

**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.: 15-016270  
Issue No.: ESO  
Agency Case No.: [REDACTED]  
Hearing Date: December 02, 2015  
County: DHHS Special Processing Office

**ADMINISTRATIVE LAW JUDGE:** C. Adam Purnell

**HEARING DECISION**

Pursuant to a September 8, 2014 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 January 2014 and May 2015. 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 December 2, 2015 from Lansing, Michigan. The Petitioner was represented by [REDACTED] (Petitioner's son and household group member). The Department was represented by [REDACTED] (Eligibility Specialist).

**ISSUE**

Did the Department properly determine Petitioner's 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. Petitioner is from Iraq, but received a green card in 2012. [Exhibit 1, pp. 17-18].
2. On October 20, 2014, Petitioner applied for MA or had a redetermination of current MA benefits. [Exhibit 1, pp. 4-14].
3. On the date of MA application, the Petitioner was a permanent resident. [Exhibit 1, pp. 17-18].

4. Beginning December 1, 2014, the Department denied Petitioner's application for MA coverage. [Exhibit 1, p. 16].
5. The Department denied Petitioner full MA coverage since November 1, 2014. [Exhibit 1, p. 17].
6. On August 26, 2015, Petitioner requested a hearing.
7. On September 10, 2015, the Department mailed Petitioner a Benefit Notice (DHS-176) which indicated that Petitioner's case has been updated and that he is eligible for full coverage effective October, 2014 through November, 2014. The notice further indicates, "You must reapply for ongoing Medicaid." [Exhibit 1, pp. 22-23].
8. On October 20, 2014, the Department mailed Petitioner a Health Care Coverage Determination Notice (DHS-1606) which indicated that he was eligible for ESO MA benefits from October 1, 2014 ongoing. [Exhibit 1, pp. 19-20].
9. On October 21, 2014, the Department mailed Petitioner a Health Care Coverage Determination Notice (DHS-1606) which indicated that from December 1, 2014 ongoing, he is not eligible for Medicaid benefits because "you are not under 21, pregnant, or a caretaker of a minor child in your home. You are not over 65 (aged), blind, or disabled." [Exhibit 1, pp. 23-24].

### **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).

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, Petitioner requested a hearing disputing the denial of full MA coverage. The Department representative who testified at the hearing indicated that Petitioner, according to the computer, had a closed MA case from December 1, 2014 to May 31, 2015. The Department representative further testified that Petitioner's Medicaid case closed because he failed to return a redetermination form in October, 2014. However, the Department failed to include any documentation in the record to support this contention.

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 (10-1-2014), p. 1. Petitioner testified that his family is from Iraq, but they were issued green cards and became permanent residents in 2012. At time of application or redetermination, Petitioner's status was a permanent resident. The undersigned is unable to clearly ascertain, based on this record, whether the Department properly determined Petitioner's MA coverage during the period of time in question. The documents appeared to conflict with each other and there were no documents in the file to clearly show that Petitioner's MA eligibility, based on immigration status, was clearly determined at the time of application.

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** properly determine Petitioner's immigration status or citizenship when determining MA eligibility.

### **DECISION AND ORDER**

Accordingly, the Department's determination about MA eligibility based on immigration status 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. Redetermine MA eligibility in accordance with Department policy, if not already done.
2. Notify Petitioner in writing of the Department's new MA eligibility determination, if not already done.



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

Date Mailed: **12/4/2015**

CAP/las

**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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

cc:

