

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

**IN THE MATTER OF:**

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██████████  
████████████████████

MAHS Reg. No.: 15-019728  
Issue No.: ESO  
Agency Case No.: ██████████  
Hearing Date: January 20, 2016  
County: DHHS Special  
Processing Office

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

**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 January 20, 2016, from Detroit, Michigan. The Petitioner was represented by the Petitioner ██████████. An Interpreter, ██████████ appeared as an ██████████ translator. The Department was represented by ██████████.

**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. On February 4, 2014 Petitioner applied for Medical Assistance (MA) benefits.
2. On the date of MA application, Petitioner was not a United States citizen. The Petitioner indicated that he had eligible immigration status on his application. Exhibit 4, p.8.

3. On August 26, 2014 the Department sent the Petitioner a Health Care Coverage Determination Notice effective April 1, 2014, ongoing, but did not specify the level of coverage. An Eligibility Summary indicated that the Petitioner had the Healthy Michigan Plan beginning April 1, 2014 and had full coverage Group 1 medical services beginning February 1, 2014. Exhibit 2
4. The Department could not determine if the Health Care Coverage Determination Notice was sent to the Petitioner and conceded that the Notice did not specify the coverage.
5. The Petitioner is a Permanent Resident with an [REDACTED] category who has permanent status since [REDACTED]. Exhibit 5
6. On an unknown date, the Department issued a notice to the Petitioner indicating he/she might have been denied full MA coverage based on immigration status between January 2014 and May 2015.
7. On August 31, 2015, Petitioner 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, Petitioner requested a hearing disputing the Department granting him ESO MA rather than full-coverage MA. To be eligible for full-coverage MA, 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. An individual who is a permanent resident alien with a class code on the permanent residency card other than RE, AM or AS is eligible only for ESO MA coverage for the first five years in the U.S. unless the alien is a qualified military alien or the spouse or dependent child of a qualified military alien. BEM 225, pp. 7-8, 30; MREM, § 3.6. A qualified military alien is a qualified alien on active duty in, or veteran honorably discharged from, the U.S. Armed Forces. BEM 225, p. 5; MREM, § 3.6. A person who does not meet an acceptable alien status, including undocumented

aliens and non-immigrants who have stayed beyond the period authorized by the U.S. Citizenship and Immigration Services, are eligible only for ESO MA coverage. BEM 225, p. 9. The alien status of each non-citizen must be verified to be eligible for full MA coverage. BEM 225, p. 2.

In this case, the Department testified that after Petitioner filed his hearing request, it reassessed his MA eligibility. Based on Petitioner's statements in his MA application that he was not a U.S. citizen but had eligible immigration status, and that he was a permanent resident, it issued a Health Care Coverage Determination Notice, and activated full-coverage MA for Petitioner from [REDACTED] ongoing. Exhibit 4. The Department also provided a Medicaid eligibility summary showing that Petitioner received full-coverage MA from [REDACTED] through [REDACTED]. Exhibit 4, p. 18. A review of the Petitioner's Permanent Resident Card indicates that he is a category [REDACTED] Exhibit 5.

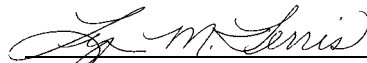
FIP, SDA and MA a permanent resident card with RE status qualifies the Petitioner for full coverage MA and is not limited to ESO. BEM 225, p. 32.

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 properly determined 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

**AFFIRMED.**



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**Lynn M. Ferris**

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

Date Signed: **2/18/2016**

Date Mailed: **2/18/2016**

LMF / 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.

CC: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]