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

IN THE MATTER OF:		Reg. No: Issue No:	201275828 3055	
		Case No: Hearing Date: Saginaw Count	October 23, 2012	
ADMINISTRA	ATIVE LAW JUDGE: Corey A. Aren	dt		
<u>HE</u>	ARING DECISION FOR INTENTION	AL PROGRAM VIC	<u>DLATION</u>	
and MCL 400 hearing. After	s before the undersigned Administ rat 0.37 upon the Departm ent of Human er due notice, a telephone hearing higan. The Department was represe neral (OIG).	Servic es' (Departr was held <u>on Octob</u>	ment) request for a	
	ent did not appear at the hearing and CFR 273.16(e), Mich Admin Code F			
<u>ISSUES</u>				
1. Did	Respondent receive an overissur Program (FIP), Food Assistance Assistance (SDA), Child Develop the Department is entitled to recoup?	Program (FAP), om ent and Care (C	State Dis ability	
2.	Did Respondent commit an Intention	al Program Violatio	on (IPV)?	
3.	Should Respondent be di squa Independence Program (FIP), State Dis ability Assistance (SD/(CDC)?	Food Assistance	e Program (FAP),	
	FINDINGS OF F	ACT		
The Administ	rative Law Judge hased on to the d	competent material	and substantial	

 The Department's OIG filed a hearing request on September 10, 2012 to establish an OI of benefits received by Respondent as a result of Respondent having allegedly committed an IPV.

evidence on the whole record, finds as material fact:

2.		The OIG \boxtimes has \square has not reques ted that Respondent be disqualified from receiving program benefits.
	3.	Respondent was a rec ipient of FAP benefits from March 1, 2011 through November 1, 2011.
4.		Respondent \boxtimes was \square was not aware of the res ponsibility to report all changes within 10 days.
	5.	Respondent had no appar ent 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 March 1, 2011 through November 1, 2011.
	7.	During the alleged fraud period, Respondent was is sued in F AP benefits from the State of Michigan.
8.		Respondent was entitled to in \square FIP \boxtimes FAP \square SDA \square CDC during this time period.
9.		Respondent \boxtimes did \square did not receive an OI in the amount of FAP benefits.
10.		The Department \square has \square has not establish ed 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 Br idges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The FAP [formerly known as the Food Stamp (F S) program] is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in T itle 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 t o report information or intentionally gave incomplete or inaccurate information needed to make a correct benefit determination, and
- The client was clearly and co rrectly 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 sus pected when there is clear and convinc ing evidence that the client has intentionally withheld or misr epresented information for the purpose of establishing, maintaining, increasing or preventing reduction of program benefits or eligibility. BAM 720.

A court or hearing decision that finds a client committed an IP V 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, lifet ime disqualification for the third IPV, and ten years for a concurrent receipt of benefits. BAM 720.

Here the OIG p rovided unequivocal evidenc e that Respondent was no longer a Michigan resident as early as January 12, 2011, when the Respondent began using his EBT card exclusively in Kentucky. On that date, the Respondent was no longer eligible to receive FAP benefits from the State of Michigan. BEM 220, p. 1.

Based on the credible testimony and other evidence presented, I have conc luded the OIG established, under the cl ear and convincing st andard, that Respondent committed an IPV in this matter. At no time did the Respondent inform the Department of his move to Kentucky as he knew he was required to do in order to receive additional benefits.

DECISION AND ORDER

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1.	Respondent \(\sum \) and \(\sum \) and not confinit an IPV.
2.	Respondent did did not rec eive an overissuanc e of program benefits in the amount of from the following program(s) FIF FAP SDA CDC.

The Department is ORDERED to initiate recoupment procedures for the amount of in accordance with Department policy.

It is FURT HER ORDERED that Respondent be disqualified from FAP for a period of 1 year.

/s/

Corey A. Arendt Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: October 26, 2012

Date Mailed: October 26, 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 fo r the county in which he/she lives.

CAA/las

CC:

