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

П	V	т	ш	M	I۸	T	ГΕ	D			•
ш	v		п	IV		\ I		$\mathbf{r}$	u	_	_

Reg. No.: 2013-17345

Issue No.: 3055

Case No.: Hearing Date: M

March 20, 2013

County: Muskegon County DHS

ADMINISTRATIVE LAW JUDGE: Corey A. Arendt

# **HEARING DECISION FOR INTENTIONAL PROGRAM VIOLATION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Departm ent of Human Servic es' (Department) request for a hearing. After due notice, a telephone hearing was held on March 20, 2013 from Lansing, Michigan. The Department was represented by Inspector General (OIG).

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) ☐ State Disability Assistance (SDA)	<ul><li>             ⊠ Food Assistance Program (FAP)</li><li>             □ Child Development and Care (CDC)</li></ul>			
	benefits that the Department is entitled to	recoup?			
2.	Did Respondent commit an Intentional Pro	ogram Violation (IPV)?			
3.	Should Respondent be disqualified from re	eceiving			
	☐ Family Independence Program (FIP)☐ State Disability Assistance (SDA)	<ul><li>☐ Food Assistance Program (FAP)</li><li>☐ Child Development and Care (CDC)?</li></ul>			

# FINDINGS OF FACT

I find as material fact, based on the compet ent, material, and substantial evidence on the whole record:

<ol> <li>The Department's OIG filed a hearing request on December 17, 2012 to establish an OI of benefits received by Respondent as a result of Respondent having allegedly committed an IPV.</li> </ol>						
2. The OIG ⊠ has ☐ has not requested that Resp ondent be dis qualified fr om receiving program benefits.						
3. Respondent was a recipient of ☐ FIP ☐ FAP ☐ SDA ☐ CDC benefits during the period of October 1, 2009 through February 28, 2010.						
4. Respondent ⊠ was ☐ was not aware of the responsib ility to report all changes within 10 days.						
<ol> <li>Respondent had no apparent physical or m ental impairment that would limit the understanding or ability to fulfill this requirement.</li> </ol>						
6. The Department's OIG indicates that the time period they are considering the fraud period is October 1, 2009 through February 28, 2010.						
7. During the alleged fraud period of October 1, 2009 thr ough February 28, 2010, Respondent was issued \$ in FAP benefits from the State of Michigan.						
8. Respondent was entitled to \$ in ☐ FIP ☒ FAP ☐ SDA ☐ CDC during this time period.						
9. Respondent ⊠ did ☐ did not receive an OI in the amount of \$ ☐ under the ☐ FIP ⊠ FAP ☐ SDA ☐ CDC program.						
10. The Department $\boxtimes$ has $\  \   \Box$ has not established that Respondent committed an IPV.						
11. This was Respondent's ⊠ first ☐ second ☐ third IPV.						
12.A notice of disqualificat ion hearing was mailed to Res pondent at the last known address and ☐ was ☒ 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						

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

(formerly known as the Fa mily Independence Agenc y) admin isters FAP pursuant to

(CF R). The Department

Department must attempt to recoup the OI. BAM 700.

contained in T itle 7 of t he Code of Federal Regulations

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.

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

- benefit overissuanc es 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

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 di squalification 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.

Based on the credible testimony and other evidence presented, I have concluded the OIG established, under the clear and convincing st andard, that Respondent committed an IPV in this matter. The Respondent did not properly notify the Department of her earnings (child support) as she knew she was required in order to receive additional benefits.

## **DECISION AND ORDER**

			of Fact an		

1. Respondent ⊠ did ☐ did not commit an IPV

	$\underline{d}id \; \square \; did \; not \; receive \; an \; ov \; \; erissuance \; of \; program \; benefits \; in \; the \; \square \; did \; \square \; $
amount of \$	from the following program(s)  FIP FAP SDA CDC.

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

It is FURTHER ORDERED that Respondent be disqualified from FAP for a period of 12 months.

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

Date Signed: March 21, 2013

Date Mailed: March 21, 2013

**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:

