



Date Mailed: January 9, 2026
Docket No.: 25-013675
Case No.: [REDACTED]
Petitioner: [REDACTED]

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ 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.

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Case No.: [REDACTED]

Petitioner: [REDACTED]

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 in person in Benton Harbor, Michigan on December 30, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Krista Hailey, Hearing Facilitator. Department Exhibit 1, pp. 1-36 was received and admitted.

ISSUE

Did the Department properly determine Petitioner's Medical Assistance (MA) eligibility and Food Assistance Program (FAP) 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 October [REDACTED] 2024, a Notice of Case Action was sent to Petitioner informing him that he was eligible for \$[REDACTED] per month in FAP benefit from November 1, 2024 and ongoing.
2. On November [REDACTED] 2024, a Health Care Coverage Determination Notice was sent to Petitioner informing him that he was eligible for MA with a \$[REDACTED] deductible.
3. On March [REDACTED] 2025, Petitioner applied for MA.
4. On April [REDACTED] 2025, Petitioner requested hearing checked the boxes for FAP and MA. In the explanation on the request for hearing Petitioner wrote "Believe process and procedures are wrong".
5. Petitioner receives \$[REDACTED] in unearned income from social security.

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.

In this case, with regard to Medicaid, Petitioner receives \$[REDACTED] per month unearned income from social security. After subtracting \$20 for the unearned income exclusion and \$375 for the protected income level, which leaves \$[REDACTED]. That was the amount the Department determined to be Petitioner's deductible amount, and it was proper and correct.

With regard to FAP, Petitioner receives \$[REDACTED] per month unearned income from social security. After subtracting \$204 for the standard deduction, Petitioner has [REDACTED] in net income. An individual with \$[REDACTED] in net income is entitled to \$[REDACTED] per month in FAP benefit, this was the amount determined by the Department and it was proper and correct.

Petitioner raised issues because his hearing was not held in a timely manner and asserted that the remedy was for him to receive full coverage Medicaid with no deductible. Department policy and the federal regulations do not permit or require automatic approval for full coverage of Medicaid in the event of an untimely hearing.

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 determined Petitioner's MA eligibility and deductible amount and FAP benefit 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://rs.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.

25-013675

Via Electronic Mail:

Respondent
BERRIEN COUNTY DHHS
401 EIGHTH ST
PO BOX 1407
BENTON HARBOR, MI 49023
**MDHHS-BERRIEN-
HEARINGS@MICHIGAN.GOV**



Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]