

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES**

**IN THE MATTER OF:**

██████████  
████████████████████  
████████████████████

Reg. No.: 12-000007  
Issue No(s): 2001  
Case No.: ██████████  
Hearing Date: August 13, 2014  
County: Wayne (15)

**ADMINISTRATIVE LAW JUDGE:** Jacquelyn A. McClinton

**HEARING DECISION**

Following Claimant'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, a telephone hearing was held on August 13, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant's Authorized Hearing Representative (AHR), ██████████. Participants on behalf of the Department of Human Services (Department) included ██████████, Family Independence Specialist.

**ISSUE**

Did the Department timely process Claimant's December 8, 2011 Retroactive Application for Medical Assistance?

**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 December 8, 2011, Claimant applied for Medical Assistance (MA).
2. Also on December 8, 2011, Claimant submitted a Retroactive Medicaid Application for coverage from September 1, 2011 through November 30, 2011.
3. On February 1, 2011, the Department sent Claimant a Notice of Case Action notifying her that she had been approved for MA benefits effective December 1, 2011.

4. The Notice of Case Action did not address any retroactive coverage and was not sent to Claimant's AHR.
5. On July 3, 2012, Claimant's AHR filed a Request for Hearing disputing the Department's actions.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services Reference Tables Manual (RFT), and Department of 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 Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Claimant's AHR filed a Request for Hearing on July 3, 2012 regarding a Retroactive Medicaid Application submitted on December 8, 2011. It does not appear that a hearing was ever scheduled in connection with the request. Claimant's AHR testified that the Department was again contacted in February 2013 regarding the application. Claimant's AHR was asked to send the Retroactive Medicaid Application by facsimile. Claimant's AHR complied with this request. Claimant's AHR testified that no response was received from the Department. It is found that the Request for Hearing is timely.

Additionally, when the Department receives an application for assistance, it is to be registered and processed in accordance with Department policies. The standard of promptness begins the date the Department receives an application/filing form, with minimum required information. BAM 115 (December 2011), p. 12. The Department is to certify program approval or denial of the application within 45 days and upon certification of eligibility results, the Department is to notify clients in writing of positive and negative actions by generating the appropriate notice of case action. After processing an initial application, the Department will notify clients of the approval or denial. BAM 115, pp. 13-25; BAM 220 (January 2011), pp. 1,16-17.

In this case, Claimant applied for MA on December 8, 2011. Claimant also submitted a Retroactive Medicaid Application for coverage in September, October and November 2011. On February 1, 2012, the Department sent Claimant a Notice of Case Action notifying her that she had been approved for MA coverage effective December 1, 2011. The Notice of Case Action did not address any retroactive coverage. The Department confirmed that Claimant received MA benefits beginning December 1, 2011 but was not

covered for September–November 2011. Therefore, it is found that the Department failed to timely process Claimant’s Retroactive Medicaid Application.

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 did not act in accordance with policy when it failed to process Claimant’s Retroactive Medicaid Application within 45 days.

**DECISION AND ORDER**

Accordingly, the Department’s 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. Reregister and process Claimant’s December 2011 Retroactive Medicaid Application;
2. Issue any supplements to Claimant that she was eligible to receive but did not relating to her December 2011 Retroactive Medicaid Application; and
3. Notify both Claimant and her AHR in writing of its decision.



**JACQUELYN A. MCCLINTON**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: August 21, 2014

Date Mailed: August 21, 2014

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party’s Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088 and be labeled as follows:

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 48909-07322

JAM/cl

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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