



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED] MI [REDACTED]

Date Mailed: September 13, 2016  
MAHS Docket No.: 15-025882  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

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

**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 hearing was held on August 25, 2016, from Detroit, Michigan. The Petitioner was represented by his Authorized Hearing Representative (AHR)/son, [REDACTED]. The Department was represented by Monika Trimmer, 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. On [REDACTED] 2015, Petitioner applied for MA benefits via the Federally Facilitated Marketplace Application Transfer. See Exhibit A, pp. 4-16.

2. On the date of MA application, Petitioner was not a United States citizen, but the “FDSH Verification Details” section indicated that he had lawful presence in the U.S. See Exhibit A, pp. 5 and 15.
3. On an unspecified date, the Department updated the benefit periods that previously had Emergency Services Only (ESO) coverage and provided Petitioner with full-coverage MA from March 2015 to October 2015. See Exhibit A, pp. 1 and 17 (Medicaid Eligibility).
4. On [REDACTED], Petitioner’s AHR requested a hearing. See Exhibit A, p. 2.
5. On March 28, 2016, the Department sent Petitioner a Benefit Notice notifying him that he was eligible for full-coverage MA from March 2015 to October 2015, until his case closed. See Exhibit A, pp. 18-19.

### 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’s AHR 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 January 2014 to May 2015, 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 (January 2014; July 2014; October 2014; and October 2015), 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 evidence record did contain Petitioner's permanent resident card, which showed that Petitioner was a resident since July 10, 2004, with an F42 category. See Exhibit A, p. 20. Based on this information, Petitioner would be eligible for full coverage MA benefits because he has been a permanent resident alien for five or more years. BEM 225, pp. 7-8, 30; MREM, § 3.6. In fact, the Department updated the benefit periods that previously had ESO coverage and provided Petitioner with full-coverage MA from March 2015 to October 2015. See Exhibit A, pp. 1 and 17 (Medicaid Eligibility).

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, the evidence indicated that Petitioner did not have active MA coverage for January 2014 to February 2015. See Exhibit A, p. 17.

Second, for the period of March 2015 to October 2015, the Department updated all of Petitioner's benefit periods that previously had ESO coverage to full MA coverage. See Exhibit A, pp. 1 and 17. As stated previously, Petitioner would be eligible for full MA coverage during this time period because he has been a permanent resident alien for five or more years. BEM 225, pp. 7-8, 30; MREM, § 3.6. As such, the undersigned finds that Department properly determined Petitioner's immigration status when determining his MA eligibility for March 2015 to October 2015.

Third, it was discovered that Petitioner's MA benefits closed effective November 1, 2015, and that he subsequently reapplied for benefits in 2016, which he again was approved only for ESO coverage. See Exhibit A, pp. 17 and 19. However, these two issues occurred outside the undersigned's jurisdiction. As stated above, the undersigned's jurisdiction is only to review whether the Department denied Petitioner's full MA coverage between January 2014 and May 2015. The closure of Petitioner's MA benefits and his subsequent application occurred after this time period; therefore, the undersigned will not address these two issues.

Nonetheless, 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**.

EF/hw



---

**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 (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**

SSPC  
2651 Coolidge Rd, Suite 100  
East Lansing, MI 48823

**Authorized Hearing Rep.**

[REDACTED]  
[REDACTED] MI [REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED] MI [REDACTED]