

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

**IN THE MATTER OF:**

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

Reg. No.: 14-017114  
Issue No.: 2004  
Case No.: ██████████  
Hearing Date: February 23, 2015  
County: WAYNE-DISTRICT 19  
(INKSTER)

**ADMINISTRATIVE LAW JUDGE: Eric Feldman**

**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 23, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant's Authorized Hearing Representative (AHR), ██████████. Participants on behalf of the Department of Human Services (Department or DHS) included ██████████ Hearings Facilitator.

**ISSUE**

Did the Department properly process Claimant's Medical Assistance (MA) application dated April 29, 2014, retroactive to January 2014?

**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 April 25, 2014, Claimant applied for MA benefits and she did not submit a retroactive MA application on April 25, 2014. See Exhibit 1, p. 2.
2. On April 29, 2014, the authorized representative (AR – who is also the AHR in this case) applied for MA benefits on behalf of the Claimant, retroactive to January 2014 (retroactive disability application). See Exhibit A, pp. 2-13.
3. On June 6, 2014, the Department sent Claimant a Health Care Coverage Determination Notice (determination notice) notifying her that she was approved for MA benefits effective April 1, 2014, ongoing. See Exhibit 1, p. 4.

4. On an unspecified date, the Department indicated that it attempted to request Claimant's retroactive MA for January 2014 to March 2014; however, the retro MA was denied due to the Healthy Michigan Plan (