

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-018989  
Issue No.: MEDICAID - ELIGIBILITY  
Case No.: [REDACTED]  
Hearing Date: March 11, 2015  
County: OAKLAND-DISTRICT 3

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

**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 March 11, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED], Authorized Hearing Representative (AHR). Participants on behalf of the Department of Human Services (Department) included [REDACTED], Eligibility Specialist.

**ISSUE**

Did the Department properly determine Claimant's eligibility for Medical Assistance (MA)?

**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 October 1, 2014, the Department received Claimant's application for MA and retroactive MA requesting medical coverage for June 2014 and July 2014.
2. On December 6, 2014, a Health Care Coverage Determination Notice was issued to Claimant stating MA was approved with a monthly patient pay amount of \$1,523 effective January 1, 2015 and ongoing.
3. On December 23, 2014, a hearing request was filed on Claimant's behalf contesting a failure to process retroactive MA for June 25-July 31, 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.

The date of application is the date the local office receives the required minimum information on an application or the filing form. Record the date of application on the application or filing form. BAM 110, 7-1-2014, p. 5. (Underline added by ALJ)

Retro MA coverage is available back to the first day of the third calendar month prior to the current application for MA. BAM 115, 7-1-2014, p. 11.

In this case, the AHR asserts that the application date should have been September 30, 2014, because that is the date it was sent to the Department via FedEx. Accordingly, Claimant would potentially be eligible for June 2014 MA based on a September 30, 2014, application date. However, there is no support in the Department policy for using a mailing/shipping date as the application date.

The above cited BAM 110 policy is clear, the date of application is the date the local office receives the required minimum information on an application or the filing form. Accordingly, the Department properly processed the application as an October 1, 2014, MA application based on the date the application was received at the local office.

However, the only written case action notice in the record indicates MA was approved with a monthly patient pay amount of \$ [REDACTED] effective January 1, 2015. It is not clear whether any determination was made for any months prior to January 2015. With an application date of October 1, 2014, MA eligibility should have been considered for October 2014 forward as well as for the requested retroactive month of July 2014. July 2014 was the third month prior to the October 1, 2014 application date. Accordingly, the Department's determination cannot be upheld because there is insufficient evidence to establish that MA eligibility was determined for all months covered by the October 1, 2014, MA application and retroactive MA application back to July 2014.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it determined Claimant's eligibility for MA.

### **DECISION AND ORDER**

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. If it has not already been done, determine Claimant's eligibility for the October 1, 2014, MA application and retroactive MA application back to July 2014, in accordance with Department policy.
2. Issue written notice of the determination in accordance with Department policy.



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Colleen Lack  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **3/20/2015**

Date Mailed: **3/20/2015**

CL/hj

**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 48909-8139

cc:

