



**Date Mailed:** February 11, 2026  
**Docket No.:** 25-044552  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]



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

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**Docket No.:** 25-044552

**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; 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 2, 2026. Petitioner appeared and represented herself. The Department of Health and Human Services (Department) was represented by Rosemary Molsbee-Smith, Hearing Specialist.

### **ISSUE**

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

Did the Department properly determine Petitioner's Medicaid (MA) eligibility?

### **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 for a 24-month certification period from January 1, 2024 to December 31, 2025. (Exhibit A, p. 20).
2. Since at least August 1, 2025, Petitioner has been approved for \$56 per month in FAP benefits.
3. On August 26, 2025, Administrative Law Judge (ALJ) Christian Gardocki issued a Hearing Decision in Michigan Office of Administrative Hearings and Rules (MOAHR) Case No. 25-027108. ALJ Gardocki ordered the Department to reprocess Petitioner's FAP eligibility beginning June 2025, subject to the finding that it improperly removed Petitioner's medical expenses of \$165 from her FAP budget. (Exhibit A, pp. 5 – 8).
4. On October 6, 2025, ALJ Amanda Marler issued a Hearing Decision in MOAHR Case No. 25-026762. ALJ Marler determined that the Department properly determined Petitioner was eligible for Medicare Savings Program (MSP)-Specified Low-Income Medicare Beneficiary (SLMB) effective January 1, 2025, and Plan First (PF) MA benefits and Group 2-Aged, Blind, Disabled (G2S) MA, subject to a

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monthly deductible of \$1,065, effective June 1, 2025. (Related: Exhibit A, pp. 13 – 14, Health Care Coverage Determination Notice (HCCDN), dated May 7, 2025).

5. On November 3, 2025, the Department sent Petitioner a Notice of Case Action (NOCA) that increased [sic] her FAP benefits to \$56 per month effective October 1, 2025 to December 31, 2025, and notified her that it would issue her a supplement of \$28 for the period of October 1, 2025 to November 30, 2025. The NOCA advised that Petitioner's monthly benefit amount was based on \$[REDACTED] in unearned income, a standard deduction, a housing expense of \$438, payment of heat and other utilities, and \$0 in medical expenses. (Exhibit A, pp. 23 – 25).
6. On November 25, 2025, the Department received a request for hearing from Petitioner, disputing the Department's actions following ALJ Gardocki's decision regarding her FAP benefits, and disputing her MA coverage. (Exhibit A, pp. 4 – 10).

### **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, Petitioner requested a hearing to dispute the Department's actions following ALJ Gardocki's August 26, 2025, Hearing Decision regarding her FAP benefits and her ongoing monthly FAP benefit amount, and disputing her MA coverage. As a preliminary matter, on October 6, 2025, ALJ Marler issued a Hearing Decision in MOAHR Case No. 25-026762, affirming the Department's May 7, 2025, determination of Petitioner's MA eligibility effective June 1, 2025. In the Hearing Decision, ALJ Marler informed Petitioner that she had a right to appeal the decision to the circuit court or

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submit a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of the Hearing Decision and provided MOAHR's email address, fax number, and mailing address. The Hearing Decision further instructed that any request for a rehearing and/or reconsideration should include Petitioner's name, the docket number from page 1 of the Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request.

There was no evidence that any additional HCCDNs were issued by the Department in Petitioner's case since May 7, 2025. Because Petitioner requested a hearing to dispute the Department's determination of her MA eligibility, which was already adjudicated by ALJ Marler, and there was no evidence of a more recent action or inaction taken by the Department, she is not entitled to a new hearing on the matter. See *Department of Environmental Quality v Sancrant*, 337 Mich App 696, 882 (2021); 976 NW2d 874 (2021). Therefore, Petitioner's dispute regarding the Department's determination of her **MA** eligibility does not present a hearable issue for the undersigned ALJ and is **DISMISSED** for lack of jurisdiction.

### **FAP**

#### **Monthly FAP Benefit Effective June 1, 2025**

Although the Department presented evidence regarding changes it made to Petitioner's FAP benefit effective October 1, 2025, her written request for hearing alleged that the Department failed to comply with the Hearing Decision issued by ALJ Gardocki on August 26, 2025, in MOAHR Case No. 25-027108. Specifically, Petitioner disputed that the Department did not increase her FAP benefits to \$130 per month effective June 1, 2025.

The Department is required to implement a Decision and Order within 10 calendar days of the mailing date on the Hearing Decision. BAM 600 (July 2025), p. 43. If implementation requires a redetermination, the Department must send the client a NOCA on the redetermination action. BAM 600, p. 43.

In this case, the record established that ALJ Gardocki ordered the Department to:

- a. Reprocess Petitioner's FAP eligibility beginning June 2025 subject to the finding that [the Department] improperly deleted Petitioner's medical expenses of \$165 from ongoing eligibility; and
- b. Issue notice and supplements, if any, in accordance with policy.

(Exhibit A, p. 8).

Thus, the evidence did not establish that ALJ Gardocki ordered the Department to increase Petitioner's FAP benefits effective June 1, 2025. However, there was no evidence that the Department redetermined Petitioner's FAP eligibility effective June 1, 2025, as ordered, or sent her a new NOCA regarding her FAP eligibility effective June 1, 2025.

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Therefore, the Department failed to establish that it implemented the Hearing Decision issued by ALJ Gardocki on August 26, 2025, in MOAHR Case No. 25-027108, in accordance with Department policy.

**Monthly FAP Benefit Effective August 1, 2025**

Petitioner also verbally disputed the Department's determination of her monthly FAP benefit. Although there was no evidence of the applicable NOCA, it is undisputed that Petitioner has been approved for \$56 per month since August 2025.

To determine whether the Department properly calculated Petitioner's FAP benefit amount, the Department begins with the client's countable earned and unearned income. BEM 500 (April 2022), pp. 1 – 5. Here, there was no dispute that Petitioner receives total countable income of \$[REDACTED] per month from RSDI and has no other income. BEM 503 (October 2025), p. 31.

After countable income is calculated, the Department must determine which deductions are available to Petitioner. There was no dispute that Petitioner is disabled. Therefore, she is considered a senior/disabled/veteran (SDV) household. BEM 550 (April 2025), pp. 1 – 2. Households with SDV members with unearned income may be eligible for the following deductions only:

- Standard deduction based on group size.
- Dependent care expense.
- Medical expense deduction for medical expenses of the SDV member in excess of \$35.
- Court ordered child support and arrearages paid to non-household members.
- Excess shelter deduction.

BEM 554 (October 2025, January 2026) p. 1; BEM 556 (October 2025, November 2025) pp. 3 – 6; RFT 255 (October 2025).

An SDV group that has a verified one-time or ongoing medical expense(s) of more than \$35 for an SDV person(s) will receive a standard medical deduction (SMD) of \$165; however, 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, pp. 9 – 13. Groups that do not have a 24-month benefit period or are in the last 12 months of a 24-month benefit period, may choose to budget a one-time-only medical expense for one benefit month or average it over the remaining months of the benefit period. BEM 554, pp. 10 - 11.

To obtain verifications, the Department must tell the client what verification is required, how to obtain it, and the due date. BEM 554, pp. 13 – 14; BAM 130 (May 2024), p. 3. The non-reimbursable portion of a medical expense is allowed when:

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- a. The client provides verification of the portion paid, or to be paid by insurance, Medicare, Medicaid, etc.; and
  - b. The medical bill is:
    - Currently incurred (for example, in the same month, ongoing, etc.),
    - Currently billed (client is receiving the bill for the first time for a medical expense provided earlier and the bill is not overdue, or
    - The client made a payment arrangement before the medical bill became overdue.

BEM 554, p. 13.

Here, the record established that Petitioner is in the last 12 months of a 24-month FAP benefit period. The Department introduced a budget to show how it determined Petitioner's monthly FAP benefit amount effective October 1, 2025. (Exhibit A, pp. 20 – 22). There was no dispute that Petitioner was entitled to a standard deduction based on her one-person FAP group. Petitioner confirmed that she does not have any dependent care or court ordered child support expenses and no deductions for either of those expenses are reflected on the budget.

However, although Petitioner testified that she has ongoing uninsured medical expenses and has submitted bills to the Department, the budget reflected \$0 for medical expenses. The Department acknowledged that it received medical bills from Petitioner on July 22, 2025, but explained that one bill, a \$16.80 ongoing prescription, was less than the \$35 threshold for the SMD. It was not clear how many medical bills Petitioner submitted on July 22, 2025, or whether she submitted any additional medical bills after that date. Moreover, there was no evidence:

- a. To establish if the medical bills were one-time-only or ongoing medical expenses;
- b. Of the total amount of the medical bills submitted or the Department's treatment of them; or
- c. That the Department informed Petitioner of any deficiencies in what she had provided, sent her a verification checklist (VCL) requesting additional information, or otherwise assisted her in obtaining the verification.

There was also no evidence introduced regarding the Department's determination of Petitioner's monthly FAP benefit effective August 1, 2025, or that it issued her a NOCA regarding its determination. Therefore, the Department failed to establish that it acted in accordance with Department policy when it determined Petitioner's monthly FAP benefit amount effective August 1, 2025 ongoing.

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**DECISION AND ORDER**

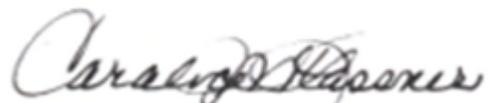
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The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that Petitioner's request for hearing regarding the Department's determination of her **MA** eligibility does not present a hearable issue for the undersigned ALJ and is **DISMISSED** for lack of jurisdiction, but that the Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it a) received the Hearing Decision issued by ALJ Gardocki on August 26, 2025, in MOAHR Case No. 25-027108, and b) determined Petitioner's monthly FAP benefit effective August 1, 2025.

Accordingly, Petitioner's request for hearing regarding **MA** is **DISMISSED**, and the Department's decision regarding her FAP benefits 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. To the extent it has not already done so, implement the Decision and Order issued by ALJ Gardocki on August 26, 2025, in MOAHR Case No. 25-027108, including issuing a NOCA to Petitioner regarding her eligibility for FAP benefits effective June 1, 2025,
2. Redetermine Petitioner's FAP eligibility effective August 1, 2025 ongoing, requesting verification of her medical expenses and assisting Petitioner if necessary;
3. 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, effective August 1, 2025 ongoing; and
4. Notify Petitioner of its decision in writing.



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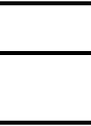
**CARALYCE M. LASSNER  
ADMINISTRATIVE LAW JUDGE**

**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. 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**  
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**Via First Class Mail:**

**Petitioner**  
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