

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-001401  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: July 10, 2014  
County: Oakland #3

**ADMINISTRATIVE LAW JUDGE: Landis Y. Lain**

**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 [REDACTED], from Walled Lake, Michigan. Participants on behalf of Claimant included Claimant's representative, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Eligibility Specialist.

**ISSUE**

Did the Department properly process a request for Medical Assistance (MA) coverage?

**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 February 10, 2012, an [REDACTED] was submitted along with an authorization to represent requesting MA beginning November 2011.
2. On March 21, 2012, additional medical records were submitted.
3. On April 25, 2012, the Department denied the request for benefits based upon a Medical Review Team (MRT) decision.
4. Following the Department denial, Claimant was approved by the Social Security Administration (SSA) with an onset date of December 2011.
5. On October 22, 2013, Claimant's representative requested a hearing.

6. On January 22, 2014, a hearing was held and Administrative Law Judge [REDACTED] determined that the Department was ordered activate MA coverage effective December 2011 in accordance with policy regarding SSA determination.
7. On April 9, 2014, the Department sent Claimant notice that his MA case would be open effective December 2011 in accordance with the SSA determination.
8. On April 9, 2014, [REDACTED] filed a request for a hearing because there was a facility admission notice dated [REDACTED] and [REDACTED] wanted the Department to address a retroactive Medical Assistance application.
9. At no time relevant to this case did Claimant or [REDACTED] file a retroactive Medical Assistance application.

### 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 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.

In the instant case, Claimant's representative requested a hearing to prompt the Department to process a request for MA benefits, specifically to activate MA based upon a [REDACTED], request which included a request for retro MA benefits back to [REDACTED]. Following this request for assistance, Claimant's SSA application, filed on [REDACTED], with an alleged onset date of [REDACTED], was approved on [REDACTED]. The SSA found Claimant disabled as of [REDACTED]. Claimant's representative is requesting the Department process Claimant's request in accordance with BEM 150.

According to BEM 150, p. 1 (June 2011), ongoing MA eligibility begins the first day of the month of SSI entitlement. Some Claimants also qualify for **retroactive** (retro) MA coverage for up to three calendar months prior to SSI entitlement. See BAM 115.

According to BAM 115, pp. 9-10 (December 2011), retro MA coverage is available back to the first day of the third calendar month prior to an entitlement to SSI. 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 indicated above, in this case, Claimant would be eligible for MA coverage to be activated back to [REDACTED] based upon the SSA's determination finding Claimant disabled as of [REDACTED]. The Department would be required to activate coverage based upon this SSA determination beginning [REDACTED]. The Department would not be able to automatically activate coverage for the month of [REDACTED]. The Department would need to make a determination based upon the medical documentation submitted as to whether the month of N [REDACTED] would be added. The Department can only make determinations when it receives an application. In the instant case, neither Claimant nor Claimant's authorized hearings representative filed a retroactive application with the Department. The Department is not under obligation to make determinations when it has not received an application.

According to the Department, and also as indicated on Claimant's hearing request, the Claimant's MA application was pending at the time of the hearing request. It appears the Department, following this hearing request, received an MRT decision denying retro MA benefits. However, when viewing the application in a light most favorable to the Claimant, there was never a retroactive Medical Assistance application filed on behalf of Claimant by either Claimant or his authorized representative/authorized hearings representative.

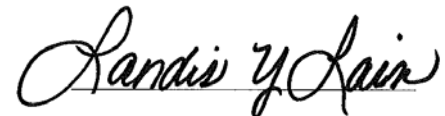
In sum, this Administrative Law Judge finds the Department was required to process Claimant's request for MA benefits in accordance with the SSA determination and activate MA coverage back to [REDACTED] 011, which it has done. This Administrative Law Judge, however, finds Claimant's request to utilize the SSA's determination to activate the month of [REDACTED] to be without merit. As indicated by the above policy, the month of [REDACTED] may be considered if the Department has received a retroactive Medical Assistance application but coverage is not automatic. The policy requires a determination only when an application is filed.

The Department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with Department policy at all times relevant to this case. The Department is not under an obligation to make a determination as to Claimant's eligibility for retroactive Medical Assistance when it has never received an application for the program.

**DECISION AND ORDER**

Accordingly, based upon the above findings of fact and conclusions of law, this Administrative Law Judge finds that the Department has acted in accordance with Department policy at all times relevant to this case.

The Department's decision is AFFIRMED.



---

**Landis Y. Lain**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: 7/21/14

Date Mailed: 7/24/14

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 Claimant;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

LYL/tb

cc:

