



**Date Mailed:** November 7, 2025

**Docket No.:** 25-034570

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

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

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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 October 27, 2025. Petitioner was represented by [REDACTED] [REDACTED] Petitioner's son. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Victoria Lewis, Eligibility Specialist.

### **ISSUE**

Did the Department properly deny Petitioner's Medical Assistance (MA) Program application?

### **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 March [REDACTED] 2025, the Department issued a Health Care Coverage Determination Notice (HCCDN) to Petitioner informing him that he was approved for Healthy Michigan Plan (HMP) Emergency Services Only (ESO) coverage effective April 1, 2025, ongoing.
2. Petitioner has a Permanent Resident card showing his immigration category as F42, immigrating from Bangladesh, with an entry date of April [REDACTED] 2023 and an expiration date of April [REDACTED] 2033.
3. On September [REDACTED] 2025, the Department received a duplicate application for MA benefits for Petitioner. Another application had been previously submitted and approved for ESO coverage only. No action was taken based on the application, and the previous HCCDN was reissued.
4. On September 18, 2025, the Department received Petitioner's request for a hearing.

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## **CONCLUSIONS OF LAW**

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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.

In this case, Petitioner disputes the Department's determination that he was eligible for ESO MA coverage only. In all programs, the Department is required to determine alien status of each non-citizen requesting benefits at application, redetermination, member addition, and when a change is reported. BEM 225 (November 2024), p. 1. In MA cases, citizenship and alien status are not eligibility factors for ESO MA coverage. *Id.* However, the person seeking MA coverage must meet all other eligibility factors including residency. *Id.* 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. *Id.* The Department is only required to verify that a person is a citizen or has an eligible immigration status, not when the individual self-reports that they are not a citizen and does not have an eligible immigration status. BAM 130 (May 2024), p. 5. Individuals with certain types of alien status or U.S. entry dates are limited to ESO MA coverage. BEM 225, p. 2.

Pursuant to policy and federal regulations, individuals with one of the following statuses may be eligible for full coverage MA benefits:

- U.S. citizen
- Persons born in Canada who are at least 50% American Indian
- Member of a federally acknowledged American Indian Tribe
- Qualified military alien
- A qualified alien spouse and unmarried qualified alien dependent children of a qualified military alien
- Holder of one of the following immigration statuses:
  - Permanent resident alien with a class code RE, AM, AS, SI, or SQ on the I-551 (former refugee or asylee)
  - Refugee admitted under Immigration and Nationality Act (INA) Section 207
  - Granted asylum under INA Section 208

25-034570

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- Cuban/Haitian entrant
  - Amerasian under P.L. 100-202 (class code AM on the I-551)
  - Victim of trafficking under P.L. 106-386 of 2000
  - Alien granted conditional entry under INA Section 203(a)(7)
  - Non-citizen whose deportation is being withheld under INA Sections 241(b)(3) or 243(h)
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BEM 225, pp. 4-9. Any person who does not meet any of the MA citizenship/alien statuses listed above are limited to ESO MA coverage for the first five years of their residency. BEM 225, pp. 8, 9.

Because Petitioner has an immigration category of F42, he does not meet the criteria to be eligible for full coverage MA benefits and is limited to ESO coverage only for the first five years of his residency.

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 Petitioner's MA eligibility.

**DECISION AND ORDER**

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



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**AMANDA MARLER  
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](https://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**

WAYNE-HAMTRAMCK-DHHS  
12140 JOSEPH CAMPAU  
HAMTRAMCK, MI 48212  
**MDHHS-WAYNE-55-  
HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]