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

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Violation (IPV)?

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IN THE MATTER OF:				
		Reg. No.: Issue No(s).: Case No.: Hearing Date: County:	201428000 3005 April 21, 2014 Kalamazoo County DHS	
ADN	MINISTRATIVE LAW JUDGE: Kevin Scully			
	HEARING DECISION FOR INTENTION	AL PROGRAM V	IOLATION	
Upon the request for a hearing by the Department of Human Services (Department), this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, and in accordance with Titles 7, 42 and 45 of the Code of Federal Regulation (CFR), particularly 7 CFR 273.16, and with Mich Admin Code, R 400.3130 and R 400.3178. After due notice, a telephone hearing was held on April 21, 2014, from Lansing, Michigan. The Department was represented by Regulation Agent of the Office of Inspector General (OIG).				
Participants on behalf of Respondent included: .				
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 R 400.3178(5).				
<u>ISSUES</u>				
1.	Did Respondent receive an overissuance (OI Family Independence Program (FIP) Food Assistance Program (FAP) Medical Assistance (MA) benefits that the Department is entitled to receive	State Disability A Child Developme	assistance (SDA) ent and Care (CDC)	
2	Did Respondent by clear and convincing evi	dence commit an	Intentional Program	

FINDINGS OF FACT

☐ Family Independence Program (FIP)? ☐ State Disability Assistance (SDA)? ☐ Food Assistance Program (FAP)? ☐ Child Development and Care (CDC)?

Should Respondent be disqualified from receiving

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 January 14, 2014, 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 Respondent be disqualified from receiving program benefits.		
3.	Respondent was a recipient of $\ \ \Box$ FIP $\ \ \Box$ FAP $\ \ \Box$ SDA $\ \ \Box$ CDC $\ \ \Box$ MA benefits issued by the Department.		
4.	Respondent \boxtimes was \square was not aware of the responsibility to report any change of residency to the Department.		
5.	Respondent had no apparent physical or mental impairment that would limit the understanding or ability to fulfill this requirement.		
6.	The Department's OIG indicates that the time period it is considering the fraud period is August 1, 2013, through December 31, 2013.		
7.	During the fraud period, Respondent was issued \$ in FIP FAP SDA CDC MA benefits by the State of Michigan, and the Department alleges that Respondent was entitled to \$0 in such benefits during this time period.		
8.	The Department alleges that Respondent received an OI in \square FIP \boxtimes FAP \square SDA \square CDC \square MA benefits in the amount of \$		
9.	This was Respondent's ⊠ first ☐ second ☐ third alleged IPV.		
10.	A notice of hearing was mailed to Respondent at the last known address and \boxtimes was \square was not returned by the US Post Office as undeliverable.		
	CONCLUSIONS OF LAW		
Adm (BEI Augu Serv Prog	artment policies are contained in the Department of Human Services Bridges inistrative Manual (BAM), Department of Human Services Bridges Eligibility Manual M), and Department of Human Services Reference Tables Manual (RFT). Prior to ust 1, 2008, Department policies were contained in the Department of Human rices Program Administrative Manuals (PAM), Department of Human Services gram Eligibility Manual (PEM), and Department of Human Services Reference edules Manual (RFS).		
☐ The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to MCL 400.10 and 400.57a and Mich Admin Code, R 400.3101 to .3131.			

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.
☐ The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10 and Mich Admin Code, R 400.31513180.
The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.50015020.

The Department's OIG requests IPV hearings for the following cases:

- FAP trafficking Ols that are not forwarded to the prosecutor,
- prosecution of welfare fraud or FAP trafficking is declined by the prosecutor for a reason other than lack of evidence, and
 - the total OI amount for the FIP, SDA, CDC, MA and FAP programs is \$1000 or more, or
 - the total OI amount is less than \$1000, and
 - the group has a previous IPV, or
 - the alleged IPV involves FAP trafficking, or
 - ➤ the alleged fraud involves concurrent receipt of assistance (see BEM 222), or
 - > the alleged fraud is committed by a state/government employee.

BAM 720 (July 1, 2013), p. 10.

Intentional Program Violation

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 reporting responsibilities.

BAM 700 (July 1, 2013), p. 6; BAM 720, p. 1.

An IPV is also suspected for a client who is alleged to have trafficked FAP benefits. BAM 720, p. 1.

An IPV requires that the Department establish by 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, p. 1 (emphasis in original); see also 7 CFR 273(e)(6). Clear and convincing evidence is evidence sufficient to result in a clear and firm belief that the proposition is true. See M Civ JI 8.01.

Disqualification

A court or hearing decision that finds a client committed IPV disqualifies that client from receiving program benefits. BAM 720, p. 12. A disqualified recipient remains a member of an active group as long as he lives with them, and other eligible group members may continue to receive benefits. BAM 720, p. 13.

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. BAM 720, p. 13. Refusal to repay will not cause denial of current or future MA if the client is otherwise eligible. BAM 710 (July 1, 2013), p. 2. 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 FAP concurrent receipt of benefits. BAM 720, p. 16.

Overissuance

When a client group receives more benefits than they are entitled to receive, the Department must attempt to recoup the OI. BAM 700, p. 1.

In this case, the Respondent acknowledged the responsibility to report any change of residency to the Department. The Respondent was a Food Assistance Program (FAP) recipient from August 1, 2013, through December 31, 2013. The Respondent began using his Food Assistance Program (FAP) benefits outside Michigan on June 13, 2013, and continued to use them exclusively in Ohio through November 13, 2013. The Department determined that the Respondent lacked the intent to remain a Michigan

Date Mailed: April 30, 2014

resident as of August 1, 2013. The Respondent was not eligible to receive Food Assistance Program (FAP) benefits as a non-Michigan resident. The Department established by clear and convincing evidence that the Respondent intentionally failed to report his change of residency for the purposes of receiving Food Assistance Program (FAP) that he would not have been eligible to receive otherwise.

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, if any, concludes that:

from the following program(s) FIP FAP SDA CDC MA.	1.	The Department has established by clear and convincing evidence that Respondent \boxtimes did \square did not commit an intentional program violation (IPV).
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. Kevin Scully Administrative Law Judge for Maura Corrigan, Director	2.	
FIP SDA CDC for a period of 12 months. I lifetime. Kevin Scully Administrative Law Judge for Maura Corrigan, Director	3.	· · · · · · · · · · · · · · · · · · ·
Administrative Law Judge for Maura Corrigan, Director		☐ FIP ☑ FAP ☐ SDA ☐ CDC for a period of ☐ 12 months. ☐ 24 months. ☐ lifetime.
Date Signed: April 30, 2014		Administrative Law Judge for Maura Corrigan, Director Department of Human Services

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.

KS/hj



