



Date Mailed: February 25, 2025

Docket No.: 25-002720

Case No.:

Petitioner:

«RECIP\_FULL\_NAME»

«RECIP\_ADD0»

«RECIP\_ADD1»

«RECIP\_ADD2»

«RECIP\_CITY», «RECIP\_SPCODE»

«RECIP\_POSTAL»

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 February 20, 2025. Petitioner appeared and was unrepresented. Petitioner's father, [REDACTED], testified on his behalf. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Avery Smith, Assistance Payments Supervisor.

### **ISSUE**

Did MDHHS properly calculate Petitioner's Food Assistance Program (FAP) budget to determine his monthly amount of 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. Petitioner was an ongoing recipient of FAP for a group size of one, consisting of only himself. Petitioner's FAP group contains a Senior, Disabled, or Disabled Veteran (S/D/V) individual.

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2. Petitioner receives \$[REDACTED] per month in Supplemental Security Income (SSI) and \$[REDACTED] per month in State SSI Payments (SSP) benefits.
  3. On May 22, 2024, Petitioner submitted a Semi-Annual Contact Report to MDHHS. Petitioner reported that he has no housing expenses and does not pay household utilities (Exhibit A, pp. 4-6).
  4. On July 29, 2024, Petitioner submitted a Change Report to MDHHS. Petitioner reported that his [REDACTED]-year-old son resides in his household, but no other changes have occurred in his household (Exhibit A, pp. 7-9).
  5. Petitioner did not submit proof of paying out of pocket medical expenses to MDHHS.
  6. On December 7, 2024, MDHHS issued a Notice of Case Action to Petitioner informing him that he was approved to receive \$124.00 in monthly FAP benefits for a group size of one, effective January 1, 2025 (Exhibit A, pp. 25-31).
  7. On January 13, 2025, MDHHS received a timely submitted hearing request from Petitioner regarding the monthly amount of FAP benefits that he was approved to receive (Exhibit A, p. 3).

### **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 MDHHS' determination that his monthly FAP benefit amount is \$124.00.

FAP benefit amounts are determined by a client's net income. BEM 556 outlines the factors and calculations required to determine a client's net income. FAP net income factors group size, countable monthly income, and relevant monthly expenses. The Notice of Case Action issued to Petitioner on December 7, 2024 and the budget

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presented by MDHHS listed the calculations to determine Petitioner's FAP eligibility (see Exhibit A, pp. 13-14; 26). During the hearing, all relevant budget factors were discussed with Petitioner.

All countable earned and unearned income available to the client must be considered in determining a client's eligibility for program benefits. BEM 500 (April 2022), pp. 1-5. Petitioner receives unearned income from SSI and SSP. SSI is a benefit administered by the Social Security Administration. SSI is a means-tested program that can be received based on age, disability, or blindness. Petitioner receives \$[REDACTED] in monthly SSI income. For an individual who lives in an independent living situation, State SSI Payments (SSP) are issued quarterly in the amount of \$[REDACTED]. BEM 503, pp. 36-37; BEM 660 (October 2021), pp. 1-2. MDHHS counts the gross benefit amount of SSI, and SSP as unearned income. BEM 503 (January 2025), pp. 35, 36. Petitioner confirmed the amounts MDHHS budgeted are what he receives each month. Petitioner confirmed that he receives no other income. Therefore, MDHHS properly determined the total household income to be \$[REDACTED].

MDHHS uses certain expenses to determine the net income for FAP eligibility and benefit levels. BEM 554 (January 2025) p. 1. For groups containing S/D/V members, such as Petitioner's, MDHHS considers: a standard deduction, an earned income deduction for any earned income, childcare, court-ordered child support and arrearages paid to non-household members, medical expenses above \$35.00 for each S/D/V group member(s), and an uncapped excess shelter expense. BEM 554, p. 1.

The standard deduction is given to all FAP benefit groups, though the amount varies based on the benefit group size. MDHHS properly used the standard deduction for a group size of one of \$204.00. RFT 255 (October 2024), p. 1.

A S/D/V group that has a verified one-time or ongoing medical expense(s) of more than \$35.00 for a S/D/V person(s) will receive the Standard Medical Deduction (SMD). The SMD is \$165.00. If the group has actual medical expenses which are more than the SMD, they have the option to verify their actual expenses instead of receiving the SMD. BEM 554, p. 9. Petitioner did not submit for consideration out of pocket medical expenses to MDHHS. Petitioner was advised that he can submit medical expenses to MDHHS in the future for consideration in Petitioner's household budget. Since Petitioner did not submit medical expenses for consideration, MDHHS properly counted Petitioner's medical expenses to be \$0.00.

Petitioner confirmed that he does not pay any dependent care expenses or child support. Therefore, MDHHS properly counted the group's non-shelter expenses to be \$204.00.

MDHHS testified that it calculated Petitioner's housing expenses from his report of paying \$400 in monthly housing expenses and the responsibility for paying for non-heat electricity and his phone bill. A FAP group which has no heating/cooling expense but

has a responsibility to pay for non-heat electricity separate from rent/mortgage or condo/maintenance fees must use the non-heat electric standard. BEM 554, p. 23. MDHHS properly included the \$176.00 non-heat electric standard in Petitioner's budget. A FAP group which has no heating/cooling expense but has a responsibility to pay for a traditional land-line service, cellular phone service including per-minute or per-call service and voice over Internet protocol (VoIP) must use the telephone standard. The standard covers only the telephone expense. BEM 554, p. 23. MDHHS properly included the \$30.00 telephone standard in Petitioner's budget. MDHHS only credits FAP benefit groups with an "excess shelter" expense. The excess shelter expense is calculated by subtracting half of the adjusted gross income from the total shelter obligation. In this case, that results in Petitioner's excess shelter amount is \$218.00.

The FAP benefit group's net income is determined by subtracting the excess shelter expense from the group's adjusted gross income. In this case, that results in Petitioner's net income to be \$[REDACTED]. A chart is used to determine the proper FAP benefit issuance. RFT 260 (October 202) p. 8. Based on Petitioner's group size and net income, Petitioner's proper FAP benefit issuance is \$124.00; the same issuance amount that was calculated by MDHHS. Therefore, MDHHS properly determined Petitioner's FAP eligibility.

#### **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 MDHHS acted in accordance with Department policy when it calculated Petitioner's FAP budget and determined Petitioner to be eligible for \$124.00 in monthly FAP benefits.

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



**DANIELLE NUCCIO**  
**ADMINISTRATIVE LAW JUDGE**

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**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](https://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

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks.

**Via Electronic Mail:**

**Respondent**  
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**Interested Parties**  
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B. Cabanaw  
M. Holden  
MOAHR  
BSC4

**Via First Class Mail:**

**Petitioner**  
[REDACTED]