



Date Mailed: October 10, 2025

Docket No.: 25-030831

Case No.: [REDACTED]

Petitioner: [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 জাইনি ডকুমেন্ট। দয়া করে কেউ দ্রষ্টাবেজ 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

On August 26, 2025, Petitioner [REDACTED] requested a hearing to dispute a Medicaid determination. As a result, a hearing was scheduled to be held on October 8, 2025. Public assistance hearings are held pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Assistance Payments Worker Ivana Lograsso appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 38-page packet of documents provided by the Department was admitted collectively as Exhibit A.

ISSUES

Did the Department properly determine Petitioner's Medicaid eligibility when it determined that her spouse was eligible for Emergency Services Only (ESO) Medicaid due to his citizenship status?

Did the Department properly determine Petitioner's Food Assistance Program (FAP) eligibility when it determined that her spouse was an ineligible group member due to his citizenship status?

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 requested public assistance benefits for her spouse, including Medicaid and FAP benefits.
2. Petitioner's spouse is not a United States citizen.
3. Petitioner's spouse entered the United States on November [REDACTED] 2013.
4. Petitioner's spouse is not a lawful permanent resident.

5. Petitioner's spouse is not a member or former member of the United States military, and neither of Petitioner's spouse's parents were members of the United States military.
6. Petitioner's spouse has applied to become a lawful permanent resident, but the United States has not granted his application yet.
7. Petitioner's spouse has an employment authorization issued by the United States with class C09; Petitioner's spouse's most recent employment authorization is valid from July █ 2024, through July █ 2029.
8. The Department determined that Petitioner's spouse was eligible for ESO Medicaid due to his citizenship status, and the Department determined that Petitioner could not receive FAP benefits for her spouse because he was an ineligible group member due to his citizenship status.
9. Petitioner is disputing the Department's decision.

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).

MEDICAID

Medicaid is known as Medical Assistance (MA). The 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, the Department determined that the only Medicaid coverage that Petitioner's spouse was eligible for was ESO Medicaid because Petitioner's spouse did not meet the requirements for a non-citizen to be eligible for any other type of Medicaid coverage. For a client to be eligible for full-coverage Medicaid, the client must be a United States citizen or a non-citizen admitted to the United States under a specific immigration status. BEM 225 (November 1, 2024), p. 2.

Petitioner did not present sufficient evidence to establish that her spouse was a qualifying non-citizen under BEM 225. Although Petitioner's spouse may have entered the United States more than five years ago, that does not mean that Petitioner's spouse is a qualified non-citizen under BEM 225. Petitioner's spouse must also have been

admitted to the United States under a specific immigration status such as a lawful permanent resident. Petitioner presented an I-485 application showing that Petitioner's spouse has applied to become a lawful permanent resident, but the application does not establish that Petitioner's spouse has been granted lawful permanent resident status. Petitioner also presented an I-797 employment authorization document approval notice, but the approval notice only establishes that Petitioner's spouse is authorized to work in the United States while awaiting a decision on his I-485 application.

The Department properly determined that Petitioner's spouse was not a qualifying non-citizen under BEM 225. Accordingly, the Department properly determined that Petitioner's spouse was limited to ESO Medicaid. Therefore, the Department's decision to find Petitioner's spouse eligible for ESO Medicaid is affirmed.

FOOD ASSISTANCE

The Food Assistance Program (FAP) is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-119b, and Mich Admin Code, R 400.3001-.3011.

In this case, the Department determined that Petitioner could not receive FAP benefits for her spouse because he was an ineligible group member due to his citizenship status. For a group member to be eligible for FAP benefits, the group member must be a United States citizen or a non-citizen admitted to the United States under a specific immigration status. BEM 225 (November 1, 2024), p. 1. As stated in the Medicaid section above, Petitioner did not present sufficient evidence to establish that her spouse was a qualifying non-citizen under BEM 225. Accordingly, the Department properly determined that Petitioner's spouse was an ineligible group member due to his citizenship status. Therefore, the Department's decision to find Petitioner's spouse ineligible for FAP benefits is affirmed.

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 its policies and the applicable law when it determined Petitioner's spouse's Medicaid eligibility and FAP eligibility.

IT IS ORDERED that the Department's decision is **AFFIRMED**.



JEFFREY KEMM
ADMINISTRATIVE LAW JUDGE

25-030831

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. 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, **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

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