

**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.: 15-021710
Issue No.: ESO
Agency Case No.: [REDACTED]
Hearing Date: January 28, 2016
County: DHHS Special
Processing Office

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-022564
Issue No.: ESO
Agency Case No.: [REDACTED]
Hearing Date: January 28, 2016
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 January 28, 2016, from Lansing, Michigan. The Petitioners were represented by [REDACTED]. The Department was represented by [REDACTED].

ISSUE

Did the Department properly determine Petitioners' 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 December 12, 2013 Petitioners applied for MA or had a redetermination of current MA benefits.
2. On the date of MA application or redetermination, Petitioners were not a United States citizens.
3. Beginning December 2013, Petitioners' **full-coverage MA cases and/or applications** were **converted/approved** for Emergency Services Only (ESO) MA coverage or denied MA coverage.
4. The Department issued a notice to the Petitioners indicating he/she might have been denied full MA coverage based on immigration status between January 2014 and May 2015.
5. On August 31, 2015, Petitioners requested a hearing.
6. On October 30, 2015, the Department issued a Benefit Notice for [REDACTED] that stated the following: "Full Healthcare Coverage is approved starting 01/14-ongoing for [REDACTED]."
7. On December 4, 2015, the Department issued a Benefit Notice to [REDACTED] that stated the following: "Upon review of your Medicaid case it has been determined that you are eligible for full coverage effective 1/2014. Case has been updated."

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.

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 (October 2013), p. 27.


In this case, Petitioners requested a hearing disputing the **conversion to ESO MA and/or activation/denial** of full MA coverage.

On October 30, 2015, the Department activated full coverage Medicaid for [REDACTED] for the months of January 2014 through ongoing. On December 4, 2015, the Department activated full coverage Medicaid for [REDACTED] effective January 2014. This was satisfactory to the Petitioners and they 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.

DECISION AND ORDER

Accordingly, the Department's determination about MA eligibility based on immigration status is **AFFIRMED** for both [REDACTED] and [REDACTED]



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

Date Mailed: **2/1/2016**

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:

[REDACTED]