

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-019108;15-020845
Issue No.: ESO
Agency Case No.: [REDACTED]
Hearing Date: December 10, 2015
County: DHHS Special Processing Office

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

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 telephone hearing was held on December 10, 2015, from Lansing, Michigan. [REDACTED] and [REDACTED] were represented by [REDACTED]. The Department was represented by [REDACTED]. [REDACTED] served as Bengali translator during the hearing.

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 February 2, 2014 Petitioner applied for MA or had a redetermination of current MA benefits.
2. On June 16, 2014, [REDACTED] applied for MA benefits.
3. On the date of MA application or redetermination, Petitioner was not a United States citizen.

4. Beginning February 2014, Petitioner's **full-coverage MA case and/or application** was **converted/approved** for Emergency Services Only (ESO) MA coverage or denied MA coverage.
5. Beginning February 2014, [REDACTED] **full-coverage MA case and/or application** was **converted/approved** for Emergency Services Only (ESO) MA coverage or denied MA coverage.
6. The Department issued a notice to the Petitioner and [REDACTED] indicating he/she might have been denied full MA coverage based on immigration status between January 2014 and May 2015.
7. On August 27, 2015, Petitioner and [REDACTED] requested hearings.
8. On October 8, 2015, the Department issued a Health Care Coverage Determination Notice that states the following: "[REDACTED] is approved for full healthcare coverage beginning 04/01/2014- 06/01/2014 and 11/1/2014-12/31/2014."
9. On November 6, 2015, the Department issues a Benefit Notice for [REDACTED] that states the following "MA approved full coverage for the following months 02/2014-11/2014 as a result of Unan vs. MDHHS."

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 requested a hearing disputing the **conversion to ESO MA and denial** of full MA coverage.

On October 8, 2015, the Department activated full coverage Medicaid for the months of April 2014 through June 2014 and November 2014 through December 2014 for [REDACTED]. On November 6, 2015, the Department activated full coverage Medicaid for the months of February 2014 through November 2014. This was satisfactory to Petitioner and he acknowledged that no further action by the Department was required.

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 properly in determining Petitioner's MA eligibility and [REDACTED] MA eligibility.

DECISION AND ORDER

Accordingly, the Department's determination about MA eligibility based on immigration status is **AFFIRMED**.



Aaron McClintic
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human
Services

Date Mailed: 12/16/15

AM/las

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

cc:

