



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

MIKE ZIMMER
DIRECTOR

[REDACTED]

Date Mailed: April 20, 2016
MAHS Docket No.: 15-013039
Agency No.: [REDACTED]
Petitioner: OIG
Respondent: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Eric Feldman

HEARING DECISION FOR INTENTIONAL PROGRAM VIOLATION

Upon the request for a hearing by the Department of Health and 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 45 CFR 235.110; and with Mich Admin Code, R 400.3130 and 400.3178. After due notice, a telephone hearing was held on April 7, 2016, from Detroit, Michigan. The Department was represented by [REDACTED], Regulation Agent of the Office of Inspector General (OIG).

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).

ISSUES

1. Did Respondent receive an overissuance (OI) of Food Assistance Program (FAP) and Family Independence Program (FIP) benefits that the Department is entitled to recoup?
2. Did the Department establish, by clear and convincing evidence, that Respondent committed an Intentional Program Violation (IPV)?
3. Should Respondent be disqualified from receiving benefits for FAP and FIP?

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 July 20, 2015, to establish an OI of benefits received by Respondent as a result of Respondent having allegedly committed an IPV.
2. The OIG has requested that Respondent be disqualified from receiving program benefits.
3. Respondent was a recipient of FAP and FIP benefits issued by the Department.
4. Respondent was aware of the responsibility to report changes in income.
5. Respondent did not have an 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 FIP fraud period is [REDACTED] (FIP fraud period).
7. The Department's OIG indicates that the time period it is considering the FAP fraud period is [REDACTED] (FAP fraud period).
8. During the fraud period, Respondent was issued \$3,738 in FAP/FIP benefits by the State of Michigan, and the Department alleges that Respondent was entitled to \$1,278 in such benefits during this time period.
9. The Department alleges that Respondent received an OI in FAP/FIP benefits in the amount of \$2,460.
10. This was Respondent's first alleged IPV.
11. A notice of hearing was mailed to Respondent at the last known address and was not returned by the US Post Office as undeliverable.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), Adult Services Manual (ASM), and Reference Tables Manual (RFT).

The Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Department of Human Services) administers FIP pursuant to 45 CFR 233-260; MCL 400.10; the Social Welfare Act, MCL 400.1-.119b; and Mich Admin Code, R 400.3101 to .3131.

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a

and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10; the Social Welfare Act, MCL 400.1-.119b; and Mich Admin Code, R 400.3001 to .3015.

Effective October 1, 2014, the Department's OIG requests IPV hearings for the following cases:

- Willful overpayments of \$500.00 or more under the AHH program.
- FAP trafficking overissuances 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 amount for the FIP, SDA, CDC, MA and FAP programs combined is \$500 or more, or
 - the total amount is less than \$500, 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 (October 2014), pp. 12-13; ASM 165 (May 2013), pp. 1-7.

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 (May 2014), 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/FIP benefits because she failed to report employment in a timely manner to the Department.

Clients must report changes in circumstance that potentially affect eligibility or benefit amount. BAM 105 (January 2010), 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.

First, the Department presented Respondent's application dated [REDACTED] and her redetermination dated [REDACTED] show that she acknowledged her responsibility to report changes, as required. See Exhibit A, pp. 11-30.

Second, the Department provided Respondent's employment verification, which indicated that she began employment on [REDACTED]. See Exhibit A, pp. 35-41.

Third, the Department presented Respondent's Work First "Update/View Participant Activities" document (Work First case notes). See Exhibit A, pp. 42-44. The Work First participation occurred during the period in which she was employed. The Department's evidence list states that Respondent did not have actual works hours or participation

hours in the Work First/JET Program after [REDACTED]. See Exhibit A, p. 10. The evidence list further stated that the records show that Respondent had been non-compliant and did not provide requested job update information as requested from the program. See Exhibit A, p. 10. A review of the Work First case notes appears to indicate that Work First was aware of some form employment Respondent had, but was unsuccessful in obtaining verification of employment. See Exhibit A, p. 43.

Fourth, the OIG Investigation Report (OIG report) indicated that another agent not present for this hearing, spoke to the Respondent on [REDACTED], during which the following was reported: (i) Respondent stated she reported her employment when she began working in June of 2010 to her caseworker; and (ii) that she always reported her earnings to the Department. See Exhibit A, p. 4.

