

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

**IN THE MATTER OF:**

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

Reg. No.: 2013-36541  
Issue No.: 2009  
Case No.: ██████████  
Hearing Date: June 20, 2013  
County: Wayne (15)

**ADMINISTRATIVE LAW JUDGE:** Jan Leventer

**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, a telephone hearing was held on June 20, 2013, from Detroit, Michigan. Participants on behalf of Claimant included █████ █████ █████ █████, Claimant's Authorized Representative. The Claimant did not appear. The Department of Human Services (Department) did not appear.

**ISSUE**

Did the Department properly  deny Claimant's application  close Claimant's case for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)?  | <input type="checkbox"/> Adult Medical Assistance (AMP)?    |
| <input type="checkbox"/> Food Assistance Program (FAP)?      | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> Child Development and Care (CDC)?  |

**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  applied for benefits  received benefits for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP).  | <input type="checkbox"/> Adult Medical Assistance (AMP).    |
| <input type="checkbox"/> Food Assistance Program (FAP).      | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input checked="" type="checkbox"/> Medical Assistance (MA). | <input type="checkbox"/> Child Development and Care (CDC).  |

2. The Department failed to respond to Claimant's request for retroactive MA benefits for November, 2011.
3. On October 24, 2012, Claimant filed a hearing request, protesting the  
 Department's failure to act on Claimant's application.  
 closure of the case.

### **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.

Additionally, in this case the Claimant seeks Medicaid coverage for the single month of November, 2011. Clmt. Exh. A.

The following additional findings of fact and conclusions of law are entered in this case.

Effective December 1, 2011, the U.S. Social Security Administration approved Claimant for Supplemental Security Income (SSI) benefits. However, the Department of Human Services approved Claimant for MA benefits effective December 1, 2011, with no retroactive coverage for November, 2011.

The Department's policy as to retroactive benefits is found in Bridges Administrative Manual (BAM) 115, "Application Processing." BAM 115 states that retroactive coverage is available for three months prior to the approval of SSI benefits. Department of Human Services Bridges Administrative Manual (BAM) 115 (2012), p. 9, Bullet 3.

Accordingly, as Claimant became eligible for SSI in December, 2011, he is eligible for retroactive Medicaid as early as September, 2011. As he has this eligibility, and it is a more advantageous benefit allotment, the Department is responsible pursuant to BAM 105, "Rights and Responsibilities," to provide the retroactive benefit to him. Department of Human Services Bridges Administrative Manual (BAM) 105 (2013).

BAM 105 states that the Department has three responsibilities: determine eligibility, provide benefits, and protect client rights. It is the third of these responsibilities that must be applied in this case.

Having considered all of the evidence in its entirety, it is found and determined that the Department failed to protect the Claimant's right to MA retroactive benefits for November, 2011. The violation occurred when the Department used a date other than

the effective date of SSI coverage, as specified in BAM 1115. The Department shall be reversed.

Based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Administrative Law Judge concludes that the Department

properly denied Claimant's application     improperly denied Claimant's application  
 properly closed Claimant's case             improperly closed Claimant's case

for:     AMP     FIP     FAP     MA     SDA     CDC.

**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.

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

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING ACTION WITHIN TEN DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Extend Claimant's Medicaid retroactive coverage to November 1, 2011, in alignment with his effective SSI eligibility date of December 1, 2011.
2. All steps shall be taken in accordance with Department policy and procedure.



**Jan Leventer**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: June 20, 2013

Date Mailed: June 24, 2013

**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 affect the substantial rights of the claimant,
  - 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

JL/tm

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