| MAHS Reg. No.: | $15-020947$ |
| :--- | :--- |
| Issue No.: | ESO |
| Agency Case No.: |  |
| Hearing Date: |  |
| January 7, 2016 |  |
| County: | DHHS Special |
|  | Processing Office |

ADMINISTRATIVE LAW JUDGE: Aaron McClintic

## 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; 45 CFR 99.1 to 99.33 ; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a hearing was held on January 7, 2016, from Lansing, Michigan. The Petitioner was represented by herself. The Department was represented by . Petitioner was offered an Arabic interpreter but refused because she felt comfortable with the hearing proceeding in English.

## 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 October 29, 2013 Petitioner applied for MA or had a redetermination of current MA benefits.
2. On the date of MA application or redetermination, Petitioner was not a United States citizen.
3. Beginning January 2014, Petitioner's full-coverage MA case and/or application was converted/approved for Emergency Services Only (ESO) MA coverage or denied MA coverage.
4. The Department issued a notice to the Petitioner indicating he/she might have been denied full MA coverage based on immigration status between January 2014 and May 2015.
5. On August 28, 2015, Petitioner requested a hearing.
6. On August 28, 2015, the Department issued a Health Care Coverage Determination Notice informing Petitioner that she was eligible for Full Medicaid from November 2014 through ongoing.

## 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. Petitioner testified that she is from Iraq.

In this case, Petitioner requested a hearing disputing the conversion to ESO MA and denial of full MA coverage.

On August 28, 2015, the Department activated full coverage Medicaid for the months of November 2014 through ongoing. This was satisfactory to Petitioner and she 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.


Date Mailed: 1/13/2016
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.