Based on the foregoing information and evidence, the Department has failed to establish that Respondent committed an IPV of FAP/FIP benefits. Yes, the Department presented Respondent's Work First case notes that shows she participated in the program during the time period she was employed and the Work First had difficulty in obtaining some form of employment verification. See Exhibit A, p. 10. However, it is unknown which employer Work First was attempting to obtain verification from, as the employer's name was not listed in the Work First case notes. Furthermore, the OIG report indicated that Respondent informed another agent that she did report her employment timely to her caseworker. See Exhibit A, p. 4. Based on the evidence presented, the undersigned finds that the OIG agent failed to demonstrate by clear and convincing evidence that Respondent intentionally withheld her income information for the purpose of maintaining her FAP/FIP eligibility. 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/FIP benefits.

Disqualification

A client who is found to have committed an IPV by a court or hearing decision is disqualified from receiving program benefits. BAM 720, p. 15; BEM 708 (April 2014), p. 1. Clients are disqualified for ten years for a FAP IPV involving concurrent receipt of benefits, and, for all other IPV cases involving FIP, FAP or SDA, for standard disqualification periods of one year for the first IPV, two years for the second IPV, and lifetime for the third IPV. BAM 720, p. 16. CDC clients who intentionally violate CDC program rules are disqualified for six months for the first occurrence, twelve months for the second occurrence, and lifetime for the third occurrence. BEM 708, p. 1. A disqualified recipient remains a member of an active group as long as he/she lives with them, and other eligible group members may continue to receive benefits. BAM 720, p. 16.

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

FAP 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 overissuance 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 2014), p. 1.

A client error is present in this situation because Respondent failed to notify the Department of her earned income. In regards to policy, the evidence established that Respondent did not report the earned income changes within 10 days of receiving the first payment reflecting the change. BAM 105, p. 7. Thus, an OI was present for FAP benefits.

Applying the overissuance period standards, it is found that the Department applied the appropriate FAP OI begin date of September 1, 2010. See BAM 715, pp. 4-5.

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 715, p. 6.

In this case, the Department presented OI budgets from September 2010 to October 2010. See Exhibit A, pp. 44-45. The budgets included Respondent's income that was not previously budgeted. See Exhibit A, pp. 35-41. A review of the OI budgets found them to be fair and correct, except for October 2010. See BAM 715, p. 8. The October 2010 FAP budget indicated that Respondent actual benefit amount was \$834. See Exhibit A, p. 52. However, Respondent's benefit summary inquiry showed that she received \$847. See Exhibit A, p. 31. Therefore, the Department failed to establish that it properly calculated the OI for October 2010. Nonetheless, the Department is entitled to recoup \$363 of FAP benefits it issued for September 2010.

FIP Overissuance

Applying the overissuance period standards and in consideration of the Respondent began employment on [REDACTED], it is found that the Department applied the inappropriate FIP OI begin date of [REDACTED]. See Exhibit A, pp. 4 and 35. As such, it is found that the appropriate FIP OI begin date is [REDACTED] and the OI sought for August 2010 is subtracted from the total OI sought in this case. See BAM 715, pp. 4-5.

In this case, the Department presented OI budgets from September 2010 to October 2010. See Exhibit A, pp. 44-45. The budgets included Respondent's income that was not previously budgeted. See Exhibit A, pp. 35-41. A review of the OI budgets found them to be inaccurate. See BAM 715, p. 8. For September 2010, the undersigned calculated the actual gross income to be \$1,778, but the Department budgeted \$1,911, which was improper. See Exhibit A, p. 51 and BAM 715, p. 8 (If improper reporting or budgeting of income caused the overissuance, use actual income for that income source). For October 2010, the FIP budget included income regarding the pay date of [REDACTED], which could not be verified with the employer's verification. See Exhibit A, p. 53. Therefore, the Department failed to establish that Respondent received an OI of FIP benefits for October 2010. In summary, the Department failed to establish that Respondent received an OI of FIP 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 not** established by clear and convincing evidence that Respondent committed an IPV.
2. Respondent **did** receive an OI of FAP program benefits in the amount of \$363.

The Department is **ORDERED** to reduce the FAP OI to \$363 for the period of September 2010, and initiate recoupment/collection procedures in accordance with Department policy.

EF/hw



Eric Feldman

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

Petitioner

[REDACTED]

DHHS

[REDACTED]

Respondent

[REDACTED]