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

IN THE MATTER OF:		Reg. No: Issue No.:	201254721 3055	
		Case No: Hearing Date: Kalamazoo Cou	July 11, 2012	
ADMINISTRATIVE LAW JUDGE: Kevin Scully				
HE	EARING DECISION FOR INTENTIONAL	PROGRAM VIOL	ATION	
and MCL 40 hearing. A Lansing, Mid	is before the undersigned Administrative I 00.37 upon the Department of Human Se fter due notice, a telephone hearing w chigan. The Department was represented General (OIG).	rvices' (Departme as <u>held on July</u>	ent) request for a	
	ent did not appear at the hearing and it w 7 CFR 273.16(e), Mich Admin Code R 40	•		
	<u>ISSUES</u>			
1.	Did Respondent receive an overissuand Program (FIP), ⊠ Food Assistance Program (SDA), ⊠ Medical Assistance (SDA), which is entitled to recoup?	rogram (FAP),	State Disability	
2.	Did Respondent commit an Intentional P	rogram Violation	(IPV)?	
3.	Should Respondent be disqualified Independence Program (FIP), ⊠ For ☐ State Disability Assistance (SDA), ⊠		Program (FAP),	
	FINDINGS OF FACT	<u> </u>		
	strative Law Judge, based on the com the whole record, finds as material fact:	petent, material,	and substantial	
1.	The Department's OIG filed a hearing establish an OI of benefits received Respondent having allegedly committed	by Respondent		
2.	The OIG ⊠ has ☐ has not requested from receiving program benefits.	d that Responder	nt be disqualified	

3.	Respondent was a recipient of \square FIP \boxtimes FAP \square SDA \square MA benefits during the period of November 1, 2011, through March 31, 2012.			
4.	Respondent \boxtimes was \square was not aware of the responsibility to report any change of residency to the Department.			
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 November 1, 2011, through March 31, 2012.			
7.	During the alleged fraud period, Respondent was issued in ☐ FIP ☐ FAP ☐ SDA ☐ MA benefits from the State of Michigan.			
8.	Respondent was entitled to \blacksquare in \square FIP \boxtimes FAP \square SDA \square MA during this time period.			
9.	Respondent did did not receive an OI in the amount of the FIP FAP SDA 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 \boxtimes was \square was not returned by the US Post Office as undeliverable.			
CONCLUSIONS OF LAW				
	policies are contained in the Bridges Administrative Manual (BAM), the bility 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, et seq. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10, et seq., 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				

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Agency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, Rul 400.3001 through Rule 400.3015.	e
☐ The State Disability Assistance (SDA) program, which provides financial assistant for disabled persons, is established by 2004 PA 344. The Department of Huma Services (formerly known as the Family Independence Agency) administers the SD program pursuant to MCL 400.10, et seq., and 2000 AACS, Rule 400.3151 throug Rule 400.3180.	n A
☐ The Medical Assistance (MA) program is established by 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 (DHS or Department) administers the MA program).

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

pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM),

Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

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 or more, or
- the total overissuance amount is less than
 - the group has a previous intentional program violation, or
 - the alleged IPV involves FAP trafficking, or

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- the alleged fraud involves concurrent receipt of assistance.
- the alleged fraud is committed by a state/government employee.

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.

This case involved the receipt of Medical Assistance (MA), and the Department alleges an Intentional Program Violation (IPV) of these benefits as well. Since the Notice of Hearing was returned by the U.S. Postal Service as undeliverable, the Department's hearing request with respect to Medical Assistance (MA) is dismissed. The Department retains the right to request another hearing if a better mailing address for the Respondent can be located.

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.	Respondent \boxtimes did \square did not receive an OI of program benefits in the amount of from the following program(s) \square FIP \boxtimes FAP \square SDA \square MA.
	The Department is ORDERED to delete the OI and cease any recoupment action h respect to recoupment of Medical Assistance (MA).
\bowtie	The Department is ORDERED to initiate recoupment procedures for the amount of in accordance with Department policy.

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It is FURTHER ORDERED that Respondent be disqualified from ☐ FIP ☒ FAP ☐ MA for a period of ☒ 12 months. ☐ 24 months. ☐ lifetime.			
	/s/		
	Kevin Scully		
	Administrative Law Judge		
	for Maura Corrigan, Director		
	Department of Human Services		

Date Signed: July 12, 2012

Date Mailed: July 12, 2012

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.

KS/tb

CC:

