



Date Mailed: January 15, 2026
Docket No.: 25-046555
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED] MI [REDACTED]

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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.

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Docket No.: 25-046555

Case No.: [REDACTED]

Petitioner: [REDACTED]

HEARING DECISION

On November 25, 2025, Petitioner [REDACTED] requested a hearing to dispute her public assistance benefits. As a result, a hearing was scheduled to be held on January 13, 2026. 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; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Family Independence Manager Sherri Polk appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 13-page packet of documents provided by the Department was admitted into evidence collectively as Exhibit A.

ISSUES

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

Did the Department properly determine Petitioner's Medicare Savings Program 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 a FAP benefit recipient.
2. Petitioner is not married.
3. Petitioner has a household size of one.
4. Petitioner received a gross monthly benefit of \$ [REDACTED] from Social Security RSDI in 2025.
5. Petitioner's Medicare Part B premium was \$185.00 per month in 2025.

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6. Petitioner's mortgage, taxes, and insurance cost Petitioner \$544.45 per month.
 7. Petitioner is responsible for paying her heating/cooling utilities.
 8. Petitioner received a \$ [REDACTED] deposit when her share of an estate was distributed to her.
 9. Petitioner notified the Department about the \$ [REDACTED] deposit.
 10. The Department determined that Petitioner's assets exceeded the applicable limit to be eligible for Medicare Savings Program coverage.
 11. On November 12, 2025, the Department mailed a notice of case action to Petitioner to notify her that she was eligible for a FAP benefit of \$123.00 per month, effective December 1, 2025.
 12. On November 12, 2025, the Department mailed a health care coverage determination notice to Petitioner to notify her that she was no longer eligible for Medicare Savings Program coverage, effective August 1, 2025, because her assets exceeded the applicable limit.
 13. Petitioner requested a hearing to dispute her FAP benefit amount and her Medicare Savings Program coverage.

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).

FOOD ASSISTANCE

The Food Assistance Program (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.

In this case, the Department determined that Petitioner was eligible for a maximum FAP benefit of \$123.00 per month, effective December 1, 2025. Petitioner is disputing her FAP benefit amount. Thus, the issue is whether the Department properly determined Petitioner's FAP benefit amount.

The Department determines a client's monthly FAP benefit amount by determining the client's group size and net household income and then looking that information up in its applicable Food Issuance Table. BEM 212 (June 1, 2025), BEM 213 (October 1, 2024),

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BEM 550 (April 1, 2025), BEM 554 (October 1, 2025), BEM 556 (October 1, 2025), RFT 255 (October 1, 2025), and RFT 260 (October 1, 2025).

Petitioner has a group size of one because Petitioner lives alone. Petitioner received gross unearned income of \$[REDACTED] per month from Social Security RSDI, Petitioner was responsible for paying a Medicare Part B premium of \$185.00 per month, Petitioner was responsible for paying housing costs of \$544.45 per month, and Petitioner was responsible for paying her heating/cooling utilities. Based on Petitioner's unearned income of \$[REDACTED] per month, Petitioner's obligation to pay a Medicare Part B premium of \$185.00 per month, Petitioner's housing costs of \$544.45 per month, and Petitioner's obligation to pay her heating/cooling utilities, Petitioner's net income was \$[REDACTED] per month. Based on Petitioner's net income of \$[REDACTED] per month and Petitioner's group size of one, the maximum FAP benefit amount that Petitioner was eligible for was \$123.00 per month. Accordingly, the Department properly determined that Petitioner was eligible for a FAP benefit amount of \$123.00 per month, effective December 1, 2025.

Although Petitioner may have additional expenses and Petitioner may not have a net income of \$[REDACTED] per month to live on, the Department properly used the maximum deductions and standards that it was permitted to use to calculate Petitioner's FAP benefit amount, and the Department properly determined the maximum FAP benefit amount that Petitioner was eligible for.

MEDICAID

Medicaid is known as Medical Assistance (MA). The 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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, the Department determined that Petitioner was ineligible for Medicare Savings Program coverage because Petitioner's countable assets exceeded the applicable limit. Petitioner is disputing the Department's decision to find her ineligible for Medicare Savings Program coverage. Thus, the issue here is whether the Department properly determined that Petitioner was ineligible for Medicare Savings Program coverage.

The Medicare Savings Program has an asset limit. The asset limit for Medicare Savings Program coverage is \$9,660.00 for an unmarried individual. BEM 400 (March 1, 2025), p. 8. Countable assets cannot exceed the applicable limit. *Id.* at 2. In general, an asset is countable if it is available and not specifically excluded as countable by policy. *Id.* Available means that someone in the Medicaid client's group has the legal right to use or dispose of the asset. *Id.* at 10.

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Based on the evidence presented, the Department properly determined that Petitioner's countable assets exceeded the limit for her to be eligible for Medicare Savings Program coverage. The Department properly determined that Petitioner's cash balance was a countable asset, and the Department properly determined that Petitioner's cash balance exceeded the applicable limit. When the Department determines that a client has countable assets that exceed the applicable limit, the Department must close the client's Medicaid. *Id.* at 7. The Department acted in accordance with BEM 400 when it closed Petitioner's Medicare Savings Program coverage because the Department properly determined that Petitioner's countable assets exceeded the applicable limit.

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 determined Petitioner's FAP benefit amount, and the Department acted in accordance with its policies and the applicable law when it determined Petitioner's Medicare Savings Program eligibility.

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



JEFFREY KEMM
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, **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

GRAND TRAVERSE COUNTY DHHS

701 S ELMWOOD STE 19

TRAVERSE CITY, MI 49684

MDHHS-GRANDTRAVERSE-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

[REDACTED]
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[REDACTED] MI [REDACTED]