



Date Mailed: January 23, 2026
Docket No.: 25-048038
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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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.

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Docket No.: 25-048038

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 via telephone conference on January 21, 2026. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Dequindre Williamson, Overpayment Establishment Analyst (OEA).

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-71.

ISSUE

Did the Department properly determine that Petitioner received Food Assistance Program (FAP) benefits that Petitioner was not eligible for and must be recouped?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. From March 1, 2025, to October 31, 2025, Petitioner received FAP benefits totaling \$3,147.00.
2. On October 24, 2024, Petitioner submitted a Renew Benefits form for FAP benefits for Petitioner's household. The only employment reported was Petitioner's husband [REDACTED]'s employment at [REDACTED].
3. On November 8, 2024, an interview was completed with Petitioner. Petitioner reported that Petitioner's husband was employed at [REDACTED] working 40 hours per week and being paid on a weekly basis. Petitioner stated that Petitioner couldn't recall Petitioner's husband's hourly rate of pay but that check stubs showing the correct amount would be submitted to the Department. Petitioner also reported that Petitioner's husband was laid off for 1 week and received unemployment compensation benefits (UCB) for 1 week but then returned to work following the layoff.

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4. On November 21, 2024, a Notice of Case Action was issued to Petitioner, approving FAP benefits of \$632.00 per month from December 1, 2024, to November 30, 2025. The Notice indicated Petitioner was a simplified reporter and was only required to report the following: lottery or gambling winnings of \$ [REDACTED] or more, when household gross monthly income exceeded \$4,546.00, and if Petitioner was subject to time limited food assistance requirements (TANF) to report when hours of employment drop below 80 hours a month. A change in income over the simplified reporting (SR) limit was to be reported by the 10th day of the following month.
 5. On January 27, 2025, the Department received a Wage Match report showing Petitioner's husband's employment income from [REDACTED].
 6. On October 6, 2025, Petitioner submitted a Renew Benefits form for FAP benefits for Petitioner's household. The only employment reported was Petitioner's husband's employment at [REDACTED].
 7. On November 7, 2025, Petitioner completed an interview with the Department and reported Petitioner's husband's employment at [REDACTED] and that overtime was being received, and Petitioner expects this to continue. Petitioner reported that the last 30 days of employment income are reflective of future income.
 8. From March 2025, to October 2025, Petitioner's husband received the following in gross earnings from [REDACTED]:
 - a. \$ [REDACTED] in March 2025
 - b. \$ [REDACTED] in April 2025
 - c. \$ [REDACTED] in May 2025
 - d. \$ [REDACTED] in June 2025
 - e. \$ [REDACTED] in July 2025
 - f. \$ [REDACTED] in August 2025
 - g. \$ [REDACTED] in September 2025
 - h. \$ [REDACTED] in October 2025
 9. From March 1, 2025, to October 31, 2025, Petitioner received \$3,147.00 from the Department when Petitioner was only eligible to receive \$397.00 based on Petitioner's household's income.

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10. The Department determined that Petitioner was overpaid FAP benefits from March 1, 2025, to October 31, 2025, in the amount of \$2,750.00, due to failing to report when Petitioner's household exceeded the SR limit.
 11. On December 12, 2025, the Department sent Petitioner a Notice of Overissuance instructing Petitioner that a \$2,750.00 overpayment of FAP benefits occurred from March 1, 2025, to October 31, 2025, due to client error of not reporting when Petitioner's household exceeded the SR limit, and the overpayment would be recouped.
 12. On December 19, 2025, the Department received Petitioner's request for hearing protesting the recoupmnt of FAP benefits.

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 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.

Department policy requires clients to completely and truthfully answer all questions on forms and in interview. BAM 105 (March 1, 2024) p. 7. Generally, clients must also report changes in circumstance that potentially affect eligibility or benefit amount within 10 days. BAM 105, pp. 10-12.

When a client group receives more benefits than it is entitled to receive, the Department must attempt to recoup the overpayment. BAM 700 (June 1, 2024), p. 1. An agency error is a type of overpayment or underissuance resulting from an incorrect action or failure to take action by the state agency. A client error is a type of overpayment or underissuance resulting from inaccurate reporting on the part of the household. *Id.* at 5. An overpayment may involve more than one overpayment type. If an agency error and client error occur in the same OP period, process as an agency error. *Id.* at 3. Agency and client errors are not pursued if the OP amount is equal to or less than \$250 per program. *Id.* at 5.

The Department determined that Petitioner was overpaid FAP benefits from March 1, 2025, to October 31, 2025, in the amount of \$2,750.00, due to failing to report when Petitioner's household exceeded the SR limit.

On October 24, 2024, Petitioner submitted a Renew Benefits form for FAP benefits for Petitioner's household. The only employment reported was Petitioner's husband's employment at [REDACTED]. On November 8, 2024, an interview was completed with Petitioner. Petitioner reported that Petitioner's husband was employed at [REDACTED] working 40 hours per week and being paid on a weekly basis. On November 21, 2024, a Notice of Case Action was issued to Petitioner, approving FAP benefits of \$632.00 per month from December 1, 2024, to November 30, 2025. The Notice indicated Petitioner was a simplified reporter and was only required to report the following: lottery or gambling winnings of \$ [REDACTED] or more, when household gross monthly income exceeded \$4,546.00, and if Petitioner was subject to time limited food assistance requirements (TANF) to report when hours of employment drop below 80 hours a month. A change in income over the SR limit was to be reported by the 10th day of the following month.

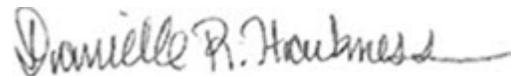
On October 6, 2025, Petitioner submitted a Renew Benefits form for FAP benefits for Petitioner's household. The only employment reported was Petitioner's husband's employment at [REDACTED]. On November 7, 2025, Petitioner completed an interview with the Department and reported Petitioner's husband's employment at [REDACTED] and that overtime was being received, and Petitioner expects this to continue. Petitioner reported that the last 30 days of employment income are reflective of future income.

Overall, the evidence supports that the December 12, 2025, overpayment determination was in accordance with Department policies. Petitioner did not report when Petitioner's household exceeded the SR limit from December 2024 to November 2025. Accordingly, a client error overpayment period occurred from March 1, 2025, to October 31, 2025.

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 has satisfied its burden of showing that it acted in accordance with Department policy when it determined that Petitioner received an overpayment of FAP benefits from March 1, 2025, to October 31, 2025, in the amount of \$2,750.00.

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



**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. 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

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Via Electronic Mail:

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