



Date Mailed: May 6, 2025

Docket No.: 25-010027

Case No.: [REDACTED]

Petitioner: [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via telephone conference on April 24, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Jennifer Richard, Hearing Facilitator. Department Exhibit 1, pp. 1-65 was received and admitted. Petitioner's Exhibits A & B were received and admitted.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA), Food Assistance Program (FAP) and State Emergency Relief (SER) eligibility and benefit amount?

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 February [REDACTED] 2025, Petitioner applied for MA, Cash Assistance and SER.
2. On March [REDACTED] 2025, Petitioner's FAP was reduced to \$[REDACTED] per month effective April 1, 2025, because expired medical expenses were removed.

-
-
3. On March ■ 2025, Petitioner applied for FAP, Cash Assistance and SER.
 4. On March ■ 2025, a Verification Checklist was sent to Petitioner requesting updated medical expense.
 5. On March ■ 2025, Petitioner's SER application was denied for excess income.
 6. On March ■ 2025, Petitioner was approved for MA with a \$■ deductible.
 7. On March ■ 2025, Petitioner requested hearing disputing the determination of his benefits.
 8. Petitioner receives \$■ in unearned income per month from his Federal Employee Retirement System benefit.

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), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

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-.3011.

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.

The State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Department of Human Services) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001-.7049.

WHEN TO COMPLETE A BUDGET

FIP, SDA, RAP, and FAP

25-010027

Client reporting requirements do not necessarily affect when a budget must be completed. Complete a budget when either: • The department is made aware of, or the client reports a change in income that will affect eligibility or benefit level. • A reported change results in the need to convert income to or from a standard monthly amount. BEM 505

In this case, with regard to SER, Petitioner receives \$[REDACTED] in unearned income. The income need standard for utility SER is \$[REDACTED] ERM 208 Therefore, Petitioner was over the income limit and the denial due to excess income was proper and correct and consistent with Department policy.

In this case, with regard to FAP, Petitioner questioned why his FAP benefit was recalculated during his certification period. Petitioner asserted that his benefit should have remained the same until his certification period ended. Petitioner applied for MA, Cash Assistance and SER in February, as part of the processing of that application income information was gathered. Policy requires that all benefits be reviewed if there is a change in income or expenses that will affect eligibility or benefit level. BEM 505 Petitioner had expired medical expenses that were removed and therefore it was proper to review his FAP budget. Petitioner's receives \$[REDACTED] in unearned income. After subtracting the \$204 standard deduction, \$165 in medical deduction, \$828 for the excess shelter deduction, Petitioner has \$945 in net income. A household of 1 with \$945 in net income is entitled to \$23 in FAP benefit. This amount was determined by the Department, and it was proper and correct and consistent with Department policy.

Petitioner submitted explanation of benefits for medical care he received but because those were not bills, they could not be used as medical expense for FAP or towards his MA deductible.

With regard to the approval of MA-G2S and deductible amount calculation, the Petitioner's unearned income is \$[REDACTED] After deducting \$245 for Blue Cross insurance premiums and \$207 for other medical expenses and the \$391 protected income level that leaves \$[REDACTED] which is the deductible amount. This was the deductible amount determined by the Department and it was proper and correct and consistent with Department policy. Petitioner's receives Medicare and is over 65 years old, so he is not eligible for MA-HMP.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it denied his SER application, determined Petitioner's FAP benefit amount and determined his MA eligibility and deductible amount.

Accordingly, the Department's decision is **AFFIRMED**.



AARON MCCLINTIC
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

Via Electronic Mail:

Respondent

KENT COUNTY DHHS
121 MARTIN LUTHER KING JR ST SE
STE 200
GRAND RAPIDS, MI 49507
**MDHHS-KENT-
HEARINGS@MICHIGAN.GOV**

SCHAEFERM

EQADHEARINGS

HOLDENM

MCLAUGHLINJ

HOLZHAUSEN

BSC3HEARINGDECISIONS

MOAHR

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]