



2. On [REDACTED], 2016, Respondent returned the completed Redetermination to the Department and certified that all information contained therein was complete and truthful. Exhibit A, page 16.
3. On the Redetermination, Respondent indicated that she lived at [REDACTED] and that the only people in the household are herself and her niece, a minor. Exhibit A, pages 11-12.
4. On [REDACTED] 2015, Respondent applied for assistance from the Department, including FAP benefits. Exhibit A, pages 19-40.
5. On the application, Respondent indicated that she was divorced, lived at [REDACTED] with her niece, a minor, and that they had a total household income of \$600.00 per month. Exhibit A, pages 20-23.
6. On the application, Respondent certified that all information she provided was truthful and acknowledged that if she intentionally misrepresented facts or failed to report a change in circumstances and received benefits to which she was not entitled, she could be disqualified from the programs and be required to pay back any benefits wrongfully received. Exhibit A, page 38.
7. From the first quarter of 2014 through the fourth quarter of 2017, Respondent was continuously employed at [REDACTED] earning at least \$20,000 per year. Exhibit A, pages 55-57.
8. On each of the documents filed with the Department, Respondent underreported her income by substantial amounts.
9. From 2008 until at least the end of June 2016, Respondent has been married to [REDACTED] Exhibit A, pages 49-50, 67.
10. Respondent and her husband, [REDACTED], both have the same address of [REDACTED] Exhibit A, page 59, 67.
11. From the first quarter of 2015 through the second quarter of 2016, Respondent's husband had earnings with [REDACTED]. Exhibit A, page 57.
12. On each of the documents filed with the Department, Respondent neglected to include her husband, [REDACTED], as a house member.
13. On each of the documents filed with the Department, Respondent underreported her household income by substantial amounts by understating her income and failing to report her husband's income.
14. Based on Respondent's failure to accurately inform the Department of her income and complete exclusion of her husband from the group, the Department issued

Respondent FAP benefits based on a much lower income than was appropriate. Exhibit A, pages 88-119.

15. The Department's OIG filed a hearing request on March 26, 2018, to establish an OI of FAP benefits received by Respondent as a result of Respondent having allegedly committed an IPV. Exhibit A, page 1.
16. This is Respondent's first IPV, and the OIG has requested that Respondent be disqualified from receiving FAP benefits for a period of one-year.
17. The OIG considers the fraud period to be September 1, 2014, through December 31, 2014, and October 1, 2015, through June 30, 2016. Exhibit A, pages 1-4.
18. During the alleged fraud period, Respondent was issued \$3,159.00 in FAP benefits. Exhibit A, pages 3, 88-119.
19. During the fraud period, Respondent was only entitled to FAP benefits of \$69.00. Exhibit A, pages 3, 88-119.
20. The Department alleges that Respondent received an OI of FAP benefits in the amount of \$3,090.00.
21. Respondent did not have any apparent mental physical impairment that would limit his understanding or ability to fulfill his reporting requirement.
22. 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 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.

#### **Overissuance**

An overissuance is the amount of benefits issued to the client group in excess of what it was eligible to receive. BAM 700 (January 1, 2016), p. 1. When a client group receives more benefits than it is entitled to receive, the Department must attempt to recoup the overissuance. BAM 700, p. 1.

In this case, Respondent received more benefits than she was entitled to receive. The Department determined Respondent's eligibility without budgeting her actual wages from her employment with [REDACTED] which caused Respondent's income to be understated. Respondent's unreported income reduces the amount of FAP benefits that Respondent was eligible to receive. Furthermore, the Department issued Respondent benefits without consideration for her husband's income or inclusion in the home. When factoring in all of the group members and the relevant information, it is clear that Respondent was given an overissuance of FAP benefits. To calculate the overissuance, the Department corrected the group by including all group members in a single group and factoring in the actual income. During the hearing, the Department presented sufficient evidence to establish that Respondent was overissued \$3,090.00 of FAP benefits during the alleged fraud period.

### **Intentional Program Violation**

The Department's policy in effect at the time of Respondent's alleged IPV defined an IPV as an overissuance in which the following three conditions exist: (1) the client intentionally failed to report information or intentionally gave incomplete or inaccurate information needed to make a correct benefit determination; (2) the client was clearly and correctly instructed regarding his or her reporting responsibilities; and (3) the client has no apparent physical or mental impairment that limits his or her understanding or ability to fulfill his or her reporting responsibilities. BAM 720 (January 1, 2016) page 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, page 1; see also 7 CFR 273.16(e)(6). Clear and convincing evidence is evidence which is so clear, direct, weighty, and convincing that it enables a firm belief as to the truth of the allegations sought to be established. *In re Martin*, 450 Mich 204, 227; 538 NW2d 399 (1995) (citing *In re Jobes*, 108 NJ 394 (1987)).

In this case, the Department has met its burden. Respondent was required to completely and truthfully answer all questions in forms and in interviews. BAM 105 (April 1, 2016) page 9. In numerous filings with the Department, Respondent misrepresented her relationship status, household makeup, and income. Each of those actions was done in a manner that hid facts from the Department that, had they been known, would have resulted in reduced or no FAP benefits being issued.

Respondent's failure to accurately report the income and lie about her husband to the Department must be considered an intentional misrepresentation to maintain her FAP benefits since Respondent knew or should have known that she was required to be honest on the forms yet failed to do so. Had she been honest, it would have caused the Department to recalculate and reduce or eliminate her FAP benefits. Respondent did not have any apparent physical or mental impairment that would limit her understanding or ability to fulfill her requirements to the Department. The Department has proven by

clear and convincing evidence that Respondent committed an intentional program violation.

### **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, pages 15-16. In general, clients are disqualified 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, page 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 from receiving FAP benefits.

### **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. Respondent received an overissuance of FAP benefits in the amount of \$3,090.00 that the Department is entitled to recoup and/or collect.
2. The Department has established by clear and convincing evidence that Respondent committed an IPV with respect to his FAP benefits.
3. Respondent is subject to a one-year disqualification from receiving FAP benefits.

IT IS ORDERED that the Department may initiate recoupment and/or collection procedures for the total overissuance amount of \$3,090.00 established in this matter, less any amounts already recouped and/or collected.

IT IS FURTHER ORDERED that Respondent shall be disqualified from receiving FAP benefits for a period of one year.



JM/

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**John Markey**  
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) 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**

Lori Duda  
30755 Montpelier Drive  
Madison Heights, MI 48071

Oakland County (District 2), DHHS

Policy-Recoupment via electronic mail

M. Shumaker via electronic mail

**Petitioner**

OIG  
PO Box 30062  
Lansing, MI 48909-7562

**Respondent**

[REDACTED]  
[REDACTED]  
[REDACTED]