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

E MATTER OF:				
	Reg. No.: Issue No.: Case No.: Hearing Date: County:	201331928 3055 Saginaw DHS		
ADMINISTRATIVE LAW JUDGE: Aaron McClintic				
HEARING DECISION FOR INTENTIONAL PROGRAM VIOLATION				
ICL 400.37 upon the Department of Humai g. After due notice, a telephone hearir	n Services' (Depa ng was h <u>eld on</u>	artment) request for a		
articipants on behalf of Respondent included	d:			
• • • • • • • • • • • • • • • • • • • •	•	•		
<u>ISSUES</u>				
Did Respondent receive an overissuance (OI) of			
State Disability Assistance (SDA) Medical Assistance (MA)	Child Developm	e Program (FAP) nent and Care (CDC)		
Did Respondent commit an Intentional Pro	gram Violation (If	PV)?		
Should Respondent be disqualified from re	eceiving			
	MISTRATIVE LAW JUDGE: Aaron McClint HEARING DECISION FOR INTENTION matter is before the undersigned Administratic ICL 400.37 upon the Department of Humaning. After due notice, a telephone hearing, Michigan. The Department was represented to General (OIG). articipants on behalf of Respondent included Respondent did not appear at the hearing absence pursuant to 7 CFR 273.16(e), Michigan Code R 400.3178(5). ISSUES Did Respondent receive an overissuance (Family Independence Program (FIP) State Disability Assistance (SDA) Medical Assistance (MA) benefits that the Department is entitled to receive an Intentional Pro-	Reg. No.: Issue No.: Case No.: Hearing Date: County: NISTRATIVE LAW JUDGE: Aaron McClintic HEARING DECISION FOR INTENTIONAL PROGRAM natter is before the undersigned Administrative Law Judge p ICL 400.37 upon the Department of Human Services' (Department) Indicates the program of Human Services		

☐ Family Independence Program (FIP) ☐ Food Assistance Program (FAP)

	tate Disability Assistance (SDA)			
FINDINGS OF FACT				
	istrative Law Judge, based on the competent, material, and substantian the whole record, finds as material fact:			
1.	The Department's OIG filed a hearing request on 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 FIP FAP SDA CDC MADE benefits during the period of the state of th			
4.	Respondent \boxtimes was \square was not aware of the responsibility to reporchanges in employment.			
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 through.			
7.	During the alleged fraud period, Respondent was issued in ☐ FIF ☐ FAP ☐ SDA ☐ CDC ☐ MA benefits from the State of Michigan.			
8.	Respondent was entitled to \square in \square FIP \boxtimes FAP \square SDA \square CDC \square MA during this time period.			
9.	Respondent 🗵 did 🗌 did not receive an OI in the amount of 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 \boxtimes first \square second \square third IPV.			
12.	A notice of 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

•	tment policies are contained in the Bridges Administrative Manual (BAM), the es 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, 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 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, <i>et seq.</i> , 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, <i>et seq.</i> , 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 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
 - the group has a previous intentional program violation, or
 - the alleged IPV involves FAP trafficking, or
 - 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 certain 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, or except when the overissuance relates to MA. Refusal to repay will not cause denial of current or future MA if the client is otherwise eligible. BAM 710. 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.

Additionally, Claimant failed to timely report that her son had left the home. Claimant received in Food Assistance that he was not entitled to.

DECISION AND O RDER

The Ad ninistrative Law Judge, based upon the above Findin is 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 did did not receive an OI of program benefits in the amo int of from the following program(s) FIP FAP SDA		
	The Department is ORDERED to delete the OI and cease any recoupment action.			
\boxtimes	The Department is ORDERED to initiate recoupment procedures for the amount of \$ in accordance with Department policy.			
		Depart nent is ORDERED to reduce th : OI to for the period , in rdance with Department policy.		
	I∷is FURTHER ORDERED that Respondent be disqualified from			
	☐ FI ☑ 12	P 🖾 FAP 🔲 SDA 🔲 CDC for a period of 2 months. 🔲 24 months. 🔲 lifetime.		

Aaron McClintic

Am MiCesti

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

Date Signed: <u>06/05/2013</u>

Date Mailed: 06/ 5/2013

NOTIC: The la / 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.

2013-33928/AM

AM/kl



