RICK SNYDER GOVERNOR

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

SHELLY EDGERTON
DIRECTOR



ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton

## 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, 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 October 11, 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).

## <u>ISSUES</u>

1. Did Respondent receive an overissuance (OI) of MA benefits that the Department is entitled to recoup?

#### 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 to establish an OI of benefits received by Respondent as a result of Respondent having allegedly received an OI of MA benefits.
- 2. Respondent was a recipient of MA benefits issued by the Department.

- 3. Respondent was aware of the responsibility to report income and/or employment to the Department within 10 days.
- 4. Respondent did not have an apparent physical or mental impairment that would limit the understanding or ability to fulfill this requirement.
- 5. The Department's OIG indicates that the time period it is considering the fraud period is (fraud period).
- 6. During the fraud period, Respondent was issued in MA benefits by the State of Michigan, and the Department alleges that Respondent was entitled to in such benefits during this time period.
- 7. The Department alleges that Respondent received an OI in MA benefits in the amount of \_\_\_\_\_\_.
- 8. A notice of hearing was mailed to Respondent at the last known address and was not returned by the United States Postal Services 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 Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10 and MCL 400.105-.112k.

When a client group receives more benefits than entitled to receive, the Department must attempt to recoup the OI. BAM 700 (May 2014), p. 1. In support of its contention that Respondent was overissued MA benefits, the Department asserted that Respondent failed to report income from an S Corporation.

All countable earned and unearned income available to the client must be considered in determining a client's eligibility for program benefits and group composition policies specify whose income is countable. BEM 500 (July 2014). The Department determines a client's eligibility for program benefits based on the client's actual income and/or prospective income. Prospective income is income not yet received but expected. BEM 505 (July 2014), pp. 1-2. In prospecting income, the Department is required to use income from the past 30 days if it appears to accurately reflect what is expected to be received in the benefit month, discarding any pay if it is unusual and does not reflect the

normal, expected pay amounts. BEM 505, p. 5. A standard monthly amount must be determined for each income source used in the budget. BEM 505, pp. 7-8. Income received biweekly is converted to a standard amount by multiplying the average of the biweekly pay amounts by the 2.15 multiplier. Income received weekly is converted to a standard amount by multiplying the average of the weekly pay amounts by the 4.3 multiplier. *Id*.

Wages are the pay an employee receives from another individual organization or S-Corp/LLC. An employee's wages include salaries, tips, commissions, bonuses, severance pay and flexible benefit funds not used to purchase insurance. The Department counts gross wages in the calculation of earned income. Additionally, the Department is to count the income a client receives from an S-Corp or LLC as wages, even if the client is the owner. BEM 501 (July 2016), p. 4.

The Department presented an application submitted by Respondent on October 16, 2014 in which Respondent reported that both he and his wife earn per hour and work 23 hours per week. The Department also presented documentation from the Department of Licensing and Regulatory Affairs which revealed that Respondent's wife, was the owner of and had been the owner since 2004.

While Department policy provides that individuals who run their own businesses are self-employed, policy further provides that S-Corporations are not self-employment. BEM 502 (January 2017), p. 1. The Department provided the 2014 and 2015 tax returns for the business. The Department testified that in 2014, the yearly revenue was and in 2015, the yearly revenue was and yearly revenue

The Department improperly attributed the gross sales of the business as income to the group. As previously stated, the Department is only allowed to use an employee's wages include salaries, tips, commissions, bonuses, severance pay and flexible benefit funds not used to purchase insurance in determining eligibility for MA benefits. As such, it is found that because the Department used the gross receipts or sales in determining whether Respondent was overissued MA benefits, it has failed to establish an overissuance and as such, is not entitled to recoupment.

## **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 not established by clear and convincing evidence that Respondent committed an IPV.

2.	Respondent did not receive an OI of program benefits in the amount of	
	in MA benefits from .	

The Department is ORDERED to delete the OI and cease any recoupment action.

JAM/tlf

Jacquelyn A. McClinton
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

Via Email:	
Respondent – Via First-Class Mail:	