

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-798
Issue No.: 2004
Case No.: [REDACTED]
Hearing Date: November 14, 2013
County: Wayne (76)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

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, an in-person hearing was held on November 14, 2013, from Detroit, Michigan. Participants included the above-named Claimant. [REDACTED] testified and appeared as Claimant's authorized hearing representative. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Specialist.

ISSUE

The issue is whether DHS properly processed Claimant's application 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. Claimant was an ongoing Adult Medical Program (AMP) recipient.
2. On [REDACTED] 13, DHS terminated Claimant's AMP eligibility, effective [REDACTED]/2013, due to a Claimant failure to submit redetermination documentation.
3. On [REDACTED]/13, Claimant's AHR submitted to DHS an Assistance Application (Exhibits 3-4) on behalf of Claimant requesting MA benefits based on a claim of disability.
4. The application dated [REDACTED]/13 also requested retroactive MA benefits (see Exhibits 1-2) for Claimant from [REDACTED]/2013.

5. On [REDACTED]/13, DHS approved Claimant for Medicaid, effective [REDACTED]/2013.
6. On [REDACTED]/13, Claimant's AHR requested a hearing to dispute DHS' failure to evaluate Claimant for retroactive Medicaid.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

Claimant requested a hearing to dispute a failure by DHS to process Claimant's Retroactive Medicaid Application (Exhibits 1-2) requesting Medicaid from [REDACTED]/2013-[REDACTED]/2013. DHS offered two different responses.

DHS first contended that Claimant was eligible for Medicaid from [REDACTED]/2013-[REDACTED]/2013. As it turned out, Claimant was eligible for AMP benefits from [REDACTED]/2013-[REDACTED]/2013, not Medicaid. AMP is known to be a lesser coverage than Medicaid. Claimant is entitled to dispute the eligibility for a lesser coverage (see BAM 600).

Secondly, DHS contended that Claimant's AHR's hearing request was untimely submitted. The client or authorized hearing representative has 90 calendar days from the date of the written notice of case action to request a hearing. BAM 600 (2/2013), p. 4.

Claimant's AHR's hearing request was submitted to DHS on [REDACTED]/13. DHS cited the date of [REDACTED]/13 as the written notice date. The [REDACTED]/13 written notice addressed Claimant's AMP benefit eligibility.

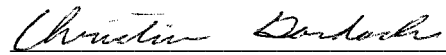
Claimant's AHR requested a hearing to dispute a DHS failure to process a subsequently submitted Retroactive Medicaid Application. DHS established that Claimant was approved for Medicaid beginning [REDACTED]/2013; presumably, because Claimant's MA benefit application dated [REDACTED]/13 was approved. DHS failed to establish whether Claimant's retroactive Medicaid request was processed or whether a written notice was mailed. The 90-day calendar time limit does not apply when DHS never sends a written notice. Accordingly, Claimant's AHR's hearing request was timely.

Retro MA coverage is available back to the first day of the third calendar month prior to the current application for MA applicants and persons applying to be added to the group. BAM 115 (1/2013), p. 9. Claimant's AHR is entitled to seek Medicaid coverage

from █/2013-█/2013 based on Claimant's MA benefit application from 4/2013. DHS failed to process Claimant's Retroactive Medicaid Application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS failed to process Claimant's Retroactive Medicaid Application. It is ordered that DHS initiate processing of Claimant's Retroactive Medicaid Application requesting Medicaid from █/2013-█/2013 subject to the finding that Claimant is entitled to a determination of Medicaid based on claimed disability. The actions taken by DHS are **REVERSED**.



Christian Gardocki
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 12/6/2013

Date Mailed: 12/6/2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

2014-798/CG

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

CG/hw

cc:

