

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2012-58002
Issue No.: 2012
Case No.: [REDACTED]
Hearing Date: August 22, 2012
County: Genesee (25-02)

ADMINISTRATIVE LAW JUDGE: Jonathan W. Owens

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, an in-person hearing was held on August 22, 2012, from Flint, Michigan. Participants on behalf of Claimant included Claimant's representative, [REDACTED]. Claimant failed to appear for the hearing. Participants on behalf of Department of Human Services (Department) included [REDACTED].

ISSUE

Whether the Department properly denied activating 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 August 31, 2010, Claimant's representative filed an application for MA benefits including a request for retro MA back to May 2010.
2. On October 27, 2010, the Department denied the Claimant's application.
3. On January 3, 2012, Claimant's representative sent an email requesting the Department process Claimant's prior application dated August 31, 2010, in accordance with a Social Security Administration decision.
4. The Department did not respond to the request.

5. April 20, 2012, Claimant's representative filed a hearing request to prompt the Department to process Claimant's application based upon a Social Security Administration decision.

CONCLUSIONS OF LAW

Department policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

In the instant case, Claimant's representative filed a hearing request prompting the Department to process Claimant's request for MA back to May 2010 based upon an SSI award. Claimant's representative testified, and the Department did not dispute, a request was emailed to the Department for processing of MA for Claimant. No application was filed with the Department to initiate processing of this request. Claimant's representative is relying on an application filed on August 31, 2010, with a request for retro which was denied by the Department on October 27, 2010.

Claimant's representative cites BEM 150 and BAM 110 as the basis for their hearing request. Claimant's representative asserts Claimant is eligible for MA back to May 2010 based upon the SSI finding of disability.

Department of Human Services Bridges Assistance Manual BAM 115, p. 8 (2012), indicates when the DHS 1171 is not needed as follows:

WHEN THE DHS-1171 IS NOT NEEDED

FIP Only

No DHS-1171 is required for transfer from FIP to EFIP or EFIP to FIP; see BEM 519, EXTENDED FIP.

MA Only

No DHS-1171 is required for:

- Transfers to:
- Transitional MA; see BEM 111.
- Special N Support; see BEM 113.
- RAP Medical Aid; see BEM 630, REFUGEE ASSISTANCE PROGRAM.

- Transfers between Medicaid categories; see At Program Transfer, in this item.
- SSI recipients.
- **Automatically** eligible newborns; see BEM 145, NEWBORNS. Authorize the newborn's MA as soon as the child's birth is reported. Contact the newborn's mother if there is **not** enough information to obtain a client ID for the child in Bridges.
- Clients who complete the DCH-0373, DHS-4574 or MICHild renewal form.
- Department wards, title IV-E recipients and special needs adoption assistance recipients; see BEM 117, DEPARTMENT WARDS, TITLE IV-E AND ADOPTION RECIPIENT.

Department BAM 115, p. 9 (2012), indicates the following regarding retro MA applications:

RETRO MA APPLICATIONS

MA Only

Retro MA coverage is available back to the first day of the third calendar month prior to:

- The current application for FIP and MA applicants and persons applying to be added to the group.
- The most recent application (**not** redetermination) for FIP and MA recipients.
- For SSI, entitlement to SSI.
- For department wards; see BEM 117, DEPARTMENT WARDS, TITLE IV-E AND ADOPTION RECIPIENT, the date DHS received the court order for a department ward.
- For title IV-E and special needs adoption assistance recipients; see BEM 117, DEPARTMENT WARDS, TITLE IV-E AND ADOPTION RECIPIENT, entitlement to title IV-E or special needs adoption assistance.
- Full-coverage QMB eligibility **cannot** be retroactive. ALMB **cannot** be authorized for a previous calendar year; see BEM 165.

A person might be eligible for one, two or all three retro months, **even if not** currently eligible. The DHS-3243, Retroactive Medicaid Application, is used to apply for retro

MA. Only one DHS-3243 is needed to apply for one, two or all three retro MA months.

As the above policy indicates, an application must be filed for benefits unless it meets one of the above exceptions. In the instant case, Claimant was determined to be disabled as of May 2010. However, Claimant is not an SSI recipient since he failed to complete the interview process with the Social Security Administration. Since he is not a recipient of SSI, an application would be required in order to apply for benefits. Claimant's only application on record was filed on August 31, 2010. This application was subsequently denied and not appealed.

The policy does allow entitlement to SSI for those seeking only retro months for SSI. This allows for MA to be granted back to three months prior to SSI entitlement. This policy requires a DHS-3243 to be filed in order for these months to be processed or considered.

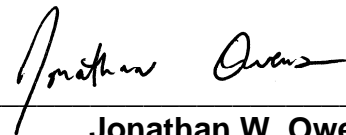
After reviewing the policy, while Claimant may have eligibility for program benefits, Claimant and/or his representative would need to file an application for such benefits with the Department. The policy fails to support the use of an email to revive a prior application for use with an SSI finding of disability. If Claimant and/or his representative wishes to have the Department process a request for benefits for MA back to May 2010 based upon an SSI determination, Claimant and/or his representative must properly file a request for such assistance.

Therefore, Claimant's request to prompt the processing of a request for MA is not supported since no current application or request for retro MA has been submitted.

DECISION AND ORDER

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department did act properly. did not act properly when .

Accordingly, the Department's AMP FIP FAP MA SDA CDC decision is AFFIRMED REVERSED for the reasons stated on the record.



Jonathan W. Owens
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: September 5, 2012

Date Mailed: September 5, 2012

NOTICE: Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

JWO/pf

cc:

