

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

**IN THE MATTER OF:**



Reg. No.: 201430415  
Issue No.: 2004  
Case No.: [REDACTED]  
Hearing Date: April 3, 2014  
County: Jackson County DHS

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**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 3, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], [REDACTED] as authorized hearings representative. Participants on behalf of the Department of Human Services (Department) included [REDACTED] and [REDACTED].

**ISSUE**

Whether the Department of Human Services (Department) properly process the Claimant's October 16, 2013, application for benefits?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Claimant submitted an application for benefits on October 1, 2012.
2. On October 10, 2012, the Claimant was approved for Medical Assistance (MA) as of October 1, 2012.
3. On October 16, 2013, the Claimant submitted an application for retroactive Medical Assistance (MA) benefits covering September of 2012.
4. On December 12, 2013, the Department denied the Claimant's request for retroactive benefits because the period to submit billing for September 2012, expenses had expired.
5. The Department received the Claimant's request for a hearing on February 25, 2014, protesting the Department's denial of the October 16, 2013, application for retroactive benefits.

## 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.

Exceptions to the 12 month billing policy can be made if the delay is caused by agency error or as a result of a court or administrative hearing decision. Agency errors are limited to:

- Delayed Bridges coding, including level of care changes.
- MRT review.
- SHRT decision.
- Administrative review.
- Delayed eligibility determination.

Exceptions cannot be granted due to provider delays in billing or failure of a recipient or provider to obtain prior authorization. Department of Human Services Bridges Administrative Manual (BAM) 402 (July 1, 2012), p 8.

The Claimant submitted an application for benefits on October 1, 2012. On October 10, 2012, the Claimant was approved for Medical Assistance (MA) as of October 1, 2012.

On October 16, 2013, the Claimant submitted an application for retroactive Medical Assistance (MA) benefits covering September 2012. On December 12, 2013, the Department denied the Claimant's request for retroactive benefits because the period to submit billing for September 2012, expenses had expired.

No evidence on the record supports finding that the Claimant requested retroactive Medical Assistance (MA) benefits with the October 1, 2012, application for benefits. This Administrative Law Judge finds that the October 16, 2013, request for retroactive Medical Assistance (MA) for September 2013, was not a late submission of medical expenses but an application for benefits. The Department failed to establish that the Claimant was not eligible for Medical Assistance (MA) under any category of Medical Assistance (MA) for September of 2013. The Department failed to establish that if the Claimant were to be approved for Medical Assistance (MA) for September of 2013, that no billing exception would apply to those circumstances.

The Department has failed to establish that it properly determined that the Claimant is not eligible to receive retroactive Medical Assistance (MA) for September of 2013.

**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 did not act in accordance with Department policy when it denied the Claimant's October 16, 2013, application for retroactive Medical Assistance (MA).

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. Initiate a determination of the Claimant's eligibility to receive Medical Assistance (MA) as of September 1, 2013, based on the October 16, 2013, application for retroactive Medical Assistance (MA).
2. Provide the Claimant with a Notice of Case Action (DHS-1605) describing the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits she may be eligible to receive, if any.



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Kevin Scully  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: April 15, 2014

Date Mailed: April 15, 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

KS/hj

cc:

