

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-016078
Issue No.: ESO
Agency Case No.: [REDACTED]
Hearing Date: November 19, 2015
County: DHHS SPECIAL
PROCESSING
OFFICE

[REDACTED]

MAHS Reg. No.: 15-016077
Issue No.: ESO
Agency Case No.: [REDACTED]
Hearing Date: November 19, 2015
County: DHHS SPECIAL
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OFFICE

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

HEARING DECISION

Pursuant to a [REDACTED] federal lawsuit, the Department of Health and Human Services (Department) issued notices to Medicaid applicants who were potentially denied full Medicaid coverage based on immigration status between [REDACTED] and [REDACTED]. The notice included information about how to request a hearing. Petitioner filed a request for a hearing and, accordingly, this matter is before the undersigned Administrative Law Judge pursuant to Michigan Administrative Hearing Rules (R 792.10101 – R 792.11903) and the Administrative Procedures Act, 1969 PA 306, as amended, MCL 24.201 *et seq.*

After due notice, a telephone hearing was held on [REDACTED], from Lansing, Michigan. The Petitioners were represented by [REDACTED]. The Department was represented by [REDACTED].

ISSUE

Did the Department properly determine Petitioners' immigration status or citizenship when determining Medicaid (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 [REDACTED], Petitioners applied for MA and were awarded ESO coverage.
2. On the date of MA application or redetermination, Petitioners were not United States citizens.
3. Beginning [REDACTED], Petitioners' **full-coverage MA applications** were denied.
4. On [REDACTED], the Department issued a notice to the Petitioners indicating they might have been denied full MA coverage based on immigration status between [REDACTED] and [REDACTED].
5. On [REDACTED], Petitioners requested a hearing.

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), Department of Health and Human Services Modified Adjusted Gross Income (MAGI) Related Eligibility Manual (MREM), and Department of Health and 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 administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, Petitioners requested a hearing disputing the **denial** of full MA coverage.

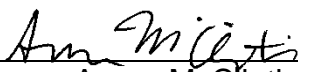
To be eligible for full MA coverage a person must be a U.S. citizen or an alien admitted to the U.S. under a specific immigration status. BEM 225 (January 2014), p. 2. At the time of application, Petitioners' status was resident alien in the United States for less than 5 years. [REDACTED] acknowledged at hearing that she and her husband have been living in the United States for fewer than 5 years.

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 act

properly determine Petitioners' immigration status or citizenship when determining MA eligibility.

DECISION AND ORDER

Accordingly, the Department's determinations about MA eligibility based on immigration status are **AFFIRMED**.



Aaron McClintic
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human
Services

Date Signed: **11/23/2015**

Date Mailed: **11/23/2015**

AM / 

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.

cc:

