



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

Date Mailed: May 21, 2018  
MAHS Docket No.: 17-015888  
Agency No.: [REDACTED]  
Petitioner: OIG  
Respondent: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Jeffrey Kemm

### **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 Title 7 of the Code of Federal Regulation (CFR), particularly 7 CFR 273.16, and with Mich Admin Code, R 400.3130 and 400.3178. After due notice, a telephone hearing was held on May 17, 2018, from Lansing, Michigan. The Department was represented by [REDACTED], Regulation Agent of the Office of Inspector General (OIG). Respondent did not appear. The hearing 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 Food Assistance Program (FAP) benefits?

### **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 [REDACTED], Respondent applied for FAP benefits and reported that she was laid off and did not have any income.

2. On [REDACTED], the Department advised Respondent that she was responsible for reporting changes in her circumstances which could affect her eligibility for benefits (including changes in income and employment) within 10 days of the date of the change(s).
3. On [REDACTED], the Department provided Respondent with a form to report such changes in circumstances to the Department.
4. Respondent did not have any apparent physical or mental impairment that would limit her understanding or ability to fulfill her reporting requirement.
5. The Department paid FAP benefits to Respondent in the amount of \$ [REDACTED] per month for the months of [REDACTED], through [REDACTED]; the Department paid FAP benefits to Respondent in the amount of \$ [REDACTED] per month for the months of [REDACTED], through [REDACTED].
6. Respondent did not report any changes in her income or employment while she was receiving FAP benefits during this time period.
7. In [REDACTED], Respondent applied for State Emergency Relief (SER) benefits from the Department, and Respondent stated in her application that she had income during the months of [REDACTED], through [REDACTED].
8. Upon receiving Respondent's application for SER benefits, the Department investigated Respondent's income because it conflicted with the income figure that the Department had been using to determine Respondent's FAP benefits.
9. The Department discovered that Respondent received unemployment benefit payments of \$ [REDACTED] per week beginning with the week ending [REDACTED] and continuing through [REDACTED]; Respondent received unemployment benefit payments of \$ [REDACTED] per week beginning with the week ending [REDACTED] and continuing through [REDACTED].
10. The Department also discovered that Respondent received wages from Flint Community Schools from [REDACTED], through [REDACTED].
11. The Department determined that Respondent was issued \$ [REDACTED] in FAP benefits, but she was actually only entitled to receive \$ [REDACTED] in FAP benefits because she had unreported income.
12. On [REDACTED], the Department's OIG filed a hearing request to establish an OI of benefits received by Respondent as a result of Respondent having allegedly committed an IPV.

13. A notice of hearing was mailed to Respondent at her last known address and it was not returned by the United States Postal Services as undeliverable.
14. The OIG requested Respondent be disqualified from receiving program benefits for 12 months for a first IPV.

### **CONCLUSIONS OF LAW**

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

#### **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 720 (October 1, 2017), p. 1.

The Department's OIG requests IPV hearings for the following cases:

- FAP trafficking overissuances 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 \$500.00 or more, or
- the total amount is less than \$500.00, 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, p. 12-13

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 273.16(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.

In this case, I find that the Department has met its burden. Respondent was required to report changes in her circumstances to the Department within 10 days of receiving the first payment reflecting the change. BAM 105 (October 1, 2017), p. 11. The Department established that Respondent knew or should have known that she was required to report changes to her income and employment to the Department within 10 days. The Department established that Respondent started receiving income in [REDACTED], while she was receiving FAP benefits and that Respondent failed to report her change in income to the Department within 10 days. The Department established that Respondent did not have any apparent physical or mental impairment that would limit her understanding or ability to fulfill her reporting requirement.

### **Disqualification**

A client who is found to have committed an IPV by a court or hearing decision is disqualified from receiving program benefits. BAM 720, p. 16. Clients are disqualified for ten years for a FAP IPV involving concurrent receipt of benefits, and, for all other IPV cases involving FAP, for standard disqualification periods of one year for the first IPV, two years for the second IPV, and lifetime for the third IPV. BAM 720, p. 16. 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.

In this case, there is no evidence that Respondent has ever been found to have committed an IPV related to FAP benefits. Thus, this is Respondent's first IPV related to FAP benefits. Therefore, Respondent is subject to a one-year disqualification.

**Overissuance**

When a client group receives more benefits than entitled to receive, the Department must attempt to recoup the OI. BAM 700 (October 1, 2016), p. 1. In this case, the Department established that Respondent received more FAP benefits than she was entitled to receive. The Department issued Respondent \$ [REDACTED] in FAP benefits when Respondent was actually only entitled to receive \$ [REDACTED]. Thus, Respondent received an overissuance of \$ [REDACTED].

**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 established by clear and convincing evidence that Respondent committed an IPV.
2. Respondent did receive an OI of FAP benefits in the amount of \$ [REDACTED].

IT IS ORDERED THAT the Department may initiate recoupment procedures for the amount of \$ [REDACTED] in accordance with Department policy.

It is FURTHER ORDERED that Respondent shall be disqualified from FAP benefits for a period of 12 months.



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**Jeffrey Kemm**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

JK/bb

**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) 763-0155; 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]

**Petitioner**

[REDACTED]

**Respondent**

[REDACTED]