



RICK SNYDER
GOVERNOR

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

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: December 19, 2016
MAHS Docket No.: [REDACTED]
Agency No.: [REDACTED]
Petitioner: [REDACTED]
Respondent: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

**HEARING DECISION FOR INTENTIONAL PROGRAM VIOLATION AND
OVERISSUANCE**

Upon the request for a hearing by the Michigan Department of Health and Human Services (MDHHS), 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 [REDACTED], from Detroit, Michigan. The Michigan Department of Health and Human Services (MDHHS) was represented by [REDACTED], regulation agent, with the Office of Inspector General. Respondent did not appear.

ISSUES

The first issue is whether MDHHS established Respondent received an overissuance of benefits.

The second issue is whether MDHHS established that Respondent committed an intentional program violation (IPV).

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Respondent was an ongoing recipient of Food Assistance Program (FAP) benefits from the State of Michigan.
2. Respondent was convicted of multiple drug-related felonies occurring between [REDACTED].

3. On multiple dates, Respondent intentionally misreported to MDHHS his drug-related felony history.
4. From [REDACTED] Respondent received [REDACTED] in FAP benefits.
5. From [REDACTED], Respondent would have received [REDACTED] in FAP benefits if Respondent's drug-related felony history was factored.
6. On [REDACTED], MDHHS requested a hearing to establish Respondent received an OI of [REDACTED] in over-issued FAP benefits from [REDACTED] due to an IPV.
7. Respondent had no previous history of IPV.

CONCLUSIONS OF LAW

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. MDHHS (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-.3011. MDHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

MDHHS requested a hearing, in part, to establish Respondent received an overissuance of benefits. MDHHS presented an Intentional Program Violation Repayment Agreement dated [REDACTED] [REDACTED] [REDACTED] (Exhibit 1, pp. 4-5) alleging Respondent received [REDACTED] in over-issued FAP benefits from [REDACTED] [REDACTED] MDHHS alleged the OI was based on Respondent's failure to report multiple drug-related felonies.

When a client group receives more benefits than it is entitled to receive, MDHHS must attempt to recoup the overissuance. BAM 700 (January 2016), p. 1. An overissuance [bold lettering removed] is the amount of benefits issued to the client group or CDC provider in excess of what it was eligible to receive. *Id.* Recoupment [bold lettering removed] is a MDHHS action to identify and recover a benefit overissuance. *Id.*, p. 2.

[For FAP benefits,] people convicted of certain crimes and probation or parole violators are not eligible for assistance. BEM 203 (July 2013), p. 1. An individual convicted of a felony for the use, possession, or distribution of controlled substances two or more times in separate periods will be permanently disqualified if both offenses occurred after [REDACTED]. *Id.*, p. 2.

A Judgment of Sentence from a State of Michigan county court (Exhibit 1, pp. 31-32) was presented. The document was signed by a judge on [REDACTED]. A conviction for "CONTRL SUB POSSESS <25 GRM" under MCL 333.7403(2)(a)(5) was stated. The crime is punishable for longer than 1 year. A conviction date of [REDACTED], was stated.

A Judgment of Sentence from a State of Michigan county court (Exhibit 1, pp. 33-34) was presented. The document was signed by a judge on [REDACTED]. A conviction for "CONTRL SUB DEL LESS 50 GRAM" under MCL 333.7401(2)(a)(4) was stated. The crime is punishable for longer than 1 year. A conviction date of [REDACTED], was stated.

MDHHS presented Respondent's FAP benefit history (Exhibit 1, pp. 36-44). The history listed issuances totaling [REDACTED] from [REDACTED].

Respondent's responses on presented applications and redetermination forms were indicative that Respondent was the only member of the FAP benefit group throughout the alleged OI period. As the only group member, a disqualification of Respondent during the alleged OI period would justify a total disqualification of FAP benefit eligibility.

Based on presented evidence, it is found Respondent received an OI of [REDACTED] in FAP benefits from [REDACTED]. The analysis will proceed to determine if the OI was caused by an IPV.

The Code of Federal Regulations defines an IPV. Intentional program violations shall consist of having intentionally: (1) made a false or misleading statement, or misrepresented, concealed or withheld facts; or (2) committed any act that constitutes a violation of the Food Stamp Act, the Food Stamp Program Regulations, or any State statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of coupons, authorization cards or reusable documents used as part of an automated benefit delivery system. 7 CFR 273.16 (c).

[An IPV is a] benefit overissuance resulting from the willful withholding of information or other violation of law or regulation by the client or his authorized representative. Bridges Program Glossary (October 2015), p. 36. A 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 their reporting responsibilities.

BAM 720 (January 2016), p. 1; see also 7 CFR 273(e)(6).

IPV is suspected when there is **clear and convincing** [emphasis added] evidence that the client or CDC provider has intentionally withheld or misrepresented information for the purpose of establishing, maintaining, increasing or preventing reduction of program benefits or eligibility. *Id.* 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. It is a standard which requires reasonable certainty of the truth; something that is highly probable. Black's Law Dictionary 888 (6th ed. 1990).

MDHHS presented Respondent's handwritten FAP benefit application (Exhibit 1, pp. 9-24). The application was signed by Respondent on [REDACTED]. Respondent answered "No" in response to a question if he had a previous drug-related felony (see Exhibit 1, p. 22).

MDHHS presented a portion of Respondent's handwritten FAP benefit application (Exhibit 1, pp. 25-26). The application was signed by Respondent on [REDACTED]. Respondent checked the "Yes" and "No" boxes in response to a question if he had a previous drug-related felony (see Exhibit 1, p. 25).

MDHHS presented a portion of Respondent's handwritten FAP benefit application (Exhibit 1, pp. 27-28). The application was signed by Respondent on [REDACTED]. Respondent answered "No" in response to questions if he had a previous drug-related felony and if he had more than one such felony.

MDHHS presented a portion of Respondent's Redetermination (Exhibit 1, pp. 29-30). The document was signed by Respondent on [REDACTED].

The presented benefit applications and Redetermination stated Respondent's signature was certification, subject to perjury, that all information on the form was true. Presented evidence was not indicative that Respondent did not understand the reporting requirements.

Generally, a client's written statement which contradicts known facts is clear and convincing evidence of a fraudulent intent. Evidence was not presented to rebut the generality.

It is found MDHHS clearly and convincingly established that Respondent committed an IPV. Accordingly, it is found MDHHS may proceed with disqualifying Respondent from benefit eligibility.

The standard disqualification period is used in all instances except when a court orders a different period. BAM 725 (January 2016), p. 16. [MDHHS is to] apply the following disqualification periods to recipients determined to have committed an IPV... one year for the first IPV... two years for the second IPV[, and] lifetime for the third IPV. *Id.*

MDHHS did not allege Respondent previously committed an IPV. Thus, a 1 year disqualification period is justified.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that MDHHS established that Respondent committed an IPV based on receipt of [REDACTED] over-issued FAP benefits for the period from [REDACTED] [REDACTED]. The MDHHS request to establish an overissuance and IPV (Respondent's 1st) is **APPROVED.**

CG/hw



Christian Gardocki
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]
[REDACTED]
[REDACTED]

DHHS

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Respondent

[REDACTED]
[REDACTED]
[REDACTED]