



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: March 27, 2017  
MAHS Docket No.: 17-001165  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

### **HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, telephone hearing was held on March 01, 2017, from Lansing, Michigan. The Petitioner was represented by himself. The Department was represented by [REDACTED] Assistance Payments Supervisor, and [REDACTED] Eligibility Specialist.

### **ISSUE**

Did the Department of Health and Human Services (Department) properly determine Petitioner's eligibility for Medical Assistance (MA)?

### **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 was an ongoing Medical Assistance (MA) recipient.
2. On November 4, 2016, the Department received Petitioner's completed Redetermination (DHS-1010) form. Exhibit A, p 3.
3. On December 15, 2016, the Department sent Petitioner a Verification Checklist (DHS-3503) requesting verification of the income that was reported on the Redetermination form by December 27, 2016. Exhibit A, p 22.
4. On December 15, 2016, the Department notified Petitioner that his children were eligible for Medical Assistance (MA) with Emergency Services Only (ESO). Exhibit A, p 26.

5. On January 6, 2017, the Department notified Petitioner that it would close his Medical Assistance (MA) benefits effective February 1, 2017. Exhibit A, p 24.
6. On January 13, 2017, the Department received Petitioner's request for 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), 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 (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

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. U.S. citizenship must be verified with an acceptable document to continue to receive Medicaid. Permanent resident aliens are limited to ESO benefits for their first five years in the country. Department of Human Services Bridges Eligibility Manual (BEM) 225 (October 1, 2016), pp 1-37.

Petitioner was an ongoing MA recipient when he submitted a Redetermination (DHS-1010) form on November 4, 2016. On December 15, 2016, the Department notified him that his children were limited to MA benefits under the ESO category. Petitioner provided the Department with verification of his children's immigration status as Permanent Resident Aliens and did not dispute that their entry date into the United States was within the previous five years.

This Administrative Law Judge finds that the Department was acting in accordance with policy when it limited Petitioner's children to ESO benefits because they have not resided in the United State for five years.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (October 1, 2016), p 8.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A

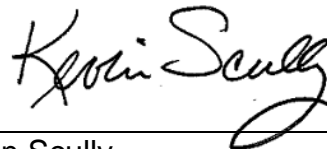
collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (January 1, 2017), pp 1-9.

On December 15, 2016, the Department sent Petitioner a Verification Checklist (DHS-3503) requesting that he provide verification of the income that he reported on a Redetermination form by December 27, 2016. Petitioner had reported contributions to his family, which meet the Department's definition of unearned income, as required by policy but failed to provide verification of those funds. When Petitioner failed to provide the required verification documents by the due date, the Department notified him on January 6, 2017, that it would close his MA benefits for failure to provide the Department with information necessary to accurately determine his eligibility to receive benefits.

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 acted in accordance with Department policy when it closed Petitioner's Medical Assistance (MA) benefits and limited his children to Emergency Services Only (ESO) based on their immigration status.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.



KS/nr

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Kevin Scully  
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 (517) 335-6088; 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]