RICK SNYDER GOVERNOR

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

SHELLY EDGERTON
DIRECTOR



Date Mailed: November 28, 2016 MAHS Docket No.: 16-014987

Agency No.: Petitioner: OIG

Respondent:

ADMINISTRATIVE LAW JUDGE: Darryl Johnson

# 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 November 22, 2016, from Lansing, Michigan. The Department was represented by Regulation Agent of the Office of Inspector General (OIG). The Respondent appeared on her own behalf.

#### **ISSUES**

- 1. Did Respondent receive an overissuance (OI) of Food Assistance Program (FAP) 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)?
- Should Respondent be disgualified from receiving benefits for FAP?

#### 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 22, 2016, 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 benefits issued by the Department.
- 4. Respondent was aware of the responsibility to report changes in her employment and 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 fraud period is April 1, 2015, through August 31, 2015 (fraud period).
- 7. During the fraud period, Respondent was issued \$ in FAP benefits by the State of Michigan, and the Department alleges that Respondent was entitled to \$ in such benefits during this time period.
- 9. This was Respondent's first alleged IPV.
- 10. 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 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 January 1, 2016, 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 (1/1/16), p. 12-13.

## **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 (1/1/16), 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.

In this case, Respondent applied for benefits on December 14, 2014, (Exhibit 1 Pages 11-19) and reported that she was working 20 hours per week as of September 1, 2014, at (Page 15). Respondent then went to work at on November 24, 2014. When she completed a Semi-Annual Contact Report (Pages 20-21) on May 6, 2015, she reported that her income had not "changed by more than \$100" from \$ She completed a Redetermination (Pages 22-27) on August 24, 2015, and, although she said she was working 40 hours weekly, she did not report her job had changed to

Respondent testified that she had reported her employment change to her worker, but she did not provide any documentation to support her claim. She also said that she had not used her FAP after November 2014. The Department's witness reviewed her FAP spending and found that her FAP was used through December 23, 2015, when it was left with approximately \$ left on her card. Respondent insisted that she was not using her FAP and that she had told her worker to close her case when she joined left.

Respondent was very insistent that she had reported her job change and that she had not used her benefits. Despite her insistence, the documentation provided by the Department is persuasive that she did not report the change. The fact that she signed the May 6, 2015, Semi-Annual Contact Report and said her income had not changed is clear and convincing evidence that she withheld that information from the Department. She signed that Report and certified "that the statements on this form are true and correct to the best of my knowledge. I understand that the information I provide on this form may result in a reduction or termination of my benefits." She was asked on the Report if "anyone had a change in earnings because they changed, started, or stopped a job" and she said "No."

Because of Respondent's misleading statements that she made in writing, her oral testimony is deemed to not be reliable. The Department has established that Respondent withheld information from the Department regarding her employment and income, and that she did so for the purpose of receiving FAP benefits that she was not eligible to receive. That is an IPV.

# <u>Disqualification</u>

A client who is found to have committed a FAP IPV by a court or hearing decision is disqualified from receiving program benefits. BAM 720, p. 15; BEM 708 (4/1/14), 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, Respondent committed a FAP IPV. This is her first FAP IPV and therefore she is subject to disqualification for 12 months.

#### Overissuance

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

In this case, the Department has presented evidence that shows Respondent was awarded \$ during the fraud period but was eligible to receive \$ She received an OI of \$ that is to be recouped.

## **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 committed an IPV.
- 2. Respondent received an OI of program benefits in the amount of \$ from FAP.

The Department is ORDERED to initiate recoupment/collection procedures for the amount of \$\frac{1}{2}\text{ in accordance with Department policy.}

It is FURTHER ORDERED that Respondent be disqualified from FAP for a period of 12 months.

DJ/mc

Darryl Johnson

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

