



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

MARLON I. BROWN, DPA  
ACTING DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: October 27, 2023  
MOAHR Docket No.: 23-002862  
Agency No.: [REDACTED]  
Petitioner: OIG  
Respondent: [REDACTED] [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Colleen Lack**

**HEARING DECISION FOR INTENTIONAL PROGRAM VIOLATION**

The Michigan Department of Health and Human Services (MDHHS or the Department) requested a hearing alleging that Respondent [REDACTED] [REDACTED] committed an intentional program violation (IPV). Pursuant to MDHHS' request and in accordance with MCL 400.9, 7 CFR 273.16, 42 CFR 431.230(b), and 45 CFR 235.110, and Mich Admin Code, R 400.3130 and R 400.3178, this matter is before the undersigned Administrative Law Judge. After due notice, a hearing was held via telephone conference on September 27, 2023.

Valerie Lancour, Regulation Agent of the Office of Inspector General (OIG), represented MDHHS.

Respondent did not appear at the hearing, and it was held in Respondent's absence pursuant to 7 CFR 273.16(e)(4); Mich Admin Code, R 400.3130(5); or Mich Admin Code, R 400.3178(5).

**ISSUES**

1. Did MDHHS establish, by clear and convincing evidence, that Respondent committed an IPV concerning Food Assistance Program (FAP) and Medical Assistance (MA) benefits?
2. Should Respondent be disqualified from receiving benefits for FAP?
3. Did Respondent receive an overissuance (OI) of FAP and MA benefits that MDHHS is entitled to recoup and/or collect as a recipient claim?

### FINDINGS OF FACT

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

1. From December 1, 2021 to June 30, 2022, Respondent received \$ [REDACTED] in FAP benefits subject to recoupment. (Exhibit A, pp. 65-66)
2. From January 1, 2022 to June 30, 2022, MDHHS paid \$ [REDACTED] towards Respondent's MA coverage. (Exhibit A, pp. 75-77)
3. On December [REDACTED] 2020, Respondent submitted an Assistance Application for MA benefits in Michigan and reported he resided in [REDACTED] Michigan and had no income. (Exhibit A, pp. 11-14)
4. On December [REDACTED] 2020, a Health Care Coverage Determination Notice was issued to Respondent approving MA benefits for Respondent. This Notice also reminded Respondent of the responsibility to report changes that may affect eligibility within 10 days. A blank Change Report form was included. (Exhibit A, pp. 15-17)
5. On July [REDACTED] 2021, Respondent submitted a Redetermination for FAP. Respondent reported he resided in [REDACTED] Michigan. (Exhibit A, pp. 18-23)
6. On August [REDACTED] 2020 an interview was completed with Respondent, who confirmed his address, and no income was reported. The rights and responsibilities were reviewed with Respondent. (Exhibit A, pp. 24-26)
7. On August [REDACTED] 2021, a Notice of Case Action was issued to Respondent approving FAP benefits for the household of one. The Notice contained a budget summary showing no earned income was included in the FAP budget. This Notice also reminded Respondent of the responsibility to report changes that may affect eligibility within 10 days. A blank change report form was included. (Exhibit A, pp. 27-34)
8. From September 22, 2021 to July 11, 2022, Respondent's Michigan issued FAP benefits were utilized exclusively in Kentucky. (Exhibit A, pp. 35-44)
9. A report for the Work Number documented that Respondent began work at [REDACTED] [REDACTED] on October [REDACTED] 2021. Respondent reported an address in [REDACTED] Kentucky. Respondent's first pay was November [REDACTED] 2021 and his earnings were documented. (Exhibit A, pp. 45-49)
10. Employment records from [REDACTED] [REDACTED] show Respondent reported an address in [REDACTED] Kentucky for this employment. Earnings from February 15, 2022 to May 24, 2022 check dates were included. (Exhibit A, pp. 50-28)

11. Respondent's signature on the Assistance Application and Renew Benefits certified that he read and understood the rights and responsibilities. This would include providing accurate information and timely reporting changes. (Exhibit A, pp. 14 and 21-23; Regulation Agent Testimony)
12. Respondent was aware of the responsibility to accurately report information and any changes to the Department. (Exhibit A, pp. 14, 16, 21-23, 26, and 31-34; DHHS-1171 Information Booklet Rev. 11-15; Regulation Agent Testimony)
13. Respondent did not have an apparent physical or mental impairment that would limit the ability to understand or fulfill the reporting requirements. (Exhibit A, pp. 13, 19, and 25)
14. Respondent has no prior IPV disqualifications. (Exhibit A, pp. 78-79)
15. On May [REDACTED] 2023, MDHHS' OIG filed a hearing request alleging that Respondent intentionally failed to report moving out of state and household income and as a result, received FAP benefits from December 1, 2021 to June 30, 2022 (FAP fraud period) and MA benefits from January 1, 2022 to June 30, 2022, (MA fraud period) that Respondent was ineligible to receive. OIG requested that (i) Respondent repay to MDHHS \$[REDACTED] for FAP benefits and \$[REDACTED] for MA benefits that Respondent was ineligible to receive and (ii) Respondent be disqualified from receiving FAP benefits for a period of 12 months due to committing an IPV. (Exhibit A, pp. 1-82)
16. 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**

MDHHS policies are contained in the MDHHS 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 funded under the federal Supplemental Nutrition Assistance Program (SNAP) established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 7 USC 2036a. It is implemented by the federal regulations contained in 7 CFR 273. MDHHS administers FAP pursuant to MCL 400.10 of the Social Welfare Act, MCL 400.1 *et seq.*, and Mich Admin Code, R 400.3001 to R 400.3031.

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396 to 42 USC 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 to 42 CFR 430.25. MDHHS administers the MA program pursuant to 42 CFR 435, MCL 400.10 and MCL 400.103 to MCL 400.112k of the Social Welfare Act, MCL 400.1 *et seq.*

### **Intentional Program Violation**

An IPV occurs when a recipient of MDHHS benefits intentionally made a false or misleading statement, or misrepresented, concealed, or withheld facts. 7 CFR 273.16(c)(1). Effective October 1, 2014, MDHHS's OIG requests IPV hearings for cases where (1) the total repayment amount sought from Respondent for all programs combined is \$500 or more or (2) the total repayment amount sought from Respondent for all programs combined is less than \$500 but the group has a previous IPV, the matter involves concurrent receipt of assistance, the IPV involves FAP trafficking, or the alleged fraud is committed by a state government employee. BAM 720 (October 1, 2017), p. 12-13.

To establish an IPV, MDHHS must present clear and convincing evidence that the household member committed, and intended to commit, the IPV. 7 CFR 273.16(e)(6); BAM 720, p. 1. Clear and convincing evidence is evidence sufficient to result in "a firm belief or conviction as to the truth of the precise facts in issue." *Smith v Anonymous Joint Enterprise*, 487 Mich 102, 114-115; 793 NW2d 533 (2010); see also M Civ JI 8.01. Evidence may be uncontroverted and yet not be clear and convincing; conversely, evidence may be clear and convincing despite the fact that it has been contradicted. *Smith* at 115. The clear and convincing standard is "the most demanding standard applied in civil cases." *In re Martin*, 450 Mich 204, 227; 538 NW2d 399 (1995). For an IPV based on inaccurate reporting, MDHHS policy also requires that the individual have been clearly and correctly instructed regarding the reporting responsibilities and have no apparent physical or mental impairment that limits the ability to understanding or fulfill these reporting responsibilities. BAM 720, p. 1.

In this case, MDHHS alleges that Respondent committed an IPV based on a failure to report moving out of state and household income, resulting in receiving a greater amount of FAP benefits from December 1, 2021 to June 30, 2022 (FAP fraud period) and MA benefits from January 1, 2022 to June 30, 2022, (MA fraud period) than Respondent was eligible to receive.

The Department has established that Respondent was aware of the responsibilities to accurately report information and to timely report any changes to the Department. Households are required to report changes in residence and the resulting change in shelter costs. 7 CFR 273.12(a)(1)(i)(D)(iii). Department policy requires clients to report any change in circumstances that will affect eligibility or benefit amount within 10 days. This includes changes with residence and income. BAM 105 (October 1, 2021), pp. 11-13. Further, clients must completely and truthfully answer all questions on forms and in interviews. BAM 105, p. 9. Respondent's signature on the Assistance Application and Renew Benefits certified that that he read and understood the rights and responsibilities. This would include providing accurate information and timely reporting changes. The rights and responsibilities were reviewed with Respondent during the interview. The Notices of Case

Action and Health Care Coverage Determination Notices also reminded Respondent of the responsibility to report changes that may affect eligibility within 10 days. (Exhibit A, pp. 14, 16, 21-23, 26, and 31-34; DHHS-1171 Information Booklet Rev. 11-15; Regulation Agent Testimony). Respondent did not have an apparent physical or mental impairment that would limit the ability to understand or fulfill the reporting requirements. (Exhibit A, pp. 13, 19, and 25).

On December █ 2020, Respondent submitted an Assistance Application for MA benefits in Michigan and reported he resided in █ Michigan and had no income. (Exhibit A, pp. 11-14).

On July █ 2021, Respondent submitted a Redetermination for FAP. Respondent reported he resided in █ Michigan. (Exhibit A, pp. 18-23). On August █ 2021 an interview was completed with Respondent who confirmed his address, and no income was reported. The rights and responsibilities were reviewed with Respondent. (Exhibit A, pp. 24-26). On August █ 2021, a Notice of Case Action was issued to Respondent approving FAP benefits for the household of one. The Notice contained a budget summary showing no earned income was included in the FAP budget. (Exhibit A, pp. 27-34).

However, the evidence indicates Petitioner moved to Kentucky and began working there. From September 22, 2021 to July 11, 2022, Respondent's Michigan issued FAP benefits were utilized exclusively in Kentucky. (Exhibit A, pp. 35-44). A report for the Work Number documented that Respondent began work at █ on October 25, 2021. Respondent reported an address in Munfordville, Kentucky. Respondent's first pay was November 5, 2021 and his earnings were documented. (Exhibit A, pp. 45-49). Employment records from █ █ show Respondent reported an address in █ Kentucky for this employment. Earnings from February 15, 2022 to May 24, 2022 check dates were included. (Exhibit A, pp. 50-28) There was no evidence that Respondent reported moving out of state and his income to the Department in accordance with the reporting responsibilities.

The evidence establishes that Respondent failed to timely report his move out of state and household income and to the Department within 10 days, as required by policy. Respondent's change in residency was utilized to re-determine FAP and MA eligibility during the fraud period. Respondent's failure to timely and accurately report the change in residency resulted in an OI of FAP and MA benefits. Therefore, MDHHS has presented clear and convincing evidence that Respondent committed an IPV.

### **IPV Disqualification**

An individual who is found pursuant to an IPV disqualification hearing to have committed a FAP IPV is disqualified from receiving benefits for the same program for 12 months for the first IPV, 24 months for the second IPV, and lifetime for the third IPV. 7 CFR 273.16(b)(1); BAM 720, p. 16. As discussed above, MDHHS has established by clear and convincing evidence that Respondent committed an IPV. Respondent has no prior IPV

disqualifications. (Exhibit A, pp. 78-79). Because this was Respondent's first IPV, Respondent is subject to a 12-month disqualification from receipt of FAP benefits.

### **Overissuance**

When a client group receives more benefits than entitled to receive, MDHHS must attempt to recoup the OI as a recipient claim. 7 CFR 273.18(a)(2); BAM 700, (October 1, 2018), 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. 7 CFR 273.18(c)(1); BAM 720, p. 8; BAM 715 (October 1, 2017), p. 6; BAM 705 (October 1, 2018), p. 6. For MA, if the OI is due to any reason other than unreported income or a change affecting need allowance, the OI amount is the amount of MA payments. BAM 710, January 1, 2018, pp. 1-2.

In this case, MDHHS alleged that Respondent was overissued FAP and MA benefits totaling \$ [REDACTED] during the fraud period. From December 1, 2021 to June 30, 2022, Respondent received \$ [REDACTED] in FAP benefits subject to recoupment. (Exhibit A, pp. 65-66). From January 1, 2022 to June 30, 2022, MDHHS paid \$ [REDACTED] towards Respondent's MA coverage. (Exhibit A, pp. 75-77). However, when the change in residency was utilized to redetermine eligibility, Respondent was not eligible to receive FAP and MA benefits during the fraud period. Therefore, MDHHS is entitled to repayment from Respondent of \$ [REDACTED] in overissued FAP benefits and \$ [REDACTED] in overissued MA 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. MDHHS has established by clear and convincing evidence that Respondent committed an IPV.
2. Respondent is subject to a 12-month disqualification from FAP.
3. Respondent did receive an OI of FAP benefits in the amount of \$ [REDACTED] and an OI of MA benefits in the amount of \$ [REDACTED]

**IT IS ORDERED** that MDHHS initiate recoupment and/or collection procedures in accordance with MDHHS policy for a FAP OI in the amount of \$ [REDACTED] and a MA OI in the amount of \$ [REDACTED] less any amounts already recouped/collected for the fraud period.

**IT IS FURTHER ORDERED** that Respondent be personally disqualified from FAP for a period of 12 months.

CL/dm

  
\_\_\_\_\_  
**Colleen Lack**  
Administrative Law Judge

**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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**Via-Electronic Mail :**

**Petitioner**  
OIG  
**MDHHS-OIG-  
HEARINGS@michigan.gov**

**DHHS**  
Lauren Dobbyn  
Oscoda County DHHS  
**MDHHS-Oscoda-  
Hearings@michigan.gov**

**Policy-Recoupment**

**StebbinsN**

**MOAHR**

**Via-First Class Mail :**

**Respondent**  
[REDACTED]  
[REDACTED]  
[REDACTED]