

**Date Mailed:** January 2, 2026  
**Docket No.:** 25-039749  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

### **HEARING DECISION**

On October 14, 2025, Petitioner [REDACTED] requested a hearing to dispute a Food Assistance Program (FAP) determination. As a result, a hearing was scheduled to be held on December 11, 2025, and December 30, 2025. Public assistance hearings are held 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. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Family Independence Manager Eric Carlson appear as its representative.

A 197-page packet of documents was admitted collectively as the Department's Exhibit A.

The following documents were admitted collectively as Petitioner's Exhibits:

- A 109-page packet of documents - Exhibit 1
- A 94-page packet of documents - Exhibit 2
- A 117-page packet of documents - Exhibit 3
- A 103-page packet of documents - Exhibit 4
- A 6-page packet of documents - Exhibit 5

### **ISSUES**

Did the Department properly budget Petitioner's FAP group's medical expenses when determining Petitioner's 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. Petitioner is a FAP benefit recipient.
2. On August 27, 2025, the Department issued a Notice of Case Action to Petitioner to notify Petitioner that Petitioner was eligible for a FAP benefit amount of \$109.00 from September 1, 2025, to September 30, 2025. The Department determined this FAP benefit amount based on a group size of 2, unearned income of [REDACTED] per month, a housing cost of \$91.73 per month, a standard deduction of \$204.00

per month, a one-time medical deduction of \$1,031.00, an internet deduction of \$50.00, and a heat/utility standard of \$664.00 per month. (Exhibit A, pp. 103-107)

3. The Department granted Petitioner a medical deduction of \$1,031.00 based on 25 medical bills provided by Petitioner. (Exhibit A, pp. 8-102)
4. On September 5, 2025, the Department issued a Notice of Case Action to Petitioner to notify Petitioner that Petitioner was eligible for a FAP benefit amount of \$341.00 from October 1, 2025, to October 31, 2025. The Department determined this FAP benefit amount based on a group size of 2, unearned income of \$2,720.00 per month, a housing cost of \$91.73 per month, a standard deduction of \$204.00 per month, a one-time medical deduction of \$1,546.00, an internet deduction of \$50.00, and a heat/utility standard of \$664.00 per month. (Exhibit A, pp. 160-164)
5. The Department granted Petitioner a medical deduction of \$1,546.00 based on 38 medical bills provided by Petitioner. (Exhibit A, pp. 110-159)
6. The Department determined that 11 verifications of medical expenses submitted by Petitioner were not included in Petitioner's FAP budget due to not meeting policy requirements.
7. Specifically, the 11 verifications that were not included in Petitioner's FAP budget showed no out-of-pocket cost, no current charge, were too old to be considered in Petitioner's September/October 2025 FAP budget, and/or had no date of service/medical expense.
8. On October 14, 2025, Petitioner submitted a hearing request to dispute Petitioner's FAP benefit amount.
9. At the December 11, 2025, hearing, Petitioner stated that Petitioner is disputing Petitioner's FAP benefit amount beginning January 2025. Specifically, the Department's budgeting of Petitioner's medical expenses.

### **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).

### **FAP**

The FAP 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 administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

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At the December 11, 2025, hearing, Petitioner stated that Petitioner is disputing Petitioner's FAP benefit amount beginning January 2025 specially the department's calculation of Petitioner's medical expenses. Mr. Carlson stated that a written notice of case action was mailed to Petitioner regarding Petitioner's FAP benefits on December 7, 2024, March 27, 2025; and July 12, 2025. These notices advised Petitioner of the Department's determination of Petitioner's FAP benefit amount from January 2025 to August 2025.

A request for hearing must be in writing and signed by an adult member of the eligible group, adult child, or authorized hearing representative (AHR). Department of Health and Human Services Bridges Administrative Manual (BAM) 600 (July 1, 2025), p. 2. Moreover, BAM 600, p. 6, provides that a request for hearing must be received in the Department local office within 90 days of the date of the written notice of case action in dispute. Hearings may be requested if a claim for assistance is denied or is not acted upon with reasonable promptness, benefits are reduced or suspended, the current level of FAP or CDC benefits are disputed, a service program is denied or restricted, or the recipient's choice of service is not taken into account. Mich Admin Code, R 792.11002; BAM 600, p. 5.

In the present case, no evidence was presented by Petitioner that Petitioner's October 14, 2025, hearing request was timely filed in response to the Notice of Case Action issued on December 7, 2024, March 27, 2025; and July 12, 2025, as Petitioner did not request a hearing within 90 days from the date of the notice.

Therefore, Petitioner's hearing request disputing the December 7, 2024, March 27, 2025; and July 12, 2025, written notice of case action is **DISMISSED** for lack of jurisdiction.

As to Petitioner's hearing request disputing the August 27, 2025, and September 5, 2025, Notice of Case Action, Petitioner's hearing is timely.

On August 27, 2025, the Department issued a Notice of Case Action to Petitioner to notify Petitioner that Petitioner was eligible for a FAP benefit amount of \$109.00 from September 1, 2025, to September 30, 2025. The Department determined this FAP benefit amount based on a group size of 2, unearned income of \$2,720.00 per month, a housing cost of \$91.73 per month, a standard deduction of \$204.00 per month, a one-time medical deduction of \$1,031.00, an internet deduction of \$50.00, and a heat/utility standard of \$664.00 per month. (Exhibit A, pp. 103-107) The Department granted Petitioner a medical deduction of \$1,031.00 based on 25 medical bills provided by Petitioner. (Exhibit A, pp. 8-102)

On September 5, 2025, the Department issued a Notice of Case Action to Petitioner to notify Petitioner that Petitioner was eligible for a FAP benefit amount of \$341.00 from October 1, 2025, to October 31, 2025. The Department determined this FAP benefit amount based on a group size of 2, unearned income of [REDACTED] per month, a housing cost of \$91.73 per month, a standard deduction of \$204.00 per month, a one-

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time medical deduction of \$1,546.00, an internet deduction of \$50.00, and a heat/utility standard of \$664.00 per month. (Exhibit A, pp. 160-164) The Department granted Petitioner a medical deduction of \$1,546.00 based on 38 medical bills provided by Petitioner. (Exhibit A, pp. 110-159)

A senior/disabled/disabled veteran (SDV) client that has a verified one-time or ongoing medical expense of more than \$35 will receive the standard medical deduction (SMD) of \$165. BEM 554 (August 1, 2025), p. 10. 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. *Id.* Groups that have 24-month benefit periods must be given the following options for one-time-only medical expenses billed or due within the first 12 months of the benefit period:

1. Budget it for one month.
2. Average it over the remainder of the first 12 months of the benefit period.
3. Average it over the remainder of the 24-month benefit period.

*Id.* at 10-11.

Allowable medical expenses are limited to the following:

- Medical and dental care including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional.
- Hospitalization or nursing care. Include these expenses for a person who was a group member immediately prior to entering a hospital or nursing home.
- Prescription drugs and the postage for mail-ordered prescriptions.
- Costs of medical supplies, sickroom equipment (including rental) or other prescribed medical equipment (excluding the cost for special diets).
- Over-the-counter medication (including insulin) and other health-related supplies (bandages, sterile gauze, incontinence pads, etc.) when recommended by a licensed health professional. Note: Eyeglasses when prescribed by an ophthalmologist (physician-eye specialist) or optometrist.
- Premiums for health and hospitalization policies (excluding the cost of income maintenance type health policies and accident policies, also known as assurances). If the policy

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covers more than one person, allow a prorated amount for the SDV person(s).

- Medicare premiums.
- Dentures, hearing aids and prosthetics.
- The cost of securing and maintaining a seeing eye or hearing dog, or other service animal used to assist an SDV client with a specific verified medical need(s). Allowable costs include animal food, veterinary bills, and other expenses necessary to maintain the service animal. The service animal must be specially trained to serve the specific verified medical need(s) of an SDV individual. However, verification of the specialized training is not required. Note: An existing pet or companion animal does not automatically become a service animal, unless specifically trained.
- Actual costs of transportation and lodging necessary to secure medical treatment or services. If actual costs cannot be determined for transportation, allow the cents-per-mile amount at the standard mileage rate for a privately owned vehicle in lieu of an available state vehicle. To find the cents-per-mile amount go to the Michigan Department of Management and Budget at <https://www.michigan.gov/dtmb/services/travel>, select Services & Facilities from the left navigation menu, then select Travel. On the travel page, choose Travel Rates and High-Cost Cities using the rate for the current year.
- The cost of employing an attendant, homemaker, home health aide, housekeeper, home help provider, or child care provider due to age, infirmity or illness. This cost must include an amount equal to the maximum FAP benefits for one person if the FAP group provides most of the attendant's meals. If this attendant care cost could qualify as both a medical expense and a dependent care expense, it must be treated as a medical expense.
- A Medicaid deductible is allowed if the following are true. The medical expenses used to meet the Medicaid deductible are allowable FAP expenses. The medical expenses are not overdue.

Note: Medical marijuana is not an allowable medical expense.

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*Id.* at 11-13.

Verify reported changes in the source or amount of medical expenses if the change would result in an increase in benefits. *Id.* at 13.

Acceptable verification sources include, but are not limited to:

- Current bills or written statement from the provider, which show all amounts paid by, or to be paid by, insurance, Medicare, or Medicaid.
- Insurance, Medicare, or Medicaid statements which show charges incurred and the amount paid, or to be paid, by the insurer.
- DHS-54A, Medical Needs, completed by a licensed health care professional.
- SOLQ for Medicare premiums.
  - Written statements from licensed health care professionals.
  - Collateral contact with the provider. (Most commonly used to determine cost of dog food, over-the-counter medication and health-related supplies, and ongoing medical transportation).

*Id.* at 14.

BAM 130 (May 1, 2024), p. 2 defines “current” for other nonpermanent documents as follows:

[D]ocuments are generally considered current if dated within 60 days before your eligibility determination. Older documents may be used if available information indicates the document remains current and there have been no changes in circumstances.

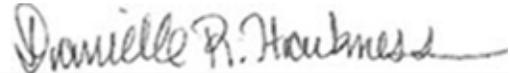
In this case, the Department determined that 11 verifications of medical expenses submitted by Petitioner were not included in Petitioner’s September/October 2025 FAP budget due to not meeting policy requirements. Specifically, the 11 verifications that were not included in Petitioner’s September/October 2025 FAP budget showed no out-of-pocket cost, no current charge, were too old to be considered in Petitioner’s September/October 2025 FAP budget, and/or had no date of service/medical expense.

At the hearing, Petitioner failed to provide evidence to rebut the Department's determination. Therefore, it is found that the Department properly budgeted Petitioner's medical expenses when determining Petitioner's September and October 2025 FAP benefit amount.

**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 its policies and the applicable law when it budgeted Petitioner's FAP group's medical expenses when determining Petitioner's FAP benefit amount in September and October 2025.

IT IS ORDERED that the Department's decision is **AFFIRMED**.



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**DANIELLE R. HARKNESS  
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](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://irs.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](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. 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**  
MASON COUNTY DHHS  
915 DIANA ST  
LUDINGTON, MI 49431  
**MDHHS-MASON-HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**  
[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]