

**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.: 15-024312  
Issue No.: ESO  
Agency Case No.: [REDACTED]  
Hearing Date: February 24, 2016  
County: Lapeer

**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 three-way telephone conference hearing was held on February 24, 2016, from Lansing, Michigan. Petitioner appeared and provided testimony. The Department was represented by [REDACTED] (Eligibility Specialist), [REDACTED] (Eligibility Specialist/Hearing Facilitator). [REDACTED] (Petitioner's daughter) appeared as a witness. [REDACTED] (Migrant Program Specialist) served as Spanish-English translator during the hearing.

**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 November 5, 2014, Petitioner applied for MA benefits. [Exhibit 1, pp. 5-12].
2. On the date of MA application, the Petitioner was a permanent resident. [Exh. 1, p. 15].
3. Beginning November, 2014, the Department approved Petitioner's MA application for Emergency Services Only (ESO) MA coverage. [Exh. 1, pp. 16-18].

4. In August, 2015, the Department issued a notice to the Petitioner indicating that she may have been denied full MA coverage based on immigration status between January 2014 and May 2015. [Exh. 1, pp. 16-18].
5. On September 2, 2015, Petitioner requested a hearing. [Exh. 1, p. 2].
6. On January 7, 2016, the Department mailed Petitioner a Benefit Notice (DHS-176) which indicated that Petitioner was approved for full MA coverage from November, 2014 through October, 2015. [Exh. 1, pp. 19-20].

### 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 activation of ESO MA coverage. The Department contends that it initially incorrectly provided ESO MA coverage, but it has since corrected the error and provided Petitioner with full MA coverage from November, 2014 through October, 2015.

Policy requires the Department determine the alien status of each non-citizen requesting benefits at application, member addition, redetermination and when a change is reported. BEM 225 (1-1-2014), p. 1.

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, p. 2. The alien status of each non-citizen must be verified to be eligible for full MA coverage. BEM 225, p. 2.

MA coverage is limited to emergency services for any: (1) persons with certain alien statuses or U.S. entry dates as specified in policy; (2) persons refusing to provide citizenship/alien status information on the application; and/or (3) persons unable or refusing to provide satisfactory verification of alien information. BEM 225, p. 3. All other eligibility requirements including residency **must** be met even when MA coverage is limited to emergency services. BEM 225, p. 3.

Persons listed under the program designations in Acceptable Status meet the requirement of citizenship/alien status. Eligibility may depend on whether or not the person meets the definition of Qualified Alien. BEM 225, p. 3.


"Qualified alien" means an alien who is lawfully admitted for **permanent residence** under the INA or is a **legal permanent resident spouse or parent**, or by a member of the spouse or parent's family living in the same household, or is the parent or child of a battered person. BEM 225, p. 4 (Emphasis added).

In this case, the record shows that Petitioner was a permanent resident at the time of application and that the Department should not have provided ESO MA coverage. However, the record also shows that the Department subsequently corrected the error and provided Petitioner with retroactive MA coverage during the relevant time period. Therefore, Petitioner was eligible for full MA benefits rather than ESO.

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** 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 **AFFIRMED**.



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C. Adam Purnell  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human  
Services

Date Mailed: **2/29/2016**

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:

