



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

MIKE ZIMMER
DIRECTOR

[REDACTED]

Date Mailed: March 10, 2015
MAHS Docket No.: 15-019107
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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, an in-person hearing was held on February 23, 2016¹, from Grand Rapids, Michigan. [REDACTED], the Petitioner, appeared on her own behalf. [REDACTED], Mother, appeared as a witness for the Petitioner. The Department was represented by [REDACTED], Eligibility Specialist (ES). [REDACTED], [REDACTED], provided interpretation services during the hearing.

During the hearing proceedings, the Department's Hearing Summary packet for Petitioner's case was admitted as Department Exhibit B, pp. 1-29. The Department's Hearing Summary packet for Petitioner's mother's case was admitted as Department Exhibit A, pp. 1-32, and the Department's Hearing Summary packet for Petitioner's sister's case was admitted as Department Exhibit C, pp. 1-34.

ISSUE

Did the Department properly determine Petitioner's immigration status or citizenship when determining Medicaid (MA) eligibility?

¹ The Petitioner's case was held in conjunction with 15-019367 and 15-020514. The Petitioners in all three cases are family members and the appeals involved the same types of case actions.

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 24, 2014, Petitioner applied for MA. (Department Exhibit B, pp. 5-21)
2. On the MA application it was marked that Petitioner was not a U.S. Citizen or National but did have eligible immigration status. (Department Exhibit B, p. 9)
3. On the MA application it was also noted that this is a refugee case from [REDACTED] of Michigan. (Department Exhibit B, pp. 18-19)
4. In March 2014, the Department received some verification of Petitioner's refugee status. (Department Exhibit A, pp. 31-32)
5. On January 26, 2015, a Health Care Coverage Determination Notice was issued to Petitioner stating she was approved for Emergency Services Only MA coverage for January 2014, September 2014, November 2014 through January 2015, and February 2015 and ongoing. (Department Exhibit B, pp. 25-27)
6. On August 31, 2015, Petitioner filed a hearing request contesting the Department's determination. (Department Exhibit B, p. 2)
7. On October 6, 2015, a Benefit Notice was issued to Petitioner stating she was eligible for full Medicaid coverage effective January 2014. It was noted that Petitioner already had ongoing active full MA coverage. (Department Exhibit B, pp. 28-29)
8. The Department has approved full MA coverage for Petitioner since January 2014. (Department Exhibit A, pp. 22-23; Testimony of ES)

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 denial of full MA coverage. (Department Exhibit B, p. 2)

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 (January 1, 2014), p. 2.

For all programs, acceptable status includes refugee admitted under INA Section 207. BEM 225, p. 7.

When an applicant for Medicaid claims to be a U.S. citizen or to have qualified immigrant status, and all other eligibility factors are met, certify benefits. Once the case has been open and coverage entered in Bridges, verification of citizenship must be completed. Attempt to verify citizenship and identity through a data match such as the Social Security Administration or a DCH vital records match. MAGI- related applicants will have citizenship and identity verified if the application comes to DHS via the Federally Facilitated Marketplace (FFM). If there is a discrepancy with the information or it is not available then contact with the beneficiary is necessary; see BEM 221 and 225. BAM 130, (January 1, 2014), p. 4.

On February 24, 2014, Petitioner applied for MA. (Department Exhibit B, pp. 5-21) On the MA application it was marked that Petitioner was not a U.S. Citizen or National but did have eligible immigration status. (Department Exhibit B, p. 9) On the MA application it was also noted that this is a refugee case from [REDACTED] of Michigan. (Department Exhibit B, pp. 18-19) In March 2014, the Department received some verification of Petitioner's refugee status. (Department Exhibit A, pp. 31-32) It appears that Petitioner's application was initially approved for Emergency Services Only MA coverage.

On January 26, 2015, a Health Care Coverage Determination Notice was issued to Petitioner stating she was approved for Emergency Services Only MA coverage for January 2014, September 2014, November 2014 through January 2015, and February 2015 and ongoing. (Department Exhibit B, pp. 25-27)

The Department's hearing summary notes that all benefit periods that previously had Emergency Services Only Coverage have been updated to full MA coverage. (Department Exhibit B, p. 1) On October 6, 2015, a Benefit Notice was issued to Petitioner stating she was eligible for full Medicaid coverage effective January 2014. It was noted that Petitioner already had ongoing active full MA coverage. (Department Exhibit B, pp. 28-29) The MA eligibility history shows that the Department only approved full MA coverage for January 2014 through July 2015. (Department Exhibit A, pp. 22-23) However, the ES testified that the Department has actually approved full MA coverage for January 2014 through the present. (Testimony of ES)

Petitioner and her mother testified that they had no questions or anything they wanted to add.

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 has already updated their determination about MA eligibility based on Petitioner's immigration status for the relevant time period to full MA coverage.

DECISION AND ORDER

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

CL/mc



Colleen Lack
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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 48909-8139

DHHS

[REDACTED]

DHHS

[REDACTED]

Petitioner

[REDACTED]