

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES**

IN THE MATTER OF:



Reg. No.: 2014-28214
Issue No(s).: 2001
Case No.: [REDACTED]
Hearing Date: March 27, 2014
County: Isabella County DHS

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Claimant'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, a telephone hearing was held on March 27, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], Social Worker, and [REDACTED] wife. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly determine Claimant'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. On November 5, 2013, a MA application was filed for the Claimant.
2. On November 5, 2013, a Verification Checklist was issued stating what verifications, including proof of alien/immigration status, were needed by the November 15, 2013 due date.
3. A copy of an expired Permanent Resident Alien card for Claimant was submitted to the Department by the due date.
4. On January 27, 2014, a Notice of Case Action was issued to Claimant stating he was approved for Emergency Services Only Medicaid effective December 1, 2013 and was denied for the Medicare Savings Program effective November 1, 2013.
5. On February 10, 2014, a hearing request was filed on Claimant's behalf.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

The Department is to determine the alien status of each non-citizen requesting benefits at application, member addition, redetermination and when a change is reported. BEM 225 (7-1-2013) p. 1

Citizenship/alien status is not an eligibility factor for emergency services only (ESO) MA. 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. BEM 225 p.2.

U.S. citizenship must be verified with an acceptable document to continue to receive Medicaid. The alien status of each non-citizen must be verified to be eligible for full MA coverage. BEM 225 p.2.

MA coverage is limited to emergency services for any: persons with certain alien statuses or U.S. entry dates as specified in policy; persons refusing to provide citizenship/alien status information on the application; persons unable or refusing to provide satisfactory verification of alien information. BEM 225 p. 3.

The coverage of a person who is unable to obtain verification of alien status or refuses to cooperate in obtaining it is limited to emergency services until verification is obtained. BEM 225 p. 21.

The policy addressing verification sources states that permanent resident alien status is indicated on one of the following: I-151 issued before June 1978 or I-551; I-327 (unexpired); I-94 stamped "Processed for I-551"; passport stamped "Processed for I-551 Temporary Evidence of Lawful Admission for Permanent Residence." BEM 225 p. 26.

Regarding the I-551, the policy states "I-551, Alien Registration Receipt Card (Resident Alien Card). It is a revised edition of the I-151, issued for a renewable 10-year period to permanent resident aliens. The expiration date is on the document face." BEM 225 p. 35.

In this case, a MA application was filed for the Claimant on November 5, 2013. On November 5, 2013, a Verification Checklist was issued stating what verifications, including proof of alien/immigration status, were needed by the November 15, 2013 due

date. It was uncontested that a copy of an expired Permanent Resident Alien card for Claimant was provided to the Department by the due date. The Permanent Resident Alien card had expired on April 7, 2011. (Exhibit A, page 4)

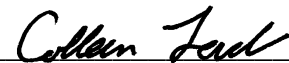
The Social Worker provided credible testimony regarding the Claimant's fragile health status and the attempts being made to renew his Permanent Resident Alien card. In part, there is an issue with fingerprinting because Claimant is in hospice unable to leave the facility and he has severe contractures of his hands. It was also noted that without full Medicaid coverage necessary Medicaid-covered services Claimant has been receiving would stop, including remaining in the facility.

The BEM 225 policy is clear, verification of citizenship/alien status is required at application. The emails with the MA-policy unit indicate that even though the Department understands immigration status does not expire on the date the card expires, Claimant is now considered undocumented because there is no current, non-expired verification of his status. This is consistent with the above cited BEM 225 policy provisions. The BEM 225 policy directs that when a person is unable to obtain verification of alien status Medicaid coverage is limited to Emergency Services Only until verification is obtained. While this ALJ sympathizes with Claimant's circumstances, the Department's determination to approve Emergency Services Only Medicaid was in accordance with the BEM 225 policy.

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 MA eligibility for Claimant.

DECISION AND ORDER

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



Colleen Lack
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 18, 2014

Date Mailed: April 18, 2014

NOTICE OF APPEAL: The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

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 48909-07322

CL/hj

cc:

