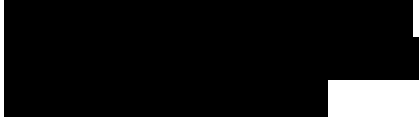


**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**



Reg. No.: 2014-2114  
Issue No(s): 3055  
Case No.: [REDACTED]  
Hearing Date: February 5, 2014  
County: Hillsdale (00)

**ADMINISTRATIVE LAW JUDGE:** Eric Feldman

**HEARING DECISION FOR INTENTIONAL PROGRAM VIOLATION**

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 three-way telephone hearing was held on February 5, 2014 from Detroit, Michigan. The Department was represented by [REDACTED], Regulation Agent of the Office of Inspector General (OIG).

Participants on behalf of Respondent included: Respondent.

**ISSUES**

1. Did Respondent receive an overissuance (OI) of  
 Family Independence Program (FIP)     State Disability Assistance (SDA)  
 Food Assistance Program (FAP)     Child Development and Care (CDC)  
 Medical Assistance (MA)  
benefits that the Department is entitled to recoup?
2. Did Respondent, by clear and convincing evidence, commit an Intentional Program Violation (IPV)?
3. Should Respondent be disqualified from receiving  
 Family Independence Program (FIP)?     State Disability Assistance (SDA)?  
 Food Assistance Program (FAP)?     Child Development and Care (CDC)?

**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 October 3, 2013, to establish an OI of benefits received by Respondent as a result of Respondent having allegedly committed an IPV.
2. The OIG  has  has not requested that Respondent be disqualified from receiving program benefits.
3. Respondent was a recipient of  FIP  FAP  SDA  CDC  MA benefits issued by the Department.
4. Respondent  was  was not aware of the responsibility to report earned income.
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 December 1, 2012 to March 31, 2013 (fraud period).
7. During the fraud period, Respondent was issued \$2,104 in  FIP  FAP  SDA  CDC  MA benefits by the State of Michigan, and the Department alleges that Respondent was entitled to \$271 in such benefits during this time period.
8. The Department alleges that Respondent received an OI in  FIP  FAP  SDA  CDC  MA benefits in the amount of \$1,833.
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  was  was not returned by the US Post Office as undeliverable.

**CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT). Prior to August 1, 2008, Department policies were contained in the Department of Human Services Program Administrative Manuals (PAM), Department of Human Services Program Eligibility Manual (PEM), and Department of Human Services Reference Schedules Manual (RFS).

☒ The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

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

- FAP trafficking OIs 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 2013), p. 12.

### **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 2013), p. 7; 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.

In this case, the Department alleges that Respondent committed an IPV of her FAP benefits because she failed to report the additional group member's employment and wages to the Department, which caused an overissuance of FAP benefits.

Clients must report changes in circumstance that potentially affect eligibility or benefit amount. BAM 105 (November 2012), p. 7. Changes must be reported within 10 days of receiving the first payment reflecting the change. BAM 105, p. 7.

Income reporting requirements are limited to the following:

- Earned income:
  - Starting or stopping employment.
  - Changing employers.
  - Change in rate of pay.
  - Change in work hours of more than five hours per week that is expected to continue for more than one month.

BAM 105, p. 7.

The Department's OIG indicates that the time period it is considering the fraud period is December 1, 2012 to March 31, 2013. At the hearing, the Department presented evidence to show why it believed the Respondent was aware of her responsibility to report the income and that she intentionally withheld or misrepresented information for the purpose of establishing, maintaining, increasing or preventing reduction of her FAP program benefits or eligibility.

First, the Department presented Respondent's application dated April 12, 2012, to show that the Respondent was aware of her responsibility to report changes. See Exhibit 1 and also the Notice of Case Action dated April 27, 2012. Moreover, Respondent indicated in the application that the additional group member (her husband) and left the employer as of March 29, 2012. See Exhibit 1.

Second, the Department presented a reception log search between September 24, 2012 to December 23, 2012. See Exhibit 1. Between this time, the log shows that the Department only received a State Emergency Relief (SER) co-pay verification. See Exhibit 1. The Department presented this evidence because when it had an OIG interview with the Respondent on September 25, 2013, the OIG report stated that

Respondent said she did provide DHS with pay stub information when her husband had returned to work. Therefore, the Department presented this evidence to contradict Respondent's assertion that she dropped of her husband's employment verification.

Third, the Department presented Respondent's Redetermination dated February 28, 2013. See Exhibit 1. Moreover, Respondent reported in the Redetermination her husband's employment (this date is towards the end of the alleged fraud period). See Exhibit 1. The Department testified that this was when it first became aware of her husband had returned to work.

Fourth, the Department presented a Verification of Employment and income information from the employer. See Exhibit 1. The Verification of Employment indicated that the husband began employment on September 24, 2012. See Exhibit 1. Also, the employer provided the husband's payroll information. See Exhibit 1.

At the hearing, Respondent testified that she did not intentionally withhold or misrepresent her husband's income information. Respondent testified that her husband left his work on March 29, 2012 and returned in the beginning of October 2012. Respondent testified that she called her DHS caseworker in late October 2012 to notify DHS of her husband's employer. Subsequently, Respondent testified that she dropped off the paystubs in November 2012. Respondent testified that she did not have any documentation because when she provided it to the DHS caseworker, they did not provide a copy. Moreover, Respondent testified that she received a wage verification for her husband's employer on October 16, 2013. Respondent testified that it requested wage verification of her husband's employer from April 1, 2013, ongoing.

Based on the foregoing information and evidence, the Department has failed to establish that Respondent committed an IPV of FAP benefits. The evidence was not persuasive to show that Respondent intentionally withheld or misrepresented the income information for the purpose of establishing, maintaining, increasing or preventing reduction of her FAP program benefits or eligibility.

Additionally, Respondent credibly testified that she did not intentionally withhold or misrepresent her husband's income information. The Department did present evidence to contradict Respondent's assertion that she dropped of her husband's employment verification. The Department presented a log search summary, which only indicated that she dropped off a SER co-pay verification. See Exhibit 1. However, Respondent credibly testified that she contacted her worker in late October 2012 and stated she did in fact drop off the pay stubs in November 2012.

Moreover, there was no evidence to show that Respondent, during the alleged fraud period, represented that she intentionally withheld information. The application dated April 12, 2012, occurred prior to the alleged fraud period. Also, the Department presented Respondent's redetermination dated February 28, 2013, which she reported her husband's employer. See Exhibit 1. The Department testified that this was when it first became aware of the employer. However, this evidence actually shows that

Respondent reported her husband's employment information and it is during the alleged fraud period. Even though it is subsequent to when the husband began work, Respondent eventually reported his employment in writing. This shows that Respondent did not intentionally withhold or misrepresent the income information.

In summary, Respondent presented credible testimony and evidence that she did not intentionally withhold or misrepresent the income information. Therefore, in the absence of any clear and convincing evidence that Respondent intentionally withheld or misrepresented the income information for the purpose of establishing, maintaining, increasing or preventing reduction of her FAP program benefits or eligibility, the Department has failed to establish that Respondent committed an IPV of FAP benefits.

### **Disqualification**

A court or hearing decision that finds a client committed IPV disqualifies that client from receiving program benefits. BAM 720, p. 15. 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. 15.

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. 16. Refusal to repay will not cause denial of current or future MA if the client is otherwise eligible. BAM 710 (July 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.

In this case, the Department has failed to satisfy its burden of showing that Respondent committed an IPV concerning FAP benefits. Therefore, Respondent is not subject to a disqualification under the FAP program. BAM 720, p. 16.

### **Overissuance**

As stated previously, the Department failed to show that Respondent purposely failed to report income. Thus, no IPV was committed. However, the Department can still proceed with recoupment of the OI when there is client error.

A client/CDC provider error OI occurs when the client received more benefits than they were entitled to because the client/CDC provider gave incorrect or incomplete information to the department. BAM 715 (July 2013), p. 1.

A client error is present in this situation because Respondent failed to notify the Department of her husband's income information timely. First, Respondent testified that she did report the information in October 2012; however, she acknowledged that it was not within the 10-day timeframe. Second, the evidence shows that Respondent did eventually report her husband's income in the Redetermination dated February 28, 2013. However, this occurred more than five months into his employment. Clients must

report changes in circumstance that potentially affect eligibility or benefit amount. BAM 105, p. 7. It is the Respondent's responsibility to report the changes and not the DHS caseworker. BAM 105, p. 7.

Based on the information above, the Department presented persuasive evidence that an OI is present due to client error. The evidence shows that the Respondent failed to report the changes to the Department timely, which caused an overissuance of FAP benefits.

Regarding client error overissuances, the OI period begins the first month (or pay period for CDC) benefit issuance exceeds the amount allowed by policy or 72 months before the date the OI was referred to the RS, whichever is later. BAM 715, p. 4. To determine the first month of the OI period (for OIs 11/97 or later) the department allows time for: the client reporting period; the full standard of promptness (SOP) for change processing; and the full negative action suspense period. BAM 715, p. 4. Based on the above policy, the Department would apply the 10-day client reporting period, the 10-day processing period, and the 12-day negative action suspense period. BAM 715, p. 4.

Applying the above standard and in consideration of the additional group member receiving unreported income on October 5, 2012, the Department determined that the OI period began on December 1, 2012. See Exhibit 1. It is found that the Department applied the appropriate OI begin date.

Additionally, 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. The amount of the OI is the benefit amount the group or provider actually received minus the amount the group was eligible to receive. BAM 720, p. 8.

For FAP cases, if improper reporting or budgeting of income caused the OI, the Department uses actual income for the OI month for that income source. BAM 715, p. 7. The Department converts all income to a monthly amount. BAM 715, p. 7. An exception for FAP only states that the Department does not convert the averaged monthly income reported on a wage match. BAM 715, p. 7. Any income properly budgeted in the issuance budget remains the same in that month's corrected budget. BAM 715, p. 7. Also, for client error OIs due, at least in part, to failure to report earnings, the Department does not allow the 20% earned income deduction on the unreported earnings. BAM 715, p. 8.

In this case, the Department presented OI budgets for December 2012 to March 2013. See Exhibit 1. The budget was provided for the FAP programs using the employer's submitted documents. See Exhibit 1. A review of the OI budgets for December 2012 to March 2013 found them to be fair and correct.

Based on the above information, the Department established that from December 2012 to March 2013, Respondent was issued \$2,104 in FAP benefits. After budgeting the Respondent's income, the corrected total amount of FAP benefits issuance was \$271.

The overissuance was established to be \$1,833 in FAP benefits. See Exhibit 1. Thus, the Department is entitled to recoup \$1,833 of FAP benefits.


**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:

1. The Department has established by clear and convincing evidence that Respondent  did  did not commit an intentional program violation (IPV).
2. Respondent  did  did not receive an OI of program benefits in the amount of \$1,833 from the following program(s)  FIP  FAP  SDA  CDC  MA.

The Department is ORDERED to

to initiate collection procedures for a \$1,833 OI in accordance with Department policy.



**Eric Feldman**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: March 3, 2014

Date Mailed: March 3, 2014

**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.

EJF/tlf

cc:

