

**DEPARTMENT  
POLICY**

Two programs provide hospitalization services for migrants:

- Medicaid (MA) provides medical services for migrants who meet all MA eligibility requirements.
- Migrant hospitalization (MH) provides inpatient hospital services and limited outpatient services during one 30-day period in 12 months for migrant household members who are not eligible for MA.

**Eligibility  
Requirements**

Approve MH only if all the following requirements are met:

- The person applying is not eligible for MA. This is especially important for pregnant women as MA is available to virtually all low-income pregnant women. Document the reason for MA ineligibility on the DHS 1171, Assistance Application and place it in the SER packet.
- The reason for MA ineligibility is not any of the following:
  - The applicant has excess income (an MA deductible is in effect).
  - The applicant failed to meet a procedural requirement for MA.
  - The applicant entered Michigan for reasons other than employment.
- The household must meet all eligibility requirements in the 100, 200 and 300 series of the State Emergency Relief Manual (ERM).
- No other family member received SER-MH within the 12 months proceeding the date of hospital admission under either of these MH program guidelines.
- The household members must be non-residents of Michigan and must move from place to place working in agriculture or a related industry such as canning.

- The family must include a child under age 21 who is living with, or during the past six months has lived with, a specified relative as defined in BEM Item 135.
- The household must not contain any member who has quit or refused employment or training without good cause during the last 30 days.

### **Covered Services**

The following are covered services under MH:

- Inpatient hospital services.
- Outpatient services that are either:
  - A follow-up to inpatient services, and are performed within 30 days of the hospital admission.
  - Normally performed as inpatient services, but which the attending physician and the client have decided to have performed on an outpatient basis.

The following services are not covered under SER-MH:

- All services the MA program does not cover.
- Voluntary (elective) hospitalization.
- Ambulance service.
- Any inpatient or outpatient services performed outside the service eligibility period as defined in the section at the end of this item.

### **Payment Rates**

Payment rates and conditions of coverage are the same as for MA or full charge, whichever is less.

### **Service Eligibility Period**

Authorize SER-MH services for only one 30-day period in 12 months. This 30-day period is the service eligibility period.

- The first day of the service eligibility period is the date the household member needing medical care is admitted to the hospital or receives a medical service.

- The last day of the service eligibility period is the 29th day following the date of hospital admission or the first day a medical service is provided. For example, if July 1 is the first day of the service eligibility period, July 30 is the last day.

Authorize covered medical services performed only during the service eligibility period.

### **SER-MH Payments**

Authorize SER-MH payments on an DHS-849, Authorization/ Invoice. Payments of \$3000 or more require processing by the Energy and Emergency Services unit.

### **SER QUICK REFERENCE CHARTS**

Refer to the SER Desk Aid in the Systems Instructions Codes (SIC) manual for quick reference charts to SER services, payment maximums and coding.

### **LEGAL BASE**

MAC R400.7001 et seq.