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

#### IN THE MATTER OF:

|                                                                                                                                                                                  |                                                                                                                                            | Reg. No.:<br>Issue No.:<br>Case No.:<br>Hearing Date:<br>County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2013-14238<br>3055<br>January 30, 2013<br>Bay County DHS |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| ADI                                                                                                                                                                              | MINISTRATIVE LAW JUDGE: Carmen G.                                                                                                          | Fahie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |  |
|                                                                                                                                                                                  | HEARING DECISION FOR INTENTI                                                                                                               | ONAL PROGRAM V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>IOLATION</u>                                          |  |
| and<br>hea                                                                                                                                                                       |                                                                                                                                            | nan Servic es' (Depa<br>e hearing was he<br>The Department wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |  |
|                                                                                                                                                                                  | Participants on behalf of Respondent include                                                                                               | ded:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |  |
| Respondent did not appear at the hearing and it was he ld in Respondent's a bsence pursuant to 7 CFR 273.16(e), Mich Admin Code R 400.3130(5), or Mich Admin Code R 400.3178(5). |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |  |
|                                                                                                                                                                                  | ISSUE                                                                                                                                      | <u>s</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |  |
| 1.                                                                                                                                                                               | Did Respondent receive an overissuance (OI) of                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |  |
|                                                                                                                                                                                  | Family Independence Program (FIP) State Disability Assistance (SDA) Medical Assistance (MA) benefits that the Department is entitled to re |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Program (FAP)<br>ent and Care (CDC)                      |  |
| 2.                                                                                                                                                                               | Did Respondent commit an Intentional Pro્                                                                                                  | gram Violation (IPV)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |  |
| 3. \$                                                                                                                                                                            | Should Respondent be disqualified from red                                                                                                 | ceiving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |  |
|                                                                                                                                                                                  | Family Independence Program (FIP) State Disability Assistance (SDA)                                                                        | ∑ Food Assistance       ☐ Child Developme       ☐ Child Developme | Program (FAP)<br>ent and Care (CDC)?                     |  |

### **FINDINGS OF FACT**

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 26, 2012 to 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 Resp $$ ondent be dis $$ qualified fr $$ om receiving program benefits.                                                                                                              |  |  |  |  |
| 3.  | Respondent was a recipient of $\  \  \  \  \  \  \  \  \  \  \  \  \ $                                                                                                                                                                        |  |  |  |  |
| 4.  | On the As sistance Application, 1171, signed by Re spondent on January 12, 2011, Respondent reported that she/he intended to stay in Michigan.                                                                                                |  |  |  |  |
| 5.  | Respondent 🖂 was 🗌 was not aware of the responsib ility to report changes in her/his residence to the Department — where the respondent us — ed FAP benefits exclusively outside the State of Michigan for over thirty (30) consecutive days. |  |  |  |  |
| 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 May 1, 2011 through November 30, 2011.                                                                                                           |  |  |  |  |
| 8.  | Respondent began using $\boxtimes$ FAP $\square$ FIP $\square$ MA $\square$ SDA benefits outside of the State of Michigan beginning in March 2011.                                                                                            |  |  |  |  |
| 9.  | During the alleged fr aud period, Respondent was issued \$ in ☐ FIP ☒ FAP ☐ SDA ☐ CDC ☐ MA benefits from the State of Michigan.                                                                                                               |  |  |  |  |
| 10  | Respondent was entitled to \$0 in $\square$ FIP $\boxtimes$ FAP $\square$ SDA $\square$ CDC $\square$ MA during this time period.                                                                                                             |  |  |  |  |
| 11. | Respondent⊠ did ☐ did not receive an OI in the amount of \$ under the ☐ FIP ☑ FAP ☐ SDA ☐ CDC ☐ MA program.                                                                                                                                   |  |  |  |  |
| 12  | . The Department $oxtimes$ has $\odots$ has not established that Respondent committed an IPV.                                                                                                                                                 |  |  |  |  |
| 13. | .This was Respondent's ⊠ first ☐ second ☐ third IPV.                                                                                                                                                                                          |  |  |  |  |
| 14. | A notice of 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).

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| The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and W ork 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 Assistanc e Program (FAP) [fo rmerly known as the Food Sta mp (FS) program] is establis hed by the Food St amp Act of 1977, as amend ed, and is mplemented 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 establis hed by Titles IVA, IVE and XX of the Soc ial Security Act, the Child Care and Developm ent 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 Feder al Regulations, Parts 98 and 99. The Depart ment provides servic es to adults and children pursuant to MCL 400.14(1) and 1999 AC, Rule 400.5001 through Rule 400.5015. |
| The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ial 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 Independ ence Agency) administers the MA program pursuant to MCL 400.10, et seq., and MC L 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 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.

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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 certain program benefits. A disqualified reci pient remains a member of an active group as long as he lives with them. Other eligib le 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 diffe rent 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 otherwis e eligible. BAM 710. 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.

Additionally, the respondent failed to report her/her change in res idency from the State of Michigan to the department, which res ulted in his/ her receiving an ov erissuance of FAP benefits of that the department is required to recoup.

#### **DECISION AND ORDER**

| The A | Administrative | Law Judge,  | based upor   | n the above | Findings of | Fact and | Conclusions |
|-------|----------------|-------------|--------------|-------------|-------------|----------|-------------|
| of La | w, and for the | reasons sta | ted on the r | ecord, conc | ludes that: |          |             |

| 1. Respondent ⊠ did ⊡ did not commit an IPV.                                                                                                                                                           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 2. Respondent $\boxtimes$ did $\square$ did not receive an OI of prog ram benefits in the amount from the following program(s) $\square$ FIP $\boxtimes$ FAP $\square$ SDA $\square$ CDC $\square$ MA. | of |
| The Department is ORDERED to delete the OI and cease any recoupment action.                                                                                                                            |    |

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| The Department is ORDERED to in in accordance with Department     |                      | ocedures for the am                                                          | ount of             |  |  |  |
|-------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------|---------------------|--|--|--|
| ☐ The Department is ORDERED to accordance with Department policy. | reduce the OI to     | for the period                                                               | , in                |  |  |  |
| ☑ It is FURTHER ORDERED that Respondent be disqualified from      |                      |                                                                              |                     |  |  |  |
| ☐ FIP ☑ FAP ☐ SDA for a pe ☐ 12 months. ☐ 24 months.              | riod of<br>lifetime. |                                                                              |                     |  |  |  |
|                                                                   |                      | Carmen (<br>Administrative Lav<br>for Maura Corrigan,<br>partment of Human S | w Judge<br>Director |  |  |  |

Date Signed: February 4, 2013

Date Mailed: February 5, 2013

**NOTICE**: The law pr ovides 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.

## CGF/hj

cc: