



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

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██████████, MI ██████████

Date Mailed: June 8, 2020  
MOAHR Docket No.: 20-001139  
Agency No.: ██████████  
Petitioner: ██████████ ██████████

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**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. After due notice, telephone hearing was held on June 2, 2020, from Lansing, Michigan. Petitioner represented himself. The Department was represented by Amber Gibson.

**ISSUE**

Did the Department of Health and Human Services (Department) determine the eligibility of Petitioner's son Mohamed for Medical Assistance (MA)?

**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 17, 2019, the Department notified Petitioner that he and his family were eligible for Medical Assistance (MA) with Emergency Services Only (ESO) coverage. Exhibit A, pp 7-10.
2. On ██████████ ██████████ 2019, the Department received Petitioner's application for Medical Assistance (MA). Exhibit A, pp 11-20.
3. On December 17, 2019, the Department notified Petitioner that his son ██████████ was no eligible for Medical Assistance (MA) as of February 1, 2020. Exhibit A, pp 21-25.
4. On January 23, 2020, the Department received Petitioner's request for a hearing. Exhibit A, pp 3-4.

## 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).

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.

Persons listed under the program designations in “Acceptable Status” meet the requirement of citizenship/alien status. Department of Health and Human Services Bridges Eligibility Manual (BEM) 225 (October 1, 2019), p 3.

Petitioner was an ongoing MA recipient. Petitioner and his family were limited to Emergency Services Only (ESO) Medicaid benefits when Petitioner re-applied for MA benefits. Petitioner requested that his son’s MA-ESO benefits be closed so that he could apply for medical assistance on the federal marketplace. On December 17, 2019, the Department notified Petitioner that MA benefits for ██████████ would close as of February 1, 2020.

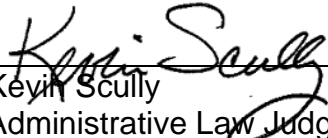
Petitioner’s son ██████████ is not a US citizen, but has applied for asylum. ██████████ immigration status limits his eligibility for MA benefits to ESO benefits only even though his status as an asylum seeker allows him to lawfully reside in the country. Whether the asylum application will be approved or denied is outside the jurisdiction of the Department and MOAHR. Since becoming eligible for ESO benefits, Petitioner requested closure of those benefits in the hopes that ██████████ could become eligible for other medical assistance, which he may not have received while a Medicaid recipient. At Petitioner’s request, the Department closed ██████████ ESO benefits effective February 1, 2020.

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 in accordance with Department policy when it determined the eligibility for Medical Assistance (MA) for Petitioner’s son ██████████

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.

KS/nr

  
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Kevin Scully  
Administrative Law Judge  
for Robert Gordon, 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 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

**DHHS**

Amber Gibson  
5303 South Cedar  
P.O. Box 30088  
Lansing, MI  
48911

Ingham County DHHS- via electronic mail

BSC2- via electronic mail

D. Smith- via electronic mail

EQAD- via electronic mail

**Petitioner**

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