

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-32672
Issue No(s): 2004; 3000
Case No.: [REDACTED]
Hearing Date: April 16, 2014
County: Wayne (19)

ADMINISTRATIVE LAW JUDGE: Eric Feldman

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 April 16, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department or DHS) included [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly process Claimant's Medical Assistance (MA) application and retroactive application?

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 [REDACTED], Claimant and/or the authorized representative (AR) applied for MA benefits and also sought retroactive coverage to July 2013. (See Exhibit 2).
2. On an unspecified date, the Department processed the MA application, however, failed to process the retroactive application within the standard of promptness.
3. On [REDACTED], the Department processed the retroactive application and sent Claimant a Notice of Case Action notifying that she was approved for MA – AD Care coverage for July 2013. (See Exhibit 1).

4. On [REDACTED], Claimant filed a hearing request, protesting her MA benefits and Food Assistance Program (FAP) benefits. (See Exhibit 1).

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 Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

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.

Preliminary matters

First, on [REDACTED], Claimant also filed a hearing request, protesting the FAP benefits. (See Exhibit 1). Shortly after commencement of the hearing, Claimant testified that she never applied for such benefits. In this case, this hearing lacks the jurisdiction to address the FAP issue because Claimant did not have a denial, reduction, suspension, etc...of the FAP benefits. Because Claimant did not apply for FAP benefits, this hearing lacks the jurisdiction to address her issue. Therefore, Claimant's FAP hearing request is **DISMISSED** for to lack of jurisdiction. [See BAM 600 (March 2014) pp. 4-6].

Second, an AR applied on the Claimant's behalf for MA benefits and retroactive coverage on [REDACTED]. (See Exhibit 2). During the hearing, it was discovered that Claimant requested the hearing on her behalf and Claimant testified that the AR was not her Authorized Hearing Representative (AHR). As such, the hearing proceeded with only the Claimant and the Department present.

MA retro application

On [REDACTED], Claimant and/or the AR applied for MA benefits and also sought retroactive coverage to July 2013. (See Exhibit 2). On an unspecified date, the Department processed the MA application, however, failed to process the retroactive application within the standard of promptness. On [REDACTED], the Department processed the retroactive application and sent Claimant a Notice of Case Action

notifying that she was approved for MA – AD Care coverage for July 2013. (See Exhibit 1).

At the hearing, Claimant contended that she also needed MA retro coverage for May to July 2013 due to additional medical expenses. Claimant provided such expenses as her exhibit. (See Exhibit A). However, the Department testified that Claimant did not request MA retro coverage for May and June 2013. Thus, the Department testified it would not process MA coverage for the months of May and June 2013. Claimant testified that she was at the hospital and she also testified that she did not know if she would qualify for coverage and those were the reasons why she did not ask for the retro coverage. A review of the application and retro application indicated that Claimant only requested retro coverage for July and August 2013. (See Exhibit 2). There was no request for retro MA coverage for May and June 2013. (See Exhibit 2).

The Department determines eligibility and benefit amounts for all requested programs. BAM 105 (July 2013), p. 13.

Any person, regardless of age, or their authorized representative (AR) may apply for assistance. BAM 110 (July 2013), p. 4. The Department must register a signed application or filing form, with the minimum information, within one workday for all requested programs. BAM 110, p. 19.

The DHS-3243, Retroactive Medicaid Application, is used along with the DHS-1171, DHS-4574 or DCH-0373 for retro MA applications. BAM 110, p. 4. Only one DHS-3243 is needed to apply for one, two or three retro MA months. BAM 110, p. 4.

The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information. BAM 115 (July 2013), p. 15. For MA applications, the Department certifies the program approval or denial of the application within 45 days. BAM 115, p. 15. However, there are exceptions to these benefits programs for processing times, which are described as follows: 90 days for MA categories in which disability is an eligibility factor. BAM 115, pp. 15-16. The SOP can be extended 60 days from the date of deferral by the Medical Review Team (MRT). BAM 115, p. 16.

Retro MA coverage is available back to the first day of the third calendar month prior to the criteria listed in BAM 115. BAM 115, pp. 11-12. A person might be eligible for one, two or all three retro months, even if not currently eligible. BAM 115, p. 12. A separate determination of eligibility must be made for each of the three retro months. BAM 115, p. 12 -14.

Based on the foregoing information and evidence, the Department properly processed Claimant's MA application and retro application. The Department was only to make an eligibility determination for Claimant's MA retro coverage for July 2013.

First, the Department properly processed Claimant's MA retro application for only July 2013. Even though the Department did not process the retro application within the

standard of promptness, Claimant was eventually notified of approval for July 2013 via the Notice of Case Action dated [REDACTED]. (See Exhibit 1).

Second, the Department properly did not determine Claimant's MA eligibility for May and June 2013. A review of the application and retro application indicated that Claimant only requested retro coverage for July and August 2013. (See Exhibit 2). It was unclear why the AR requested retro for August 2013 when the application itself was submitted in August 2013. Nevertheless, the evidence presented that Claimant did not request MA retro coverage for May and June 2013. The Department was only to make an eligibility determination for MA coverage for July 2013 and the application for August 2013, ongoing. Because the Claimant did not request MA retro coverage for May and June 2013, the Department acted in accordance with Department policy when it did not determine MA eligibility for these two months. BAM 105, p. 13; BAM 110, pp. 4 and 19; and BAM 115, p. 12 -16.

DECISION AND ORDER

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 properly processed Claimant's MA application dated August 13, 2013 and retroactive coverage to July 2013.

Accordingly, the Department's MA decision is AFFIRMED.

IT IS ALSO ORDERED that Claimant's FAP hearing request (dated [REDACTED]) is **DISMISSED** for lack of jurisdiction.



Eric Feldman
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 4/21/2014

Date Mailed: 4/21/2014

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

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

EF/hw

cc:

