

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

**IN THE MATTER OF:**



Reg. No.: 14-013351  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: February 3, 2015  
County: Saginaw

**ADMINISTRATIVE LAW JUDGE:** Vicki Armstrong

**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, an in-person hearing was held on February 3, 2015, from Saginaw, Michigan. Claimant, accompanied by her friend [REDACTED], personally appeared and testified. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator [REDACTED].

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly deny Claimant's application for Medical Assistance (MA)?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. Claimant applied for MA benefits on June 18, 2014.
2. On July 29, 2014, Claimant was approved for Emergency Services Only.
3. On September 23, 2014, Claimant filed a hearing request contesting the denial of MA.
4. On September 25, 2014, the Department mailed Claimant a Quick Note, indicating a telephone conversation between Claimant and the Hearing Facilitator on 9/24/14, where Claimant was assured she had Emergency Services Only MA, and would need to submit her birth certificate and an alien card, front and back, before her application could be evaluated for FULL Medicaid.

## **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), and Department of Human Services Reference Tables Manual (RFT).

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.

The Department is required to determine the alien status of each non-citizen requesting benefits at application. BEM 225, p 1 (10/1/14). 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. The alien status of each non-citizen must be verified to be eligible for full MA coverage. See BEM 225, pp 3-11.

Claimant applied for MA on June 18, 2014. Claimant indicated she was not a U.S. citizen on the application and provided a copy of her passport. A passport is not listed in policy as proof of alien status, and Claimant was denied full MA.

However, citizenship/alien status is not an eligibility factor for Emergency Services Only MA, as long as Claimant meets all other eligibility factors, including residency. BEM 225, p 1. See BEM 220.

Because citizenship/alien status was not a factor in determining eligibility for Emergency Services Only and Claimant met the residency requirements, Claimant was granted Emergency Services Only MA.

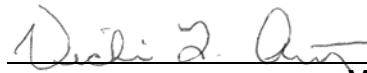
During the hearing, Claimant provided her Birth Registration Form indicating she was born in Jamaica. Claimant testified that her parents were not U.S. Citizens at the time of her birth. Claimant stated she was in the process of obtaining Permanent Resident Alien Status, but had been unable to complete the application because she lacked the funds to do so.

Because Claimant credibly testified that she was not the child of parents who were U.S. citizens at the time of her birth, and she admitted she did not have Permanent Resident Alien Status, Claimant was properly denied full MA.

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 granted Claimant Emergency Services Only for the MA program.

**DECISION AND ORDER**

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



**Vicki Armstrong**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **2/5/2015**

Date Mailed: **2/5/2015**

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**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 48909-8139

cc:

