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

| IN | THE MATTER OF: | | | | | | |
|----------------|--|---|---|--|--|--|--|
| | | Reg. No.: Issue No.: Case No.: Hearing Date: | 2013-10964 1052, 3055 March 6, 2013 | | | | |
| | | County: | Kent | | | | |
| ΑĽ | MINISTRATIVE LAW JUDGE: Kevin Scul | ly | | | | | |
| | HEARING DECISION FOR INTENT | IONAL PROGRAM V | IOLATION | | | | |
| an he La | is matter is before the undersigned Adminis d MCL 400.37 upon the Departm ent of Hur aring. After due notice, a telephone hear nsing, Michigan. The Department was repr Inspector General (OIG). | nan Servic es' (Depai ing was he <u>ld on Mai</u> | rtment) request for a | | | | |
| | Participants on behalf of Respondent included: | | | | | | |
| pu | Respondent did not appear at the hearing and it was he ld 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). | | | | | | |
| | ISSUE | <u>s</u> | | | | | |
| 1. | Did Respondent receive an overissuance (| OI) of | | | | | |
| | ☐ Family Independence Program (FIP)☐ State Disability Assistance (SDA) | ∑ Food Assistance ☐ Child Developme | Program (FAP) ent and Care (CDC) | | | | |
| | benefits that the Department is entitled to re | ecoup? | | | | | |
| 2. | Did Respondent commit an Intentional Prog | gram Violation (IPV)? | | | | | |
| 3. | Should Respondent be disqualified from re | ceiving | | | | | |

FINDINGS OF FACT

☐ Child Development and Care (CDC)?

☐ Family Independence Program (FIP)

State Disability Assistance (SDA)

The Administrative Law Judge, based on t he competent, material, and substantial evidence on the whole record, finds as material fact:

| 1. | The Department's OIG filed a hearing request on November 7, 2012, to establish an OI of benefits received by Respondent as a result of Respondent having allegedly committed an IPV. |
|-----------------|--|
| 2. ⁻ | The OIG $oxtimes$ has $oxtimes$ has not requested that Resp $$ ondent be dis qualified fr om receiving program benefits. |
| 3. | Respondent was a recipient of $\ \ \ \ \ \ \ \ \ \ \ \ \ $ |
| 4. | Respondent was a recipient of $\ \ \ \ \ \ \ \ \ \ \ \ \ $ |
| 5. | Respondent \boxtimes was \square was not aware of the responsibility to report all c hanges to the composition of her benefit group to the Department. |
| 6. | Respondent had no apparent physical or m ental impairment that would limit the understanding or ability to fulfill this requirement. |
| 7. | The Department's OIG indicates that the time period they are considering the fraud period is August 1, 2010, through August 31, 2011. |
| 8. | During the alleged fr aud period, Respondent was issued \$ in \boxtimes FIP \square FAP \square SDA \square CDC benefits from the State of Michigan. |
| 9. | Respondent was entitled to \$0 in \boxtimes FIP \square FAP \square SDA \square CDC during this time period. |
| 10 | Respondent⊠ did ☐ did not receive an OI in the amount of \$ ☐ under the ☐ FIP ☐ FAP ☐ SDA ☐ CDC program. |
| | During the alleged fr aud period, Respondent was issued \$ in ☐ FIP ☒ FAP ☐ SDA ☐ CDC benefits from the State of Michigan. |
| 12 | Respondent was entitled to \$ in \square FIP \boxtimes FAP \square SDA \square CDC during this time period. |
| 13 | Respondent ☑ did ☐ did not receive an OI in the amount of \$ under the ☐ FIP ☑ FAP ☐ SDA ☐ CDC program. |
| | . The Department \boxtimes has \square has not established that Respondent committed an IPV. This was Respondent's \boxtimes first \square second \square third IPV. |

| 16.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. |
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| 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 Family Independence Program (FIP) was established purs uant to the Personal Responsibility and W ork Opportunity Reconc iliation Act of 1996, Public Law 104-193, 42 USC 601, et seq. The Department (formerly k nown 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 Assistanc e Program (FAP) [form erly known as the Food Stamp (FS) program] is establis hed by the Food St amp 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, et seq., 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 D epartment of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10, et seq., and 20 00 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 Soc ial 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 Depart ment provides services to adults and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015. |
| 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.

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, and
 - the group has a previ ous intentional program violation, or
 - the alleged IPV involves FAP trafficking, or
 - the alleged fraud involves c oncurrent receipt of assistance.
 - the alleged fraud is committed by a state/government employee.

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.

DECISION AND ORDER

| The Ac | Iministrative | Law Judge, | based upo | on the | above | Findings | of Fac | t and | Conclu | sions |
|--------|---------------|-------------|------------|--------|---------|-----------------|--------|-------|--------|-------|
| of Law | , and for the | reasons sta | ted on the | record | d, conc | ludes tha | t: | | | |

| | 1. Respondent | \boxtimes did \lceil | \square did not commit an I | PV. |
|--|---------------|--------------------------|-------------------------------|-----|
|--|---------------|--------------------------|-------------------------------|-----|

| 2. Respondent did did not receive an OI of prog ram benefits in the amount of from the following program(s) FIP FAP SDA CDC. |
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| 3. Respondent ⊠ did ☐ did not receive an OI of prog ram benefits in the 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 |
| ☐ FIP ☐ FAP ☐ SDA ☐ CDC 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: March 11, 2013

Date Mailed: March 11, 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.

KS/las

CC:

