

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
████████████████████

Reg. No.: 2014-5337  
Issue No.: 2004  
Case No.: ██████████  
Hearing Date: December 11, 2013  
County: Macomb (50-12)

**ADMINISTRATIVE LAW JUDGE:** Alice C. Elkin

**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 December 11, 2013, from Mt. Clemens, Michigan. Participants on behalf of Claimant included ██████████  
████████████████████ Participants on behalf of the  
Department of Human Services (Department) included ██████████

**ISSUE**

Did the Department properly deny Claimant retroactive Medical Assistance (MA) coverage for October 2012 and November 2012?

**FINDINGS OF FACT**

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

1. The Department approved Claimant's application for MA for December 2012 ongoing but denied her request for retroactive coverage to October 1, 2013, because Claimant had medical coverage under the Plan First Family Planning Program.
2. On October 11, 2013, Claimant's AHR filed a hearing request concerning the Department's failure to activate MA coverage for Claimant for October 2012 and November 2012.

**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.

Additionally, Claimant's AHR filed a hearing request to compel the Department to activate MA coverage for retroactive months of October 2012 and November 2012 under an applicable Group 2 MA program. The Department testified that Claimant was approved for MA for December 1, 2012, ongoing and acknowledged that she was improperly denied MA coverage for the retroactive months.

The Department denied Claimant retroactive MA coverage because she had active health insurance coverage under Plan First. Plan First is a health coverage program operated by the Department of Community Health that provides family planning services to women who would not have coverage for these services and do not have other comprehensive health insurance. BEM 124 (July 2013), p. 1. However, if a client is eligible for MA coverage under another MA program which may provide more comprehensive services and coverage, the client should receive coverage under that program. BEM 124 (July 2013), p. 2; BEM 105 (July 2013), p. 2.

In this case, Claimant was denied MA coverage for the requested retroactive months because she was covered under Plan First. Because the MA program under which Claimant was eligible provided more comprehensive services than Plan First, the Department did not act in accordance with Department policy when it denied Claimant's application for retroactive MA coverage for October 2012 and November 2012.

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 coverage for October 2012 and November 2012.

**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. Reprocess Claimant's retroactive MA application for coverage for October 2012 and November 2012; and
2. Activate coverage for the retroactive months under the MA program most beneficial to Claimant.



**Alice C. Elkin**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: December 17, 2013

Date Mailed: December 17, 2013

**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:

2014-5337/ACE

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-07322

ACE/pf

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]