

STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES SUZANNE SONNEBORN EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA DIRECTOR



Date Mailed: February 26, 2024 MOAHR Docket No.: 24-000470

Agency No.: Petitioner:

ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun

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 February 21, 2024, from Detroit, Michigan. Petitioner appeared for the hearing and represented himself. The Department of Health and Human Services (Department) was represented by Dania Ajami, Lead Eligibility Specialist.

<u>ISSUE</u>

Did the Department properly process Petitioner's Food Assistance Program (FAP) benefits and Medical Assistance (MA) benefits for Petitioner's wife?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

- 1. Petitioner was an ongoing recipient of FAP benefits. In connection with a redetermination, Petitioner's eligibility to receive FAP benefits was reviewed.
- 2. Petitioner last received FAP benefits in December 2023.
- 3. Petitioner asserted that his wife was approved for Emergency Services Only (ESO) MA but should be eligible for a full coverage MA program.
- 4. The Department testified that Petitioner's wife was approved for a full coverage program.

5. On or around January 16, 2024, Petitioner requested a hearing disputing the Department's actions with respect to the FAP and MA programs.

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), and Department of Health and Human Services Emergency Relief Manual (ERM).

FAP

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

A client's request for hearing must be in writing and signed by an adult member of the eligible group, or authorized hearing representative (AHR). Department of Health and Human Services Bridges Administrative Manual (BAM) 600 (March 2021), pp. 1-2. Moreover, BAM 600, pp. 6-7 provides that a request for hearing must be received in the Department local office within 90 days of the date of the written notice of case action. The Michigan Office of Administrative Hearings and Rules (MOAHR) may grant a hearing about a denial of an application and/or supplemental payments; reduction in the amount of program benefits or service; suspension or termination of program benefits or service; restrictions under which benefits or services are provided or delay of any action beyond the standards of promptness. BAM 600, pp. 4-6.

Petitioner requested a hearing disputing the Department's action with respect to his FAP benefits. It was established that Petitioner's FAP case was due for a redetermination and in connection with the review, Petitioner was required to participate in a redetermination interview, as well as submit requested verifications. Although there was no negative action notice sent to Petitioner advising that his FAP case would be closed, the Department confirmed that Petitioner had not been issued FAP benefits since December 2023. At the hearing, the Department representative testified that since the date that Petitioner's request for hearing was received, the action was corrected by conducting the redetermination interview, processing Petitioner's redetermination and the approval of ongoing FAP benefits. The Department presented an eligibility summary showing that Petitioner's household was approved for ongoing FAP benefits in the amount of \$1,340 for January 1, 2024, ongoing. (Exhibit B).

The evidence presented established that prior to the hearing, the Department corrected the action that Petitioner requested a hearing to dispute by processing the FAP redetermination effective January 1, 2024, and approving Petitioner's household for

ongoing FAP benefits. Therefore, there remains no issue left to be resolved with respect to Petitioner's request for hearing as it relates to the FAP. As such, Petitioner's hearing request for the FAP is **DISMISSED**

MA

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.

MA is available (i) under SSI-related categories to individuals who are aged (65 or older), blind or disabled, (ii) to individuals who are under age 19, parents or caretakers of children, or pregnant or recently pregnant women, (iii) to individuals who meet the eligibility criteria for Healthy Michigan Plan (HMP) coverage, and (iv) to individuals who meet the eligibility criteria for Plan First Medicaid (PF-MA) coverage. 42 CFR 435.911; 42 CFR 435.100 to 435.172; BEM 105 (July 2021), p. 1; BEM 137 (June 2020), p. 1; BEM 124 (July 2023), p. 1. Under federal law, an individual eligible under more than one MA category must have eligibility determined for the category selected and is entitled to the most beneficial coverage available, which is the one that results in eligibility and the least amount of excess income or the lowest cost share. BEM 105 (January 2021), p. 2; 42 CFR 435.404.

To be eligible for full coverage MA, a person must be a U.S. citizen or a non-citizen admitted to the U.S. under a specific immigration status. BEM 225 (April 2023), pp. 1-4. An individual who is a lawful permanent resident with a class code on the permanent residency card (I-551) 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 non-citizen or the spouse or dependent child of a qualified military non-citizen or a noncitizen rolled into the U.S. For at least one year under INA Section 212(d)(5). BEM 225, pp. 7-8. A qualified military noncitizen is a qualified noncitizen on active duty in, or veteran honorably discharged from, the U.S. Armed Forces. BEM 225, pp. 5-7. 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 this case, Petitioner disputed the Department's MA eligibility determination for his wife. Although it was unclear whether Petitioner received a notice advising him that his wife was approved for MA under the ESO category, Petitioner asserted that information obtained from his MiBridges account online indicates that his wife was approved for ESO coverage. Petitioner presented for review a screenshot from his MiBridges account in support of his testimony which showed that his wife had ESO coverage. (Exhibit 1).

There was no dispute that Petitioner's wife has been a legal permanent resident in the U.S. since 2014. The Department representative testified that Petitioner's wife should be approved for full coverage MA and that based on a review of her eligibility, she did receive MA benefits under a full coverage program. The Department presented documentation showing that Petitioner's wife was approved for MA under the Low Income Families (LIF) category through February 2024 and that beginning April 2024, will have coverage under the Transitional Medical Assistance (TMA) category, which is to continue through March 2025. (Exhibit C). Although the undated Health Care Coverage Determination Notice submitted by the Department indicates that Petitioner's wife was approved for MA under the HMP for the month of March 2024, there was no eligibility summary or other documentation presented to confirm Petitioner's wife's MA coverage for the month of March 2024.

It was unclear why Petitioner's MiBridges account continued to reflect ESO coverage for Petitioner's wife. However, there was no evidence that Petitioner's wife was denied coverage by a medical provider due to her ESO status. Additionally, the Department established that Petitioner's wife has full coverage MA through February 2024 and from April 2024 to March 2025. Because MA coverage was unknown for March 2024, the Department will be ordered to determine MA eligibility for only the month of March 2024. Petitioner is advised that should he receive any notices from the Department informing him that his wife was eligible for ESO MA or if his wife is denied services from a medical provider due to her ESO status, he is entitled to request a hearing.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it processed Petitioner's wife's MA eligibility for March 2024.

DECISION AND ORDER

Accordingly, the hearing request with respect to the FAP is **DISMISSED** and the Department's MA decision is **REVERSED**.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

- 1. Redetermine Petitioner's wife's MA eligibility under the most beneficial category for March 2024;
- 2. If eligible, provide MA coverage to Petitioner's wife, under the most beneficial category that she was entitled to receive but did not from March 1, 2024, to March 31, 2024, and
- 3. Notify Petitioner in writing of its decision.

ZB/ml

Zaînab A. Baydoun
Administrative Law Judge

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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules Reconsideration/Rehearing Request P.O. Box 30639 Lansing, Michigan 48909-8139 Via Electronic Mail: DHHS

Caryn Jackson

Wayne-Hamtramck-DHHS 12140 Joseph Campau Hamtramck, MI 48212

MDHHS-Wayne-55-Hearings@michigan.gov

Interested Parties

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Via First Class Mail: Petitioner

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