

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-012738  
Issue No.: 2000, 2001  
Case No.: [REDACTED]  
Hearing Date: November 05, 2014  
County: Oakland-District 3 (SOUTHFIELD)

**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 November 5, 2014, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

**ISSUE**

Did the Department properly process the Claimant's Medical Assistance (MA) 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 June 11, 2014, the Department received the Claimant's application for Medical Assistance (MA).
2. On June 11, 2014, the Department approved the Claimant for Medical Assistance (MA) under the Healthy Michigan Plan (HMP) category effective June 1, 2014.
3. On June 24, 2014, the Department denied retroactive Medical Assistance (MA) for May of 2014.
4. On September 19, 2014, the Department received the Claimant's request for a hearing protesting the denial of Medical Assistance (MA) before June 1, 2014.

### **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 Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

MA-only eligibility is determined on a calendar month basis. Unless policy specifies otherwise, circumstances that existed, or are expected to exist, during the calendar month being tested are used to determine eligibility for that month. Department of Human Services Bridges Eligibility Manual (BEM) 105 (October 1, 2014), p 2.

On June 11, 2014, the Department received the Claimant's application for Medical Assistance (MA). On June 11, 2014, the Department approved the Claimant's for Medical Assistance (MA) under the Healthy Michigan Plan (HMP) effective June 1, 2014. On June 24, 2014, the Department denied retroactive Medical Assistance (MA) for May of 2014.

The Claimant was approved under the Healthy Michigan Plan (HMP) effective the beginning of the month that he applied. Retroactive benefits are not available under the Healthy Michigan Plan (HMP) and the Department denied these benefits for the month before he applied for Medical Assistance (MA).


Retroactive benefits are available under categories of Medical Assistance (MA) based on disability. The Claimant reported to the Department on June 11, 2014, that he is disabled.

However, the Claimant's case has been referred to the Department's Medical Review Team (MRT), and no final determination of whether the Claimant is disabled has been made by the Department. If the Medical Review Team (MRT) determined that the Claimant is disabled, he will then be eligible for retroactive Medical Assistance (MA) before his application date. If the Medical Review Team (MRT) determines that the Claimant is not disabled, the Claimant will have a right to a hearing on that determination.

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 denied Medical Assistance (MA) for May of 2014.

**DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED**.

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

Date Signed: **11/10/2014**

Date Mailed: **11/10/2014**

KS/las

**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 client;
- 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

cc:

