) ☐ State Disability Assistance (SDA) | | Program (FAP) ent and Care (CDC)? | | | | | |

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 Department's OIG filed a hearing request on February 1, 2012 to establish an OI of benefits received by Respondent as a result of Respondent having allegedly committed an IPV. |
|----|---|
| 2. | The OIG \boxtimes has \square has not requested that Respondent be disqualified from receiving program benefits. |
| 3. | Respondent was a recipient of FAP benefits from May 2010 through June 2011. |
| 4. | Respondent \boxtimes was \square was not aware of the responsibility to report all changes within 10 days. |
| 5. | Respondent had no apparent physical or mental impairment that would limit the understanding or ability to fulfill this requirement. |
| 6. | The Department's OIG indicates the time period they are considering the fraud period is May 2010 through June 2011. |
| 7. | During the alleged fraud period, Respondent was issued in FAP benefits from the State of Michigan. |
| 8. | Respondent was entitled to \$0 in $\hfill \Box$ FIP $\hfill \boxtimes$ FAP $\hfill \Box$ SDA $\hfill \Box$ CDC during this time period. |
| 9. | Respondent \boxtimes did \square did not receive an OI in the amount of \square in FAP benefits. |
| 10 | .The Department $oxtimes$ has $oxtimes$ has not established that Respondent committed an IPV. |
| 11 | .This was Respondent's ⊠ first ☐ second ☐ third IPV. |
| 12 | .A notice of disqualification hearing was mailed to Respondent at the last known address and \square was \boxtimes was not returned by the US Post Office as undeliverable. |
| | |

CONCLUSIONS OF LAW

Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The FAP [formerly known as the Food Stamp (FS) program] is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department

(formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, Rule 400.3001 through Rule 400.3015.

When a client group receives more benefits than they are entitled to receive, the Department must attempt to recoup the OI. BAM 700.

Suspected IPV means an OI exists for which all three of the following conditions exist:

- The client intentionally failed to report information or intentionally gave incomplete or inaccurate information needed to make a correct benefit determination, and
- The client was clearly and correctly instructed regarding his or her reporting responsibilities, and
- The client has no apparent physical or mental impairment that limits his or her understanding or ability to fulfill their reporting responsibilities.

IPV is suspected when there is clear and convincing evidence that the client has intentionally withheld or misrepresented information for the purpose of establishing, maintaining, increasing or preventing reduction of program benefits or eligibility. BAM 720.

The Department's OIG requests IPV hearings for cases when:

- benefit overissuances are not forwarded to the prosecutor.
- prosecution of welfare fraud is declined by the prosecutor for a reason other than lack of evidence, and
- the total overissuance amount is \$1000 or more, or
- the total overissuance amount is less than \$1000, and

A court or hearing decision that finds a client committed an IPV disqualifies that client from receiving program benefits. A disqualified recipient remains a member of an active group as long as he lives with them. Other eligible group members may continue to receive benefits. BAM 720.

Clients who commit an IPV are disqualified for a standard disqualification period except when a court orders a different period. Clients are disqualified for periods of one year for the first IPV, two years for the second IPV, lifetime disqualification for the third IPV, and ten years for a concurrent receipt of benefits. BAM 720.

Here the OIG provided unequivocal evidence that Respondent became a resident of Texas as early as March 27, 2010 when the Respondent began using his EBT card

exclusively in Texas. On that date, the Respondent was no longer eligible to receive FAP benefits. BEM 220, p. 1.

Based on the credible testimony and other evidence presented, I have concluded the OIG established, under the clear and convincing standard, that Respondent committed an IPV in this matter. At no time did the Respondent inform the Department of his move to the State of Texas as he knew he was required to do in order to receive additional benefits.

DECISION AND ORDER

I have concluded, based upon the above Findings of Fact and Conclusions of Law:

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|--------------------|---|-----------|---------------------------|-------------|------------|----------------|---|---------------|--|
| 1. Re | sponden | t 🔀 did | did not co | ommit an IF | Pγ | | | | |
| | 2. Respondent ⊠ did ☐ did not receive an overissuance of program benefits in the amount of from the following program(s) ☐ FIP ☒ FAP ☐ SDA ☐ CDC. | | | | | | | | |
| The D | • | | RDERED to vith Departm | | coupment | procedures | for the amoun | ıt of | |
| It is Fi 1 year | | RORDE | RED that R | espondent | be disqua | alified from F | AP for a perio | d of | |
| | | | | | <u>/s/</u> | for Maura | Corey A. Are strative Law Ju Corrigan, Dire | idge ector | |
| Date S | Signed: | May 30, 2 | 2012 | | | Department of | of Human Serv | ices | |
| Date N | /lailed: | May 30, | <u> 2012</u> | | | | | | |
| | | • | | | • | • | oove Decision ty in which he | | |
| CAA/c | r | | | | | | | | |
| cc: | | r | | | | | | | |