



Date Mailed: February 20, 2025  
Docket No.: 24-037953  
Case No.: [REDACTED]  
Petitioner: [REDACTED]

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এটি একটি গুরুত্বপূর্ণ আইনি উকুমেন্ট। দয়া করে কেউ দ্রাবেজ অনুবাদ করুন।

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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; 42 CFR 438.400 to 438.424; 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 by teleconference on February 12, 2025 and the parties participated jointly by Microsoft Teams from the Michigan Department of Health and Human Services (Department) local office. Petitioner appeared and represented herself. The Department was represented by Jacob Frankmann, Assistance Payments Supervisor.

## ISSUE

Did the Department properly determine Petitioner's Food Assistance Program (FAP) benefit amount for November 2024?

## FINDINGS OF FACT

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

1. Petitioner is an ongoing recipient of FAP benefits. She is [REDACTED] years old, has Medicare Part B, and receives \$[REDACTED] per month in Retirement, Survivors, and Disability Insurance (RSI) income.

2. Prior to September 25, 2024, Petitioner provided verification of medical expenses to the Department in the amount of \$ [REDACTED].
3. On September 25, 2024, the Department sent Petitioner a Notice of Case Action (NOCA) that approved Petitioner for FAP benefits of \$158 for October 2024, and \$23 per month from November 1, 2024 to December 31, 2024. The budget summary on the NOCA reflected \$0 medical expenses. (Exhibit B, pp. 1 – 2).
4. Prior to November 27, 2024, Petitioner submitted medical bills to the Department in the amount of \$ [REDACTED]. (Exhibit A, p. 1).
5. After November 27, 2024, Petitioner submitted additional medical bills to the Department that totaled at least \$ [REDACTED]. (Exhibit A, p. 1).
6. On December 7, 2024, the Department sent Petitioner a NOCA that approved Petitioner for FAP benefits of \$31 per month from January 1, 2025 through November 30, 2026. The budget summary on the NOCA reflected \$ [REDACTED] in medical expenses. (Exhibit A, pp. 5 – 6).
7. On December 18, 2024, the Department received a request for hearing from Petitioner regarding the Department's determinations regarding the amount of her FAP benefit, specifically disputing that her FAP benefit amount kept changing. (Exhibit A, pp. 3 – 4).
8. On December 27, 2024, the Department sent Petitioner a NOCA that approved Petitioner for FAP benefits of \$54 for January 2025 and \$23 per month from February 1, 2025 through November 30, 2026. The budget summary on the NOCA reflected \$ [REDACTED] in medical expenses. (Exhibit A, pp. 19 – 20).

#### **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.

Petitioner requested a hearing to dispute the amount of her monthly FAP benefit. At the hearing, Petitioner clarified that her only dispute was as to her FAP benefit amount for the benefit month of November 2024. The Department approved Petitioner for FAP benefits of \$23 for the month of November 2024.

Because Petitioner is over █ years of age, she is a senior/disabled/veteran (SDV) FAP recipient. BEM 550 (October 2024), p. 1. Households with SDV members with unearned income only, such as Petitioner, are eligible for specific deductions from their income including, as applicable here, a medical expense deduction when medical expenses of the SDV member are in excess of \$35. BEM 554 (October 2024) p. 1; BEM 556 (October 2024) pp. 4 – 6.

SDV FAP recipients who verify a one-time or ongoing medical expense in excess of \$35 receive a standard medical deduction (SMD) of \$165 for the benefit period, unless the client has and verifies actual medical expenses in a higher amount. BEM 554, pp. 9 – 13. An SDV FAP recipient with an ongoing medical expense of more than \$35 is entitled to at least the SMD. BEM 554, p. 9. Additionally, an SDV FAP recipient with a one-time expense may choose to budget the expense for one month or average it over the remainder of their current benefit period. BEM 554, p. 10. However, SDV FAP recipients with a 24 month benefit period and a one time expense in the first 12 months of that period, must be given the option to budget the expense a) in one month, b) averaged over the remainder of the first 12 months of the benefit period, or c) averaged over the remainder of the 24 month period. BEM 554, p. 10.

Here, the Department issued a NOCA to Petitioner on September 25, 2024 for the benefit months of October and November 2024. The NOCA a) approved Petitioner for \$158 in FAP benefits for October 2024 and decreased in Petitioner's FAP benefits by \$135 for November 2024, b) indicated that Petitioner's medical expense deduction changed, and c) showed \$0 for medical expenses on the budget summary. The Department testified that it budgeted \$█ in medical expenses for Petitioner for the month of October 2024 based on verification of medical expenses Petitioner provided to the Department in the amount of \$█. However, there was no evidence that Petitioner was given the option to budget those expenses over several months (BAM 105 (March 2024), p. 13) or whether any of those medical expenses were ongoing expenses in excess of \$35. Therefore, the Department failed to establish that it acted in accordance with Department policy when it budgeted Petitioner's September 2024 verified medical expenses for October 2024 only and determined Petitioner was not eligible for a medical expense deduction for November 2024.

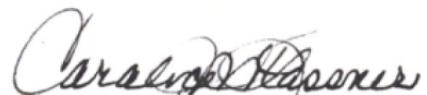
## DECISION AND ORDER

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it determined Petitioner's FAP benefit amount for November 2024.

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Redetermine Petitioner's eligibility for FAP benefits for November 2024;
2. If Petitioner is eligible for any supplemental FAP benefits, issue supplemental payments to Petitioner for any FAP benefits she was eligible to receive but did not, for November 2024; and
3. Notify Petitioner of its decision in writing.



**CARALYCE M. LASSNER**  
**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. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed. 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](mailto: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

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**Via Electronic Mail:**

**Respondent**

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**Interested Parties**

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B. Cabanaw  
M. Holden  
MOAHR  
BSC4

**Via First Class Mail:**

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