



Date Mailed: February 12, 2026
Docket No.: 26-001648
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

This is an important legal document. Please have someone translate the document.

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.

Date Mailed: February 12, 2026

Docket No.: 26-001648

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 5, 2026. Petitioner appeared and represented herself. The Department of Health and Human Services (Department) was represented by LaCre Barnett, Overpayment Establishment Analyst.

ISSUE

Did the Department properly determine Petitioner received an overpayment (OP) of Food Assistance Program (FAP) benefits due to client error (CE)?

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, the Department received a completed application for FAP benefits from Petitioner for herself and her spouse, [REDACTED] (Spouse). Petitioner reported that neither she nor Spouse had any income. She also certified that the information she provided was true and that she understood she was required to report any changes to the Department. (Exhibit A, pp. 48 – 54).
1. On January 21, 2025, [REDACTED] sent Spouse a letter that approved him for long term disability (LTD) benefits of \$[REDACTED] per month, payable to him on or about the 26th of each month; and informed him that it issued him a disability payment for the period of October 26, 2024 to January 25, 2025. (Exhibit A, pp. 43 – 47).
2. On January 31, 2025, the Department interviewed Petitioner. Petitioner reported that she received Retirement, Survivors, and Disability Insurance (RSDI) income of \$[REDACTED] per month and did not report any income for Spouse. (Exhibit A, pp. 55 – 61).
3. On February 6, 2025, the Department sent Petitioner a Notice of Case Action (NOCA) that approved Petitioner for FAP benefits of \$536 per month, prorated from January 8, 2025, to December 31, 2025, for a two-person FAP group that

included Spouse, based on \$[REDACTED] in unearned income. The NOCA informed Petitioner that she was a simplified reporter (SR) and required to report to the Department within 10 days when her household income exceeded \$2,215 in the prior month. (Exhibit A, pp. 62 – 67).

4. On May 19, 2025, the Department received a completed Semi-Annual Contact Report (SACR) from Petitioner. She reported that there were no changes in the source or amount of her household income. (Exhibit A, pp. 70 – 72).
5. On May 22, 2025, the Department sent Petitioner a NOCA that approved her for FAP benefits of \$536 per month effective July 1, 2025, for her two-person FAP group, based on \$[REDACTED] in unearned income. (Exhibit A, pp. 73 – 77).
6. On November 12, 2025, the Department received a completed redetermination application for FAP from Petitioner. Petitioner reported that the only income in the household was from her RSDI. (Exhibit A, pp. 78 – 81).
7. On December 8, 2025, the Department interviewed Petitioner. Petitioner reported that Spouse was denied LTD and was not receiving any disability income or benefits, and that her RSDI income was the only income in the household. (Exhibit A, pp. 82 – 89).
8. On December 12, 2025, the Department received a bank statement from Petitioner for the period of October 27, 2025 to November 28, 2025. The bank statement reflected a deposit identified as “[REDACTED] [sic]” in the amount of \$[REDACTED]. (Exhibit A, pp. 41 – 42).
9. From January 1, 2025 to December 31, 2025, Petitioner received \$6,340 in FAP benefits from the Department. (Exhibit A, pp. 14 – 15).
10. On December 23, 2025, the Department sent Petitioner a Notice of Overissuance that informed her that she had received an OP of FAP benefits from January 1, 2025 to December 31, 2025 (OP period), in the amount of \$6,067 due to CE based on her failure to report Spouse’s LTD income. (Exhibit A, pp. 7 – 12).
11. On January 5, 2026, the Department received a request for hearing from Petitioner disputing the Department’s determination that she had received an OP of FAP benefits. (Exhibit A, pp. 3 – 4).

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).

26-001648

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.

Petitioner requested a hearing in this matter to dispute a finding by the Department that she received an OP of FAP benefits. The Department determined that from January 1, 2025 to December 31, 2025, Petitioner received an OP of FAP benefits in the amount of \$6,067 due to CE based on her failure to report Spouse's LTD income.

When a client group receives more benefits than it is entitled to receive, the Department must attempt to recoup the OP as a recipient claim. BAM 700 (June 2024), p. 1; 7 CFR 273.18(a)(2). The amount of a FAP OP is the benefit amount the client actually received minus the amount the client was eligible to receive. BAM 700, p. 1. When an OP in excess of \$250 is discovered, the Department is required to establish a claim for repayment for the OP. BAM 700, p. 5; 7 CFR 273.18(d)(3). A FAP OP can be caused by CE, agency error (AE), or an intentional program violation (IPV). BAM 700, p. 2. A CE occurs when the OP was caused by inaccurate reporting by the client. BAM 700, p. 2; BAM 715 (June 2024), p. 1.

Clients must completely and truthfully answer all questions on forms and in interviews, including disclosure of all income. BAM 105 (January 2025, June 2025), pp. 7 – 8. Additionally, FAP groups who are SRs are required to report to the Department within 10 days when the group's actual gross monthly income for the prior month exceeded the SR limit for their group size. BAM 200 (October 2024, June 2025), p. 1. During the alleged OP period, the SR limit for Petitioner's two-person FAP group was \$2,215 through September 1, 2025, and increased to \$2,292 effective October 1, 2025. RFT 250 (October 2024, October 2025).

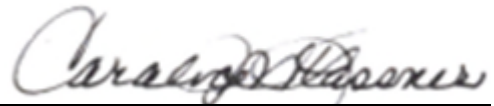
In this case, the record established that Spouse received income from LTD from at least January 21, 2025. Although Petitioner testified that she thought she had reported Spouse's income, there was no evidence that she did so. Thus, the Department properly determined that any OP of FAP benefits during the OP period was due to CE.

In support of the OP amount sought, the Department introduced revised budgets for each of the months within the OP period. (Exhibit A, pp. 17 – 40). The evidence established that when the Department properly budgeted Spouse's previously unreported LTD income, Petitioner received a total of \$6,067 in FAP benefits during the OP period that she was not eligible to receive. Therefore, based on the foregoing, the Department properly determined that Petitioner received an OP of FAP benefits in the amount of \$6,067 from January 1, 2025 to December 31, 2025, due to CE, that the Department is entitled to recoup.

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 Department policy when it determined that Petitioner received an OP of FAP benefits in the amount of \$6,067 from January 1, 2025 to December 31, 2025, due to client error.

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



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, **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:

Agency Representative

LACRE BARNETT

OVERPAYMENT ESTABLISHMENT SECTION (OES)

235 S GRAND AVE STE 811

LANSING, MI 48933

MDHHS-RECOUPMENT-HEARINGS@MICHIGAN.GOV

Respondent

MACOMB COUNTY DHHS WARREN DIST 20

13041 E 10 MILE RD

WARREN, MI 48089

MDHHS-MACOMB-20-HEARINGS@MICHIGAN.GOV

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]