



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: January 30, 2017
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 a history of no drug-related felonies.
4. From [REDACTED], Respondent received an OI of [REDACTED] in FAP benefits.
5. On [REDACTED], MDHHS requested a hearing to establish Respondent received an OI of [REDACTED] in FAP benefits from [REDACTED] due to an IPV.
6. 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 unsigned Intentional Program Violation Repayment Agreement (Exhibit 1, pp. 5-6) dated [REDACTED]. The document and MDHHS testimony alleged Respondent received [REDACTED] in over-issued FAP benefits over the period from [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 August 22, 1996. *Id.*, p. 2.

MDHHS presented a Register of Actions (Exhibit 1, pp. 108-109) from a Michigan county court. A conviction for "Controlled Substance- Possession (narcotic or Cocaine)

Less than 25 gr (Attempt)” was stated. The crime is a felony under MCL 333.7403(2)(a)(5). A conviction date of [REDACTED], was stated.

MDHHS presented a Register of Actions (Exhibit 1, pp. 110-111) from a Michigan county court. A conviction for “Controlled Substance- Possession (narcotic or Cocaine) Less than 25 gr (Attempt)” was stated. The crime is a felony under MCL 333.7403(2)(a)(5). A conviction date of [REDACTED], was stated.

Respondent would not have been automatically ineligible for FAP benefits in [REDACTED]. As an ongoing FAP recipient, Respondent would have received FAP benefits for [REDACTED]. Thus, [REDACTED] may not be part of the OI period.

The “10-10-12 Rule” is the unofficial name for the policies identifying why MDHHS must generally wait at least 32 days from the date of a circumstance change before beginning an OI period. The 32 days factor the timeframe clients have to report information, MDHHS’ standard of promptness for processing changes, and the time given to clients before a negative action takes effect. The circumstance change in the present case was Respondent’s second drug-related felony conviction; the change date was [REDACTED]. Applying the 32 day timeframe to the present case would justify FAP disqualification no earlier than [REDACTED].

MDHHS presented Respondent’s FAP benefit history (Exhibit 1, pp. 112-118). FAP benefit issuances from [REDACTED] totaling [REDACTED] were stated. MDHHS alleged an OI of only [REDACTED]. Excluding Respondent’s issuances from [REDACTED] (\$ [REDACTED] total) results in a larger OI than alleged by MDHHS.

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 would justify a total disqualification of FAP benefit eligibility.

Presented evidence established Respondent was convicted of multiple drug-related felonies which should have disqualified Respondent from FAP eligibility beginning [REDACTED]. MDHHS verified Respondent received an OI of at least [REDACTED] in FAP benefits beginning [REDACTED]. It is found that MDHHS established an OI of FAP benefits of [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 electronically-submitted FAP benefit application (Exhibit 1, pp. 10-40). Respondent's signature was dated [REDACTED] [REDACTED] [REDACTED]. Respondent answered, "No" in response to the question, "Convicted of a Drug Felony?" (see Exhibit 1, p. 14).

MDHHS presented Respondent's electronically-submitted FAP benefit application (Exhibit 1, pp. 41-71). Respondent's signature was dated [REDACTED] [REDACTED] [REDACTED]. Respondent answered, "No" in response to the question, "Convicted of a Drug Felony?" (see Exhibit 1, p. 45).

MDHHS presented Respondent's electronically-submitted FAP benefit application (Exhibit 1, pp. 72-100). Respondent's signature was dated [REDACTED] [REDACTED] [REDACTED]. Respondent answered, "No" in response to the question, "Convicted of a Drug Felony?" (see Exhibit 1, p. 76).

MDHHS presented Respondent's handwritten Redetermination (Exhibit 1, pp. 101-106). Respondent's signature was undated but a MDHHS office stamp tended to verify that Respondent submitted the document to MDHHS on [REDACTED]. Respondent answered, "No" in response to the question, "Has anyone ever been convicted of a drug-related felony occurring after [REDACTED] [REDACTED] [REDACTED]?" (see Exhibit 1, p. 105).

Respondent answered, “No” to the follow-up question asking “Convicted more than once?” (see Exhibit 1, p. 105).

The presented reporting documents each advised that the client’s signature was certification, subject to perjury, that all reported information was accurate. Presented evidence was not indicative that Respondent did not understand the reporting requirements.

MDHHS has policy to address misreporting. Clients must completely and truthfully answer all questions on forms and in interviews. BAM 105 (July 2015), p. 8.

MDHHS clearly and convincingly established Respondent repeatedly misreported having multiple drug-related felony convictions. Generally, a client’s written statement which contradicts known facts is clear and convincing evidence of an IPV. 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] in 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

DHHS

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]

Respondent

[REDACTED]
[REDACTED]
[REDACTED]