



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: [REDACTED]  
MAHS Docket No.: 15-026900  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Eric J. Feldman**

**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 Detroit, Michigan. The Petitioner was represented by [REDACTED], Petitioner. The Department was represented by [REDACTED], Eligibility Specialist. [REDACTED] served as 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 [REDACTED], Petitioner applied for MA benefits. See Exhibit A, pp. 4-15.

2. On the date of MA application, Petitioner was not a United States citizen, but did indicate in the application that he has eligible immigration status. See Exhibit A, p. 6.
3. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice notifying him that he is eligible for only Emergency Services Only (ESO) coverage from [REDACTED], ongoing. See Exhibit A, pp. 24-25.
4. Petitioner's Medicaid Eligibility indicated the following coverage: (i) he received Emergency Services Only (ESO) coverage from [REDACTED]; (ii) no MA coverage from [REDACTED]; (iii) ESO coverage for [REDACTED]; and (iv) he received full-coverage MA from [REDACTED]. See Exhibit A, pp. 16-21.
5. On [REDACTED], Petitioner requested a hearing. See Exhibit A, p. 2.
6. On [REDACTED], the Department sent Petitioner a Benefit Notice notifying him that he was eligible for full coverage MA from [REDACTED]. See Exhibit A, pp. 22-23.

### **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 MA benefits. See Exhibit A, p. 2. It should also be noted that the undersigned's jurisdiction is only to review whether the Department denied Petitioner's full MA coverage between [REDACTED] and

[REDACTED], in accordance with federal and state laws and policies.

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 [REDACTED]; [REDACTED], 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 the present case, Petitioner's Medicaid Eligibility indicated the following coverage: (i) he received ESO coverage from [REDACTED]; (ii) no MA coverage from [REDACTED]; (iii) ESO coverage for [REDACTED]; and (iv) he received full-coverage MA from [REDACTED]. See Exhibit A, pp. 16-21. Specifically, the undersigned provides in-depth information about Petitioner's MA coverage below:

First, for [REDACTED], and [REDACTED], the Department testified that these periods were based on a prior application dated [REDACTED], in which the Department had verification that he was not eligible for full-MA coverage at that time. It should be noted that it is unclear why the Department gave him coverage for [REDACTED]. Petitioner's coverage for [REDACTED] would not have been related to the [REDACTED] application, but to the [REDACTED] application. In the [REDACTED] application, Petitioner did not request any retroactive coverage. See Exhibit A, p. 6. Nonetheless, the Department provided coverage anyway.

Second, for [REDACTED], the Department testified that Petitioner's MA benefits closed due to failure to submit a redetermination.

Third, the Department provided full-coverage MA from [REDACTED] because the Department testified that Petitioner attested to having eligible immigration status on his application. See Exhibit A, pp. 1 and 6; and see BAM 130 ([REDACTED]), p. 4 (When an applicant for Medicaid claims to be a U.S. citizen or to have qualified immigrant status, and all other eligibility factors are met, certify benefits. Once the case has been open and coverage entered in Bridges, verification of citizenship must be completed).

Fourth, for [REDACTED], the Department testified that Petitioner had his six-month review and in error, provided him with full-coverage.

Additionally, the evidence record did not contain Petitioner's permanent resident card. However, the Petitioner testified that he had his card present with him during the hearing and indicated that the card showed that he was a resident since [REDACTED], and an IR5 category. Moreover, Petitioner testified that he did not enter the U.S. based on asylum or refugee status, nor was anyone a qualified military alien.

Based on the foregoing information and evidence, along with both parties' testimony, the Department properly determined Petitioner's immigration status when determining MA eligibility.

First, as to the period of [REDACTED], and [REDACTED], the Department only provided Petitioner with ESO coverage. In the present case, Petitioner was not permanent resident alien for five or more years, he did not enter the U.S. based on asylum or refugee status, he did not have an eligible class code, and there was not a qualified military alien. Based on this information, Petitioner would not be eligible for full-coverage MA for the above benefit periods. As such, the Department properly determined Petitioner's immigration status or citizenship when determining MA eligibility for [REDACTED].

Second, as to the period of [REDACTED], Petitioner did not receive any coverage based on his failure to submit a redetermination. As such, Petitioner would not be eligible for any MA coverage because of his failure to submit the redetermination.

Third, the Department initially provided Petitioner with only ESO coverage for [REDACTED]. However, the Department updated all of Petitioner's benefit periods that previously had ESO coverage to full MA coverage because he lawfully attested to being in the U.S. See Exhibit A, pp. 1 and 6. Because Petitioner lawfully attested to being in the U.S., the undersigned finds that Department properly determined Petitioner's immigration status when determining his MA eligibility for [REDACTED]. See BAM 130, p. 4.

Fourth, the Department also provided full-coverage MA for the Petitioner from [REDACTED]. The Department indicated that it was done in error as Petitioner had his six-month review. Nonetheless, the Department chose to provide full-coverage MA for the Petitioner, which is for his benefit.

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 from [REDACTED].

### **DECISION AND ORDER**

Accordingly, the Department's determination about MA eligibility based on immigration

status is **AFFIRMED** for the period of [REDACTED].

EJF/hw



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**Eric J. Feldman**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to [REDACTED]; 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

**DHHS**

[REDACTED]

**Petitioner**

[REDACTED]