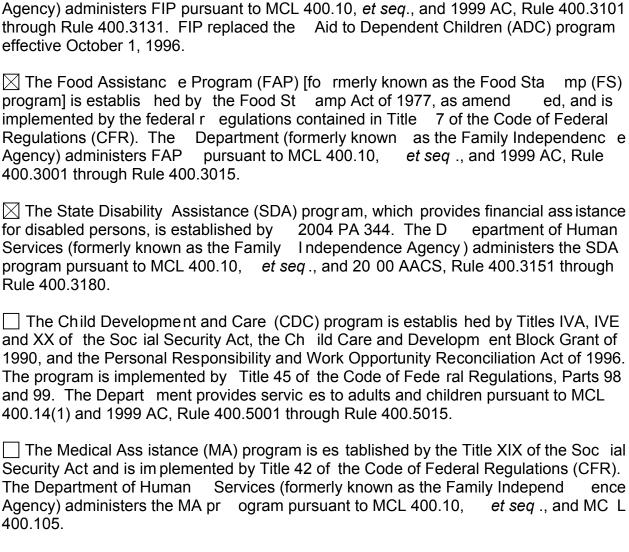
STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:			Reg. No.: Issue No.:	201343546 3055; 4052		
			Case No.: Hearing Date: County:	October 22, 2013 Schoolcraft County DH		
ΑI	DMINISTRATIVE LAW JUDGE: William	A. Sund	lquist			
	HEARING DECISION FOR INTE	NTION/	AL PROGRAM V	<u>IOLATION</u>		
an he La	nis matter is before the undersigned Admind MCL 400.37 upon the Departm ent of Fearing. After due notice, a telephone hearing, Michigan. The Depart ment was relinspector General (OIG).	Human : earing w	Servic es' (Depa ⁄as held on Octo	rtment) request for a		
	Participants on behalf of Respondent in	cluded:				
pu	Respondent did not appear at the heari rsuant to 7 CFR 273.16(e), Mich Admin 00.3187(5).					
	<u>ISS</u>	UES				
Did Respondent receive an overissuance (OI) of						
	☐ Family Independence Program (FIP) ☐ State Disability Assistance (SDA) ☐ Medical Assistance (MA)			Program (FAP) ent and Care (CDC)		
	benefits that the Department is entitled t					
2.	Did Respondent commit an Intentional Program Violation (IPV) (SDA)?					
3.	Was a mental disability established? Should Respondent be disqualified from receiving					
	☐ Family Independence Program (FIP) ☐ State Disability Assistance (SDA)			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 filed a hearing request on April 29, 2013 to establish an OI of benefits received by Respondent as a result of Responden t having alleged ly committed an IPV.			
2.	The OIG ⊠ has ☐ has not requested that Resp ondent be dis qualified fr om receiving program benefits.			
3.	Respondent was a recipient of $\ \ \ \ \ \ \ \ \ \ \ \ \ $			
4.	Respondent \boxtimes was \square was not aware of the responsibility to report changes within 10 days in circumstances that potentially affect eligibility or benefit amount.			
5.	Respondent had no apparent physical or m ental 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 November 2009 through April 30, 2010			
7.	During the alleged fraud period, Respondent was issued \$ ☐ in ☐ FIP ☒ FAP ☒ SDA ☐ CDC ☐ MA benefits from the State of Michigan.			
8.	Respondent was ent itled to \$zer o in \square FIP \boxtimes FAP \boxtimes SDA \square CDC \square MA during this time period.			
9.	Respondent 🗵 did 🗌 did not receive an OI in the amount of \$ under the ☐ FIP 🗵 FAP 🗵 SDA 🗌 CDC 🗌 MA program.			
10	. The Department $oxtimes$ has \odots has not established that Respondent committed an IPV.			
11. This was Respondent's ⊠ first ☐ second ☐ third IPV.				
12. 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.				
13	The medic al information does not est ablish that the claimant was unable to understand, remember and carry out her reporting obligation during the claimed fraud. (Respondent Exhibit 2, pages 125).			
CONCLUSIONS OF LAW				
	partment policies are contained in the Br idges Administrative Manual (BAM), the dges 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				



When a client group receives more benefits than they are entitled to receive, the Department must attempt to recoup the overissuance (OI). BAM 700 (2013).

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 evidenc e 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 (2013) 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 concurrent receipt of assistance, or
 - 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 eligible group members may continue to receive benefits. *Id.*

Clients who commit an IPV are disqualified for a standard disqualification period except when a court orders a different period, or except when the OI relates to MA. Refusal to repay will not cause denial of current or future MA if the culient is otherwise eligible. BAM (2009) 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.

DECISION AND ORDER

The Adı	ministrative	Law Judge,	based u	pon the	above	Findings	of Fact	and (Conclus	sions
of Law,	and for the	reasons sta	ted on th	ne record	l, concl	udes that	t:			

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

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The Department is ORDERED to initiate recoupme in accordance with Department policy.	ent procedures for the amount of					
☐ The Department is ORDERED to reduce the OI to accordance with Department policy.	for the period , in					
☑ It is FURTHER ORDERED that Respondent be disqualified from						
☐ FIP ☒ FAP ☐ SDA ☐ CDC for a period of ☐ 12 months. ☐ 24 months. ☐ lifetime.						
	William A. Sundquist Administrative Law Judge for Maura Corrigan, Director					

Department of Human Services

Date Signed: October 31, 2013

Date Mailed: October 31, 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.

WAS/hj

cc: