

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-019137  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: February 24, 2015  
County: Genesee-District 6 (Clio Rd)

**ADMINISTRATIVE LAW JUDGE:** Darryl Johnson

**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 three-way telephone hearing was held on February 24, 2015, from Lansing, Michigan. Participants on behalf of Claimant included Claimant. [REDACTED] of [REDACTED] (L&S) represented Claimant, and interpreted between English and Arabic. Participants on behalf of the Department of Human Services (Department) included Hearings Facilitator [REDACTED].

**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 March 28, 2014, [REDACTED] applied for MA on Claimant's behalf, requesting retroactive MA to January 2014.
2. On July 16, 2014, a Health Care Supplemental Questionnaire was mailed to Claimant but not mailed to [REDACTED].
3. On August 5, 2014, the Department processed the application and sent a checklist to Claimant and to [REDACTED], requesting verification of Claimant's alien status.

4. [REDACTED] submitted a request on August 7, 2014, to approve Claimant for MA as Emergency Services Only (ESO).
5. On September 30, 2014, the Department approved Claimant for MA beginning April 1, 2014, but denying retro MA.
6. The Department received Claimant's hearing request on December 18, 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.

Per BEM 150, p 1 (1/1/14), "Ongoing MA eligibility begins the first day of the month of SSI entitlement. Some clients also qualify for retroactive (retro) MA coverage for up to three calendar months prior to SSI entitlement; see BAM 115." Per BAM 115 p 11 (7/1/14),

"Retro MA coverage is available back to the first day of the third calendar month prior to:

- The current application for FIP and MA applicants and persons applying to be added to the group.
- The most recent application (not renewal) for FIP and MA recipients.
- For SSI, entitlement to SSI."

If Claimant otherwise meets the eligibility criteria, he was entitled to retroactive MA coverage back to the first day of the third calendar month prior to the current application for MA.

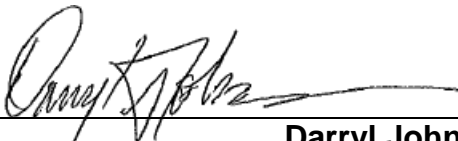
The Department acknowledged that it erroneously processed the application. The Authorized Representative (AR) was unaware that the Supplemental Questionnaire was mailed to Claimant. The Department should have provided the AR with a copy of the Questionnaire. More importantly, the Department should have correctly processed the application. They requested verification of Claimant's alien status. The AR requested coverage for ESO. As stated in BEM 225 (10/1/14) at page 2, "Citizenship/alien status is not an eligibility factor for emergency services only (ESO) MA."

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 Claimant's application for retroactive MA.

**DECISION AND ORDER**

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

The Department shall initiate a redetermination as to whether Claimant is entitled to retroactive and/or supplemental MA benefits as provided by applicable policies.

  
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**Darryl Johnson**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **2/25/2015**

Date Mailed: **2/25/2015**

DJ/jaf

**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:

