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

IN THE MATTER OF:

Reg. No.: 201343359

Issue No.: 3055 Case No.:

Hearing Date: July 31, 2013 County: Jackson-00

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 Department of Human Services' (Department) Request for Hearing. After due notice, a telephone hearing was held on from Lansing, Michigan. The Department was represented by, Stephanie Picca, from the Office of Inspector General (OIG).

| Participants on behalf of Respondent included: . |
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| 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 F 400.3178(5). |
| <u>ISSUES</u> |
| 1. Did Respondent receive an overissuance (OI) of ☐ Family Independence Program (FIP) ☐ Food Assistance Program (FAP) ☐ Medical Assistance Program (MA benefits that the Department is entitled to recoup? |
| 2. Did Respondent commit an Intentional Program Violation (IPV)? |
| 3. Should Respondent be disqualified from receiving ☐ Family Independence Program (FIP) ☐ Food Assistance Program (FAP). |
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FINDINGS OF FACT

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

| 1. | The Department's OIG filed a hearing request on May 2, 2013, to establish an OI of benefits received by Respondent as a result of Respondent having received failed to report employment income and, as such, allegedly committed an IPV. |
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| 2. | The OIG \boxtimes has \square has not requested that Respondent be disqualified from receiving program benefits. |
| 3. | Respondent was a recipient of \boxtimes FAP \square FIP \square MA benefits during the period of April 2011 through October 2011. |
| 4. | On the Application signed by Respondent on January 14, 2011, Respondent reported that she/he intended to stay in Michigan. |
| 5. | Respondent was aware of the responsibility to report changes in her/his residence to the Department. |
| 6. | Respondent had no apparent physical or mental impairment that would limit the understanding or ability to fulfill this requirement. |
| 7. | Respondent began receiving 🖂 FAP 🗌 FIP 🗌 MA benefits in April 2011. |
| 8. | The Office of Inspector General indicates that the time period they are considering the fraud period is April 1, 2011, through October 31, 2011. |
| 9. | During the alleged fraud period, Respondent was issued in \boxtimes FAP \square FIP \square MA benefits from the State of Michigan. |
| 10. | During the alleged fraud period, Respondent was issued $\$ in \square FAP \square FIP \square MA benefits from the State of $\$. |
| 11. | The Department \square has \square has not established that Respondent received concurrent benefits and thus committed an IPV. |
| 12. | This was Respondent's ⊠ first ☐ second ☐ third IPV. |
| 13. | 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 |
| | tment policies are contained in the Bridges Administrative Manual (BAM), the es Eligibility Manual (BEM), and the Reference Tables Manual (RFT). |
| Respo | e Family Independence Program (FIP) was established pursuant to the Personal onsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, SC 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, *et seq.*, and 1999 AC, Rule 400.3001 through Rule 400.3015.

☐ 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, *et seq.*, and MCL 400.105.

When a client group receives more benefits than they are entitled to receive, DHS 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 overissuance 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 IPV 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 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 report employment income from her job with Lemantic and received an overissuance and committed an IPV as a result.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, concludes that:

| Respondent ☐ did not commit an IPV. |
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| 2. Respondent ⊠ did ☐ did not receive an OI of program benefits in the amount from the following program(s) ⊠ FAP ☐ FIP ☐ 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 in accordance with Department policy. |
| ☐ The Department is ORDERED to reduce the OI to \$ for the period , ar initiate recoupment procedures in accordance with Department policy. |
| ☑ It is FURTHER ORDERED that Respondent be personally disqualified fro participation in the FAP program for 1 year. This disqualification period shall beginnediately as of the date of this Order. |

Aaron McClintic
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: <u>08/06/2013</u>

Date Mailed: 08/07/2013

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 for the county in which he/she lives.

AM/pw

cc: