



**Date Mailed:** February 25, 2026  
**Docket No.:** 26-003015  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

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

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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**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 February 18, 2026. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Rachel Meade, Hearing Facilitator. Department Exhibit 1, pp. 1-47 and Exhibit 2, pp. 1-19 were received and admitted.

### **ISSUE**

Did the Department properly determine Petitioner's Food Assistance Program (FAP) and Medical Assistance (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. On October [REDACTED] 2025, a Notice of Case Action was sent to Petitioner regarding his FAP benefits.
2. On December [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing him that he was eligible for MA with a \$[REDACTED] deductible.
3. On January [REDACTED] 2026, Petitioner applied for FAP and MA.
4. On January 13, 2026, Petitioner requested hearing raising issues with regard to his FAP and MA.
5. On January [REDACTED] 2026, a Health Care Coverage Determination Notice was sent to Petitioner informing him that he was eligible for the Medicare Savings Program SLMB for January 2026 and ongoing.
6. At the time of hearing Petitioner was eligible for \$[REDACTED] per month in FAP and MA with a \$[REDACTED] per month deductible.

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## CONCLUSIONS OF LAW

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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, with regard to the FAP budgeting, Petitioner's household has \$[REDACTED] in monthly unearned income. After subtracting the \$209 standard deduction, Petitioner's household has \$[REDACTED] in net income. A household of 3 with \$2,262 in net income is entitled to \$106 per month in FAP benefit. This was the amount determined by the Department and it was proper and correct and consistent with Department policy.

With regard to the calculation of Petitioner's MA deductible amount, the Department attributed \$[REDACTED] of Petitioner's own income towards determining his deductible amount. After subtracting \$350 for the protected income level and \$39 for the COLA exclusion, Petitioner is left with \$[REDACTED] which is the deductible amount. This was the amount determined by the Department and it was proper and correct and consistent with Department policy.

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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 the Department acted in accordance with Department policy when it determined Petitioner's FAP eligibility and benefit amount and his MA eligibility and deductible amount.

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



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**AARON MCCLINTIC**  
**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](https://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://rs.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

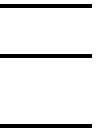
- by email to [MOAHR-BSD-Support@michigan.gov](mailto:MOAHR-BSD-Support@michigan.gov), **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

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26-003015

**Via Electronic Mail:**

**Respondent**  
JACKSON COUNTY DHHS  
301 E LOUIS GLICK HWY  
JACKSON, MI 49201  
**MDHHS-JACKSON-  
HEARINGS@MICHIGAN.GOV**



**Via First Class Mail:**

**Petitioner**

[Redacted]  
[Redacted]  
[Redacted]