RICK SNYDER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON
DIRECTOR



Date Mailed: September 21, 2017 MAHS Docket No.: 17-004914

Agency No.:

Petitioner: OIG

Respondent:

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

HEARING DECISION FOR CONCURRENT BENEFITS 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, 42 CFR 431.230(b), 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 September 7, 2017, from Detroit, Michigan. The Department was represented by 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) 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?

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 27, 2017, to establish an OI of benefits received by Respondent as a result of Respondent having received concurrent program benefits and, as such, 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. On the Online Assistance Application signed by Respondent on October 6, 2014, Respondent reported that he lived in Michigan. Exhibit A, pp. 10-38.
- 5. Respondent was aware of the responsibility to report changes in his residence to the Department.
- 6. Respondent had no apparent physical or mental impairment that would limit the understanding or ability to fulfill this requirement.
- 7. Respondent began using FAP benefits outside of the State of Michigan beginning in August 11, 2014.
- 8. The OIG indicates that the time period they are considering the fraud period is December 1, 2015, through May 31, 2016, (fraud period).
- 9. During the alleged fraud period, Respondent was issued \$ in FAP benefits from the State of Michigan.
- 10. During the alleged fraud period, Respondent was issued FAP benefits from the State of Indiana from December 2015 through May 31, 2016. Exhibit A, p. 42
- 11. This was Respondent's **first** alleged IPV.
- 12. A notice of hearing was mailed to Respondent at the last known address and **was not** returned by the United States Postal Service as undeliverable.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), and Department of Health and 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 .3015.

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

- FAP trafficking Ols 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 2017), pp. 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 (October 2016), p. 7; 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.

A person is disqualified for a period of 10 years if found guilty through the administrative hearing process, convicted in court or by signing a repayment and disqualification agreement (such as a DHS-826, Request for Waiver of Disqualification Hearing, or DHS-830, Disqualification Consent Agreement,) of <a href="https://doi.org/10.1001/journal.com/hearing-new-marked-new-

A person may not receive FAP in more than one state for any month. BEM 222 (October 2016), p. 3.

In this case, the Department seeks an intentional program violation and a 10-year disqualification regarding Respondent's receipt FAP and has alleged that Respondent received concurrent FAP benefits from the States of Michigan and Indiana during the period December 1, 2015, through May 31, 2016. In support of the allegation, the Department presented a letter from the State of Indiana establishing that Respondent received benefits from Indiana beginning December 2015 through current. Exhibit A, p. 42. The Department also established that Respondent received FAP benefits from Michigan during the period December 2015 through May 31, 2016, in the amount of Exhibit A, pp. 44-45. The Department also presented an application that Respondent filed on October 6, 2014. In that application for FAP benefits filed online, the Respondent used the Department address as his mailing address and listed a Michigan address in Flint Michigan as his residence. Exhibit A, p. 12. In the application, the Respondent further indicated that he was not getting food stamps at the time of the application. Also at the time of the application, the Respondent was using his Michigan FAP benefits in the State of Indiana prior to the application beginning August 11, 2014, and after the application beginning October 13, 2014, and thus, was not eligible for Michigan Food Assistance because the evidence shows he was not using his benefits in Michigan either before or after the application and had not been in Michigan during that period. Exhibit A, p. 47.

A FAP EBT usage summary also established that Respondent began using his Michigan FAP benefits in Indiana beginning August 11, 2014, continuously through April 10, 2016. Exhibit A, pp. 46-51.

Based upon the evidence provided, the Department has established an IPV for concurrent receipt of FAP benefits as at the time he applied he was not using his FAP benefits in Michigan and was not living in Michigan based on the extended period of use of his Michigan FAP benefits in Indiana, and thus, based upon the application,

misrepresented his residence allowing him to continue to receive Michigan benefits and concurrent benefits from the State of Indiana thereafter.

Disqualification

A court or hearing decision that finds a client committed an IPV disqualifies that client from receiving program benefits. BAM 720, p. 15. 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.

Clients who commit an IPV are disqualified for a standard disqualification period except when a court orders a different period, or except when the OI relates to MA or FAP. BAM 720, p. 13. Clients are disqualified for periods of one year for the first IPV, two years for the second IPV, lifetime disqualification for the third IPV, and ten years for a FAP concurrent receipt of benefits. BAM 720, p. 16.

In this case, the Department has satisfied its burden of showing that Respondent committed an IPV concerning FAP benefits due; therefore, Respondent is subject to a disqualification under the FAP program. BAM 720, p. 16.

Overissuance

When a client group receives more benefits than entitled to receive, the Department must attempt to recoup the OI. BAM 700 (October 2016), p. 1. The amount of a FAP OI is the benefit amount the client actually received minus the amount the client was eligible to receive. BAM 720, p. 8; BAM 715 (January 2016), p. 6; BAM 705 (January 2016), p. 6.

In this case, the Department alleged a soverissuance during the fraud period based on Respondent's concurrent receipt of benefits. Respondent was not eligible for FAP benefits issued by the State of Michigan during any period he was issued food assistance benefits by the State of Indiana. BEM 222, p. 3. The evidence showed that Respondent received food assistance benefits from the State of Indiana during the period December 1, 2015, through May 31, 2016, when he was also receiving FAP benefits from the State of Michigan. Therefore, Respondent was not eligible for any of the FAP benefits he received from the State of Michigan.

The benefit summary issuance presented by the Department showed that during the fraud period, Respondent received in FAP benefits. Exhibit A, pp. 44-45. Because Respondent was not eligible for concurrent receipt of benefits, he was not eligible for any of the FAP benefits issued during the fraud period.

Thus, the Department is entitled to recoup and/or collect from Respondent for overissued FAP benefits between December 1, 2015, and May 31, 2016.

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, concludes that:

- 1. The Department **has** established by clear and convincing evidence that Respondent committed an IPV.
- Respondent did receive an OI of FAP benefits in the amount of \$

The Department is ORDERED to initiate recoupment/collection procedures for the amount of in accordance with Department policy.

It is FURTHER ORDERED that Respondent be personally disqualified from participation in the FAP program for 10 years.

LF/jaf

Lynn M. Ferris

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**

Petitioner

Respondent

