

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**

████████████████████  
████████████████████  
████████████████████

Reg. No.: 14-004805  
Issue No.: 2001  
Case No.: ██████████  
Hearing Date: AUGUST 7, 2014  
County: WAYNE-DISTRICT 17

**ADMINISTRATIVE LAW JUDGE: Alice C. Elkin**

**HEARING DECISION**

Following Claimant'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. After due notice, a telephone hearing was held on August 7, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, Eligibility Specialist, and ██████████, translator.

**ISSUE**

Did the Department properly convert Claimant's family's full-coverage Medical Assistance (MA) cases to Emergency Services Only (ESO) coverage?

**FINDINGS OF FACT**

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

1. Claimant, his wife and his three minor children are Iraqi refugees.
2. Claimant and the members of his household were ongoing recipients of MA benefits receiving full-coverage MA.
3. Beginning March 2014, Claimant's full-coverage MA cases converted to ESO coverage.
4. On June 4, 2014, Claimant requested a hearing disputing the Department's actions.

**CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

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 Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Additionally, In this case, Claimant requested a hearing disputing the conversion of his household's MA cases from full-coverage to ESO coverage. Claimant testified that he became aware of the issue in March 2014 only after a provider notified him that it would not provide services because he was eligible for only ESO MA. Afterwards, in response to inquiries he made at the local office, a Department representative notified him of the change in coverage. The Department did not present any evidence showing that Claimant was notified in writing of the changes in coverage.

To be eligible for full MA coverage a person must be a U.S. citizen or an alien admitted to the U.S. under a specific immigration status. BEM 225 (July 2014), p. 2. An Iraqi refugee is a qualified alien who is eligible for full-coverage MA provided that all other eligibility factors are satisfied. BEM 225, pp. 3-4, 6-7.

In this case, Claimant testified that he and his family are refugees from Iraq. The Department acknowledged that Claimant and his household were eligible for full-MA coverage but testified that, because of a glitch outside its computer system, their coverage had been improperly converted to ESO. The Department testified that, as of the hearing date, despite help desk tickets issued to correct the problem, the coverage issue had not yet been remedied and Claimant's family continued to be provided with only ESO coverage.

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 did not act in accordance with Department policy when it converted Claimant's family's MA coverage from full-coverage to ESO.

### **DECISION AND ORDER**

Accordingly, the Department's decision is REVERSED.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS

HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Activate full-coverage MA for Claimant, his wife and their three minor children effective March 1, 2014 ongoing; and
2. Issue supplements to Claimant's household's providers for any MA benefits they were eligible to receive but did not from March 1, 2014 ongoing.



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**Alice C. Elkin**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **8/21/2014**

Date Mailed: **8/25/2014**

ACE / tlf

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
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