# 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: County:	3055 January 30, 2013 Bay County DHS
ADMINISTRATIVE LAW JUDGE: Carmen	G. Fahie	
HEARING DECISION FOR INTEN	ITIONAL PROGRAM V	IOLATION
This matter is before the undersigned Adminand MCL 400.37 upon the Departm ent of Hearing. After due notice, a telephologous at least a telephologous and a telephologous Agent #44, of the Office of Inspect	uman Servic es' (Depai one hearing was he The Department was r	rtment) request for a ld on Wednesday,
Participants on behalf of Respondent in and authorized representative,	cluded: the responden	t and her s on-in-law
Respondent did not appear at the hearin pursuant to 7 CFR 273.16(e), Mich Admin C400.3178(5).		
ISSI	<u>JES</u>	
Did Respondent receive an overissuance	e (OI) of	
☐ Family Independence Program (FIP) ☐ State Disability Assistance (SDA) ☐ Medical Assistance (MA) benefits that the Department is entitled to		Program (FAP) ent and Care (CDC)
2. Did Respondent commit an Intentional P	rogram Violation (IPV)?	
3. Should Respondent be disqualified from	receiving	
☐ Family Independence Program (FIP)☐ State Disability Assistance (SDA)	∑ Food Assistance       ☐ Child Developme       ☐ Child Developme       ☐ This is a single of the content of the co	Program (FAP) 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 fil ed a hearing request on October 12, 2012 to est ablish an OI of benefits received by Respondent as a result of Respondent having allegedly committed an IPV.
2. <sup>-</sup>	The OIG $oxtimes$ has $oxtimes$ has not requested that Re $$ spondent be dis qualified fr om receiving program benefits.
3.	Respondent was a recipient of $\  \  \  \  \  \  \  \  \  \  \  \  \ $
4.	On the A ssistance Application, DHS117 1, and Mid-Certification Contac t Notice signed by Respondent on Oc tober 28, 2010 and August 10, 2011, Respondent reported that she/he intended to stay in Michigan.
5.	Respondent 🖂 was $\Box$ was not aware of the responsib ility to report changes in her/his residence to the Department where the respondent us ed FAP benefits almost exclusively in the State of Kentucky 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 une 1, 2011 through July 31, 2012.
8.	Respondent began using $\boxtimes$ FAP $\square$ FIP $\square$ MA $\square$ SDA benefits outside of the State of Michigan beginning in April 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 $oxtimes$ 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 ☐ was ☐ was not returned by the US Post Office as undeliverable.				
CONCLUSIONS OF LAW				
Department policies are contained in the Bri dges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).				
☐ 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 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 amend ed, and is implemented by the federal r egulations contained in Title 7 of the Code of Federal Regulations (CFR). The Department (formerly known as the Family Independenc e 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 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.				
☐ 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 pr ogram 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.

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 change in residen cy from the State of Michigan to the department, which resulted in her receiving an overissuance of FAP benefits of that the department is required to recoup.

The record was left open for the claimant to submit verification of a medical emergency during the contested time period. However, the claimant submitted written verification, but they were mostly outside of the contested time period. In addition, the claimant submitted a Mid-Certification Contact Notice verifying her address and that nothing had changed, but the claimant was no longer residing in the State of Michigan.

This Administrative Law Judge finds that the department intended IPV and recoupment actions is affirmed.

#### **DECISION AND ORDER**

۱r	ne Administra	tive Law	Juage, base	a upon tr	ne above	Findings of	t Fact and	Conclusion	าร
of	Law, and for	the reas	ons stated or	n the reco	ord, concl	udes that:			
	<b>D</b>		¬ ,	., ,	D) /				

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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 of from the following program(s) $\square$ FIP $\boxtimes$ FAP $\square$ SDA $\square$ CDC $\square$ MA.
☐ The Department is ORDERED to delete the OI and cease any recoupment action.
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 for a period of ☐ 12 months. ☐ 24 months. ☐ lifetime.
/ <u>s/</u> Carmen G. Fahie Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: February 7, 2013

Date Mailed: February 7, 2013

### 20135702/CGF

**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



