



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: March 16, 2017  
MAHS Docket No.: 17-002099  
Agency No.: [REDACTED]  
Petitioner: OIG  
Respondent: [REDACTED] [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Gary Heisler

### **HEARING DECISION**

Upon a hearing request by the Department of Health and Human Services (Department) to establish an over-issuance (OI) of benefits to Petitioner, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 400.43a, and 24.201, *et seq.*, and Mich Admin Code, R 400.941, and in accordance with 7 CFR 273.15 to 273.18, 42 CFR 431.200 to 431.250, 45 CFR 99.1 to 99.33, and 45 CFR 205.10. After due notice, a telephone hearing was held on March 15, 2017 from Lansing, Michigan. Participants on behalf of the Department included Recoupment Specialist [REDACTED] [REDACTED] Respondent appeared and testified.

### **ISSUE**

Did Respondent receive a \$ [REDACTED] Client Error over-issuance of Food Assistance Program (FAP) benefits from March 1, 2016 to September 30, 2016?

### **FINDINGS OF FACT**

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

1. On January 25, 2016, Respondent received life insurance proceeds in the amount of \$ [REDACTED]
2. On March 13, 2016, Petitioner had a balance of \$ [REDACTED] in her savings account.
3. On March 14, 2016, Respondent submitted an online Assistance Application (DHS-1171) for Food Assistance Program (FAP) and Family Independence Program (FIP) benefits. On the application Respondent did not indicate she had any liquid assets.

4. Respondent's failure to report her liquid assets was a Client error that caused a Family Independence Program (FIP) and Food Assistance Program (FAP) over-issuance.
5. On April 13, 2016, Petitioner had a balance of \$ [REDACTED] in her savings account.
6. On May 13, 2016, Petitioner had a balance of \$ [REDACTED] in her savings account.
7. On June 13, 2016, Petitioner had a balance of \$ [REDACTED] in her savings account.
8. On July 14, 2016, Petitioner had a balance of \$ [REDACTED] in her savings account.
9. On August 11, 2016, Petitioner had a balance of \$ [REDACTED] in her savings account.
10. On September 14, 2016, Petitioner had a balance of \$ [REDACTED] in her savings account.
11. Respondent was a recipient of Food Assistance Program (FAP) benefits from the Department from March 14, 2016 to September 30, 2016. Respondent had liquid assets in excess of the \$ [REDACTED] asset limit for Food Assistance Program (FAP) eligibility, during March through September 2016.
12. Due to Client Error of Respondent not reporting her liquid assets, she received a \$ [REDACTED] over-issuance of Food Assistance Program benefits.
13. On February 10, 2017, Respondent was sent a Notice of Over-Issuance (DHS-4358).
14. On February 16, 2017, Respondent submitted a hearing request.
15. On February 22, 2017, the Department requested this Debt Establishment hearing on behalf of Respondent.

### **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).

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 .3011.

Bridges Administration Manual (BAM) 725 Collection Actions states that when the client group or CDC provider receives more benefits than entitled to receive, DHS must attempt to recoup the over-issuance. Additionally, anyone who was an eligible, disqualified, or other adult in the program group at the time the over-issuance occurred is responsible for repayment of the over-issuance.

DHHS requests a debt collection hearing when the grantee of an inactive program requests a hearing after receiving the DHS-4358B, Agency and Client Error Information and Repayment Agreement. Active recipients are afforded their hearing rights automatically, but DHHS must request hearings when the program is inactive.

The Department submitted an Assistance Application (DHS-1171) dated March 14, 2016 that Respondent signed and submitted to the Department prior to the alleged over-issuance period. On the application Respondent indicated she had no liquid assets. This application is sufficient to establish that Respondent did not report her liquid assets and was provided the recoupment responsibilities of receiving assistance.

During this hearing Respondent did not dispute having excess assets in her bank account.

**Over-issuance Period**  
**Client/CDC Provider Error**

BAM 715 Client/CDC Provider Error Over-Issuances, states that the over-issuance period begins the first month (or pay period for CDC) benefit issuance exceeds the amount allowed by policy **or** 72 months before the date it was referred to the RS, whichever is later.

To determine the first month of the over-issuance period (for over-issuances 11/97 or later) Bridges allows time for:

The client reporting period, per BAM 105.

The full standard of promptness (SOP) for change processing, per BAM 220.

The full negative action suspense period: see BAM 220.

The over-issuance period ends the month (or pay period for CDC) before the benefit is corrected.

The error which caused this over-issuance occurred on March 14, 2016 when Respondent failed to report her liquid assets in the application. Applying the over-issuance period definition, the over-issuance period began as soon as Respondent began receiving benefits she was not eligible for.

**Over-issuance Amount**

BAM 715 Client/CDC Provider Error Over-Issuances, states the over-issuance amount is the benefit amount the group actually received minus the amount the group was eligible to receive.

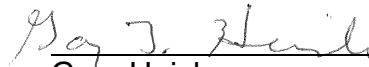
The Department presented a benefit summary showing that the State of Michigan issued a total of \$ [REDACTED] in Food Assistance Program (FAP) benefits to Respondent during the over-issuance period. Respondent was not eligible for any Food Assistance Program (FAP) benefits during the over-issuance period because she had liquid assets in excess of the Food Assistance Program (FAP) eligibility asset limit of \$ [REDACTED]. Respondent received a \$ [REDACTED] over-issuance of Food Assistance Program (FAP) benefits.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did establish that Respondent received a \$ [REDACTED] Food Assistance Program (FAP) Client Error over-issuance.

**DECISION AND ORDER**

Accordingly, the Department's decision is **UPHELD**.

GH/nr



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Gary Heisler  
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]

**Respondent**

[REDACTED]