



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

[REDACTED]

Date Mailed: May 14, 2018
MAHS Docket No.: 18-002605
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Landis Lain

HEARING DECISION

Following Petitioner'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; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on May 9, 2018, from Lansing, Michigan. Petitioner was represented by her sister and Authorized Hearings Representative [REDACTED]. Petitioner's brother in law [REDACTED] also appeared and testified. The Department of Health and Human Services (Department or Respondent) was represented by [REDACTED] Eligibility Specialist/Hearings Facilitator.

Respondent's Exhibits 1-19 were admitted as evidence.

ISSUE

Did the Department properly propose to cancel Health Care coverage – Medical Assistance Program (MA) benefits?

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 medical assistance benefits via electronic application.
2. On [REDACTED], a DHS 1606 Health Care determination notice was mailed to Petitioner, automatically approving HMP (Medical Assistance) by the cloud for the client as a result of the MA application submitted [REDACTED].

3. On [REDACTED], a DHS 3503 verification checklist was mailed to Petitioner as a result of an MA applications submitted which listed Petitioner as a U.S. citizen. Verification information was due [REDACTED].
4. No verification of citizenship information was provided to the Department.
5. On [REDACTED], the department caseworker ran her weekly MU – 100 report and Petitioner's case was listed as an application in error.
6. The Department caseworker ran an eligibility and denied HMP – MA for the Petitioner for failure to provide proofs of U.S. citizenship.
7. On [REDACTED], the Department caseworker sent Petitioner a Health Care coverage determination notice notifying Petitioner that effective [REDACTED], Petitioner was not eligible to receive HMP-MA Medical Assistance because she had not provided verification of United States citizenship.
8. Petitioner is not a citizen of the United States. Petitioner is a Greek citizen who is a permanent resident alien. Petitioner has been a resident since [REDACTED].
9. On [REDACTED], the Michigan Administrative Hearing System received a request for a hearing to contest the negative action.

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his or her claim for assistance has been denied. MAC R 400.903(1). Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The department will provide an administrative hearing to review the decision and determine the appropriateness of that decision. BAM 600.

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), 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 (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Department policy states in pertinent part:

Citizenship/alien status is not an eligibility factor for emergency services only (ESO) MA. However, the person must meet all other eligibility factors, including residency; see BEM 220.

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. (emphasis added)

U.S. citizenship must be verified with an acceptable document to continue to receive Medicaid; see BAM 130. (Bridges Eligibility Manual (BEM) 225, page 2)

MA coverage is limited to emergency services for any:

- Persons with certain alien statuses or U.S. entry dates as specified in policy; see CITIZENSHIP/ALIEN STATUS in this item.
- Persons refusing to provide citizenship/alien status information on the application.
- Persons unable or refusing to provide satisfactory verification of alien information. (BEM 225, page 3)

Persons listed under the program designations in Acceptable Status meet the requirement of citizenship/alien status. Eligibility may depend on whether or not the person meets the definition of Qualified Alien.

The definition of qualified alien includes specific alien statuses, but not all alien statuses. This definition is used in several of the acceptable alien statuses, in conjunction with other criteria. Not all acceptable alien statuses require that the person be a qualified alien. Qualified alien means an alien who is:

- Lawfully admitted for permanent residence under the INA.
- Granted asylum under Section 208 of the INA.
- A refugee who is admitted to the U.S. under Section 207 of the INA; this includes Iraqi and Afghan special immigrants.
- Paroled into the U.S. under Section 212(d)(5) of the INA for a period of at least one year.
- An alien whose deportation is being withheld under Section 241(b)(3) or 243(h) of the INA.

- Granted conditional entry pursuant to Section 203(a)(7) of the INA.
- A Cuban/Haitian entrant.
- An alien who has been battered or subjected to extreme cruelty in the U.S. by a U.S. citizen or legal permanent resident spouse or parent, or by a member of the spouse's or parent's family living in the same household or is the parent or child of a battered person. (BEM 225, pages 3-4)

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Obtain verification when:

- Required by policy. Bridges Eligibility Manual (BEM) items specify which factors and under what circumstances verification is required.
- Required as a local office option. The requirement must be applied the same for every client. Local requirements may not be imposed for Medicaid Assistance (MA).
- Information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. Bridges Administrative Manual (BAM) 130, page 1

Tell the client what verification is required, how to obtain it, and the due date; see Timeliness of Verifications in this item. Use the DHS-3503, Verification Checklist (VCL), to request verification. (BAM 130, page 3)

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day. Send a negative action notice when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed and the client has not made a reasonable effort to provide it. (BAM 130, page 7)

In this case, this Administrative Law Judge determines that Petitioner did receive proper notice in the form of a verification checklist that her application packet was not

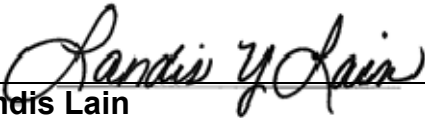
complete. Petitioner did receive a negative action notice that she needed to provide verification of citizenship or appropriate alien status in order to have eligibility for HMP-MA Medical Assistance benefits. Petitioner did not provide verification of citizenship or appropriate alien status. Petitioner's HMP – MA Medical Assistance case was opened in error. The Department has established its case by a preponderance of the evidence.

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 established by the necessary competent, material and substantial evidence on the record that it acted in accordance with Department policy when it determined that Petitioner did not provide verification of United States citizenship or appropriate alien status as is required by Department policy.

DECISION AND ORDER

Accordingly, the Department's decision is **AFFIRMED**. It is so **ORDERED**.

LL/hb



Landis Lain
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) 763-0155; 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]