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

2012-35051

May 3, 2012 Tuscola

IN THE MATTER OF:

	Reg. No.: Issue No.:	2012-350 3055
	Case No.: Hearing Date:	May 3, 20
	County:	Tuscola
ADMINISTRATIVE LAW JUDGE: C. Adam	n Purnell	
HEARING DECISION FOR INTER	NTIONAL PROGRAM V	IOLATION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Department of Human Services' (Department) request for a hearing. After due notice, a telephone hearing was held on May 3, 2012 from Lansing, Michigan. The Department was represented by of the Office of Inspector General (OIG). Participants on behalf of Respondent included: Respondent did not appear at the hearing and it was held in Respondent's absence pursuant to 7 CFR 273.16(e), Mich Admin Code R 400.3130(5), or Mich Admin Code R 400.3187(5). **ISSUES** 1. Did Respondent receive an overissuance (OI) of Family Independence Program (FIP) □ Food Assistance Program (FAP) Child Development and Care (CDC) State Disability Assistance (SDA) Medical Assistance (MA) benefits that the Department is entitled to recoup? Did Respondent commit an Intentional Program Violation (IPV)? Should Respondent be disqualified from receiving Family Independence Program (FIP) State Disability Assistance (SDA) Child Development and Care (CDC)

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ivieuicai	ASSISTANCE	(IVIA) :

FINDINGS OF FACT

	ence on the whole record, finds as material fact:
1.	The Department's OIG filed a hearing request on February 23, 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 \square FIP \boxtimes FAP \square SDA \square CDC \square MA benefits during the period of December, 2010, through March, 2011.
4.	Respondent \boxtimes was \square was not aware of the responsibility to timely and properly report to the Department a change in income.
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 that the time period they are considering the fraud period is December 1, 2010 through March 31, 2011.
7.	During the alleged fraud period, Respondent was issued in ☐ FIP ☐ SDA ☐ CDC ☐ MA benefits from the State of Michigan.
8.	Respondent was entitled to \$0 in $\hfill \square$ FIP $\hfill \square$ FAP $\hfill \square$ SDA $\hfill \square$ CDC $\hfill \square$ MA during this time period.
9.	Respondent did did not receive an OI in the amount of under the FIP FAP SDA CDC MA program.
10.	The Department \boxtimes has \square 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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 42 USC 601, <i>et seq.</i> The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, <i>et seq.</i> , and 1999 AC, Rule 400.3101 through Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program effective October 1, 1996.
∑ The Food Assistance Program (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, <i>et seq.</i> , and 1999 AC, Rule 400.3001 through Rule 400.3015.
☐ The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, is established by 2004 PA 344. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, et seq., and 2000 AACS, Rule 400.3151 through Rule 400.3180.
☐ The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, the Child Care and Development Block Grant of 1990, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program is implemented by Title 45 of the Code of Federal Regulations, Parts 98 and 99. The Department provides services to adults and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015.
☐ The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105.

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 overissuance 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.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, concludes that:

1.	Respondent 🛛 did 🗆	did not commit an IPV
2.		\Box did not receive an overissuance of program benefits in the from the following program(s) \Box FIP \boxtimes FAP \Box SDA \Box CDC

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action.	cease any	recoupment
The Department is ORDERED to initiate recoupment proof in accordance with Department policy.	ocedures for	the amount
☐ The Department is ORDERED to reduce the OI to accordance with Department policy.	for the per	iod in
☑ It is FURTHER ORDERED that Respondent be disqualified	ed from	
☐ FIP ☒ FAP ☐ SDA ☐ CDC for a period of ☐ 12 months. ☐ 24 months. ☐ lifetime.		

<u>/s/</u>

C. Adam Purnell

Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: <u>5/8/12</u>

Date Mailed: <u>5/9/12</u>

NOTICE: The law provides that within 30 days of receipt of the above Decision and Order, the Respondent may appeal it to the circuit court for the county in which he/she lives.

CAP/ds

