



**Date Mailed:** September 9, 2025  
**Docket No.:** 25-026102  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED] [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

**This is an important legal document. Please have someone translate the document.**

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

**Este es un documento legal importante. Por favor, que alguien traduzca el documento.**

这是一份重要的法律文件。请让别人翻译文件。

**Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.**

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## 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; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via telephone conference on August 14, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Amber Gibson, Hearing Facilitator. Department Exhibit 1, pp. 1-15 was received and admitted.

### ISSUE

Did the Department properly determine that Petitioner was eligible for Emergency Services Only Medicaid (MA-ESO)?

### 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 June [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that she was approved for Emergency Services Only Medicaid.
2. On July [REDACTED] 2025, Petitioner requested hearing disputing the determination of Emergency Services Only Medicaid.
3. Petitioner and other household members have been permanent residents of the United States since March [REDACTED] 2024.

### 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.

### **FIP, SDA and MA**

Non-citizen admitted into the U.S. with one of the following immigration statuses: Lawful Permanent Resident with a class code on the I-551 other than RE, AM or AS. Non-citizen paroled into the U.S. for at least one year under INA Section 212(d)(5). Exception (both statuses above): The eligibility of a noncitizen admitted into the U.S. on or after August 22, 1996, with one of these statuses is restricted as follows unless the noncitizen is a qualified military non-citizen or the spouse or dependent child of a qualified military non-citizen: For FIP, an individual is disqualified for the first five years in the U.S. For SDA, an individual is disqualified. For MA an individual is limited to emergency services for the first five years in the U.S. BEM 225

In this case, Petitioner and the other household members have been permanent residents in the United States since March █ 2024, therefore they have been permanent residents for fewer than 5 years and are only eligible for Emergency Services Only Medicaid. Petitioner and other household members are eligible for Emergency Services Only Medicaid, which was the determination made by the Department and it was proper and correct and consistent with Department policy. BEM 225

### **DECISION AND ORDER**

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 determined that Petitioner was eligible for Emergency Services Only Medicaid.

Accordingly, the Department's decision is **AFFIRMED**.

*Aaron McClinton*  
AARON MCCLINTIC  
ADMINISTRATIVE LAW JUDGE

**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](http://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to [MOAHR-BSD-Support@michigan.gov](mailto:MOAHR-BSD-Support@michigan.gov), OR
- by fax at (517) 763-0155, OR
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

**Via Electronic Mail:**

**Respondent**  
INGHAM COUNTY DHHS  
5303 S CEDAR ST  
PO BOX 30088  
LANSING, MI 48911  
**MDHHS-INGHAM-**  
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**Via First Class Mail:**

**Petitioner**  
[REDACTED]  
[REDACTED]  
[REDACTED]