

Date Mailed: January 27, 2026

Docket No.: 25-048099

Case No.: [REDACTED]

Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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 telephone hearing was held via Microsoft Teams on January 22, 2026. Petitioner did not participate in the hearing. [REDACTED] Petitioner's son, testified and participated as Petitioner's authorized hearing representative (AHR). The Michigan Department of Health and Human Services (MDHHS) was represented by Ronetta Dalton, specialist.

ISSUES

The issue is whether MDHHS properly determined Petitioner's Food Assistance Program (FAP) 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. On [REDACTED] 2025, Petitioner applied for FAP and Medical Assistance benefits.
2. As of October 2025, Petitioner was a disabled individual receiving [REDACTED] in ongoing gross monthly Supplemental Security Income (SSI).
3. On an unspecified interview date, Petitioner's AHR reported to MDHHS that Petitioner bought and prepared food by herself, had no medical expenses, and paid [REDACTED] for rent which included all utilities.
4. As of October 2025, Petitioner had no child support or dependent care expenses.
5. On October 17, 2025, MDHHS approved Petitioner for \$233 in monthly FAP benefits for October 2025 and \$250 beginning November 2025.
6. On October 17, 2025, MDHHS approved Petitioner for the limited-coverage MA category of Plan First beginning October 2025. MDHHS also determined that Petitioner was ineligible for Medicare Savings Program (MSP) benefits

25-048099

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7. On December 16, 2025, Petitioner's AHR requested a hearing to dispute FAP and MA eligibility.
 8. On December 26, 2025, MDHHS approved Petitioner for full-coverage Medicaid benefits.

CONCLUSIONS OF LAW

The MA program is established by Title XIX of the Social Security Act, 42 USC 1396 to 42 USC 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 to 42 CFR 430.25. MDHHS administers the MA program pursuant to 42 CFR 435, MCL 400.10 and MCL 400.103 to MCL 400.112k of the Social Welfare Act, MCL 400.1 *et seq.* MA policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing, in part, to dispute MA eligibility. Exhibit A, pp. 3-5. A Health Care Coverage Determination Notice (HCCDN) dated October 17, 2025, stated that Petitioner was ineligible for Medicaid and only eligible for the limited-coverage category of PF beginning October 2025. Exhibit A, pp. 40-43.

During the hearing, MDHHS testified it approved Petitioner for full-coverage Medicaid on a HCCDN dated December 26, 2025. MDHHS additionally testified that Petitioner remains an ongoing Medicaid recipient. Petitioner's AHR acknowledged receipt of the notice and did not allege any adverse action to Petitioner's MA coverage since receiving the approval notice.

The evidence established that Petitioner receives Medicaid. Thus, MDHHS favorably resolved Petitioner's hearing dispute concerning Medicaid. Accordingly, Petitioner's hearing request concerning Medicaid is properly dismissed.

The HCCDN dated October 17, 2025, also stated that Petitioner was denied MSP due to not meeting the basic criteria for the program. Exhibit A, pp. 40-43. MDHHS testified that a HCCDN dated November 13, 2025, stated that Petitioner was over the income limit for MSP and that a HCCDN dated December 26, 2025, stated that Petitioner received MSP benefits from the State of Texas.

During the hearing, it was assumed that Petitioner received Retirement, Survivors, Disability Insurance (RSDI) and Medicare through the Social Security Administration. Medicare is an SSA program available to RSDI recipients and MSP assists with paying Medicare premiums. Documentation obtained from a data exchange with SSA indicated that Petitioner was eligible for RSDI and SSI and that Medicare premiums are paid by the State of Texas; this is consistent with Petitioner being a Medicare recipient. Exhibit B, pp. 1-2. However, the documentation also listed net RSDI payments of \$0 and no

history of RSDI issuance; only Supplemental Security Income (SSI) payments were listed. *Id.*

The evidence established that Petitioner is either not a Medicare recipient or receives MSP through the State of Texas. Either scenario justifies a denial of MSP eligibility. Further, no adverse actions being taken to MSP was consistent with Petitioner's AHR's testimony acknowledging that Petitioner's income from SSA has not been reduced. Given the evidence, Petitioner's dispute over MSP is properly dismissed.

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. MDHHS administers the FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011. MA policies are contained in the BAM, BEM, and RFT.

Petitioner also requested a hearing to dispute FAP benefits. Exhibit A, pp. 3-5. Petitioner applied for FAP benefits on [REDACTED] 2025. Exhibit A, pp. 7-15. A Notice of Case Action dated October 17, 2025, stated that Petitioner was eligible to receive \$233 in monthly FAP benefits for October 2025 and \$250 beginning November 2025. Exhibit A, pp. 28-32.

FAP benefit amounts are determined by a client's net income as calculated by MDHHS policy. BEM 556 outlines the factors and calculations required to determine a client's net income for purposes of FAP benefits. Net income is based on group size, countable monthly income, and relevant monthly expenses. MDHHS presented budgets listing all FAP eligibility factors and calculations. Exhibit A, pp. 24-27. A budget summary from the approval notice also listed FAP relevant budget factors. Exhibit A, p. 8. During the hearing, all relevant budget factors were discussed with Petitioner.

MDHHS factored a benefit group including only Petitioner. Petitioner did not dispute the FAP benefit group size of one person.¹

The evidence supported that Petitioner received [REDACTED] in monthly gross SSI. Exhibit B, pp. 1-3. For FAP, MDHHS is to count a gross SSI benefit. BEM 503 (January 2025) p. 36. Petitioner's countable income for FAP eligibility is [REDACTED].

MDHHS uses certain expenses to determine net income for FAP eligibility and benefit levels. BEM 554 (January 2025) p. 1. For groups without a senior (over 60 years old), disabled or disabled veteran (SDV) member, MDHHS factors the following expenses: shelter (housing and utilities) up to a capped amount, dependent care, and court-ordered child support including arrearages paid to non-household members. *Id.* An SDV

¹ See BEM 212 for policies on determining group size for FAP benefits.

² As an SSI recipient, Petitioner may be eligible to receive food benefits through the Michigan Combined Application Project (MiCAP). MiCAP allows certain SSI recipients to receive food benefits under more favorable policies than the FAP (see BAM 618). Petitioner was given the phone number of 877-522-8050 during the hearing to pursue food benefits through MiCAP.

group that has a verified one-time or ongoing medical expense(s) of more than \$35 for an SDV person(s) will receive the standard medical deduction (SMD) of \$165. *Id.*, p. 9. If the group has actual medical expenses which are more than the SMD, the group has the option to verify their actual expenses instead of receiving the SMD. *Id.*

It was not disputed that Petitioner had no reported medical, dependent care, or child support expenses. Petitioner's non-shelter expenses total \$0.

Petitioner's FAP benefit group size justifies a standard deduction of \$209 (see RFT 255). The standard deduction is given to all FAP benefit groups, though the amount varies based on the benefit group size. The standard deduction and countable non-shelter expenses are subtracted from the countable monthly income to calculate the group's adjusted gross income. Subtracting the standard deduction (\$209) and countable non-shelter expenses (\$0) from the group's countable income [REDACTED] results in an adjusted gross income of [REDACTED]

MDHHS credited Petitioner with monthly housing expenses of [REDACTED]. Petitioner's AHR did not allege additional housing expenses. Petitioner's AHR also testified that Petitioner's rent included all utilities; thus, no utility credits were applicable. Petitioner's countable shelter expenses (housing + utilities) totals [REDACTED]

MDHHS only credits FAP benefit groups with an "excess shelter" expense. The expense is calculated by subtracting half of Petitioner's adjusted gross income from Petitioner's total shelter expenses. Petitioner's excess shelter expense is \$576.

The FAP benefit group's net income is determined by subtracting the excess shelter expense from the group's adjusted gross income; doing so results in [REDACTED] in net income for Petitioner's group. A chart is used to determine the proper FAP benefit issuance.³ RFT 260 (October 2025) pp. 1-5. Based on Petitioner's group size and net income, Petitioner's proper FAP issuance for November 2025 is \$250, the same benefit amount calculated by MDHHS.

Concerning October 2025 FAP eligibility, MDHHS determined Petitioner to be eligible for \$233 in FAP benefits. Petitioner applied for FAP benefits on the 3rd of the month. MDHHS prorates benefits in the application month based on the application date and days in the application month (see BEM 554). Multiplying the non-prorated FAP benefit amount of \$250 by the number of days left in the month starting with the application date (29) and dividing by the number of days in the month (31) results in a prorated benefit amount of \$233 (dropping cents): the same amount calculated by MDHHS. Given the evidence, MDHHS properly determined Petitioner's FAP eligibility.

³ FAP eligibility can also be calculated by multiplying the net income by 30% and subtracting the amount from the maximum FAP issuance for the group.

DECISION AND ORDER

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS favorably resolved Petitioner's Medicaid dispute by approving Petitioner for full-coverage Medicaid. Also, Petitioner was either not eligible for MSP or was receiving MSP through the State of Texas. Concerning Medicaid and MSP, Petitioner's hearing request is **DISMISSED**.

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly determined Petitioner to be eligible for \$233 in monthly FAP benefits for October 2025 and \$250 beginning November 2025. Concerning FAP benefits, the actions taken by MDHHS are **AFFIRMED**.


CHRISTIAN GARDOCKI
ADMINISTRATIVE LAW JUDGE

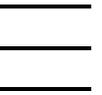
APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative 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.





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