



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 24, 2016
MAHS Docket No.: 15-024321
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Eric Feldman

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 three-way telephone hearing was held on March 17, 2016, from Detroit, Michigan. The Petitioner was represented by her Authorized Hearing Representative (AHR) [REDACTED]. The Department was represented by [REDACTED] Eligibility Specialist.

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 [REDACTED], Petitioner applied for MA benefits. See Exhibit A, pp. 5-13.
2. In the application dated [REDACTED], Petitioner indicated that she was not a United States citizen. See Exhibit A, p. 7.

3. For May 2014, Petitioner appeared to initially receive Emergency Services Only (ESO); however, the Department updated all benefit periods and provided Petitioner with full MA coverage for May 2014. See Exhibit A, pp. 24-26.
4. From June 2014 to January 2015, Petitioner received no MA coverage. See Exhibit A, p. 24.
5. On [REDACTED], Petitioner applied for MA benefits. See Exhibit A, pp. 14-22.
6. In the application dated [REDACTED], Petitioner indicated that she was not a United States citizen. See Exhibit A, p. 16.
7. Petitioner's Medicaid Eligibility showed the following: (i) no MA coverage for January 2015; and (ii) full MA coverage from February 2015, ongoing. See Exhibit A, pp. 23-24.
8. On [REDACTED], the Department sent Petitioner a Health Care Coverage Determination Notice (determination notice) notifying her that she was eligible for full MA coverage effective [REDACTED], ongoing. See Exhibit A, pp. 27-30.
9. On [REDACTED], Petitioner's AHR requested a hearing. See Exhibit A, p. 2.

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's AHR requested a hearing disputing the MA benefits. See Exhibit A, p. 2. It should also be noted that the undersigned's jurisdiction is only to review whether the Department denied Petitioner's full MA coverage between January 2014 to May 2015, in accordance with federal and state laws and policies.

To be eligible for full coverage MA, a person must be a U.S. citizen or an alien admitted to the U.S. under a specific immigration status. BEM 225 (January 2014; July 2014; October 2014; and October 2015), p. 2. An individual who is a permanent resident alien with a class code on the permanent residency card other than RE, AM or AS is eligible

only for ESO MA coverage for the first five years in the U.S. unless the alien is a qualified military alien or the spouse or dependent child of a qualified military alien. BEM 225, pp. 7-8, 30; MREM, § 3.6. A qualified military alien is a qualified alien on active duty in, or veteran honorably discharged from, the U.S. Armed Forces. BEM 225, p. 5; MREM, § 3.6. A person who does not meet an acceptable alien status, including undocumented aliens and non-immigrants who have stayed beyond the period authorized by the U.S. Citizenship and Immigration Services, are eligible only for ESO MA coverage. BEM 225, p. 9. The alien status of each non-citizen must be verified to be eligible for full MA coverage. BEM 225, p. 2.

In the present case, it was not disputed that Petitioner is eligible for full coverage MA because the AHR indicated that she became a U.S. citizen on or around August or September of 2015. Moreover, on an unspecified date, Petitioner received only ESO MA coverage; however, Petitioner's ESO MA coverage was converted to full MA coverage for May 2014, and February 2015, ongoing. See Exhibit A, pp. 23-24 (Medicaid Eligibility).

Based on the foregoing information and evidence, along with both parties' testimony, the Department properly determined Petitioner's immigration status when determining MA eligibility. Yes, Petitioner received only ESO coverage at one point. However, the Department updated all benefit periods that previously had ESO coverage and provided Petitioner with full MA coverage for May 2014, and February 2015, ongoing. See Exhibit A, pp. 1 and 23-24. As such, the Department properly determined that Petitioner was eligible for full-coverage MA.

It should be noted that two other issues arose during the hearing. First, the Department indicated that Petitioner's MA benefits closed from June 2014 to January 2015 based on a failure to comply with the verification requirements. Second, Petitioner reapplied for MA benefits in January 2015, but the Department did not provide her with coverage until February 2015. These two issues are not within the undersigned's jurisdiction to address. As stated above, the undersigned's jurisdiction is only to review whether the Department denied Petitioner's full MA coverage between January 2014 and May 2015. If Petitioner disputes these other issues: the closure of benefits effective [REDACTED] and the failure to process her MA eligibility for January 2015, she can attempt to file another hearing request. See BAM 600 (October 2015), pp. 1-6.


Nonetheless, 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 did properly determine Petitioner's immigration status or citizenship when determining MA eligibility.

DECISION AND ORDER

Accordingly, the Department's determination about MA eligibility based on immigration

status is **AFFIRMED**.

EF/hw



Eric Feldman
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]

Authorized Hearing Rep.

[REDACTED]

Petitioner

[REDACTED]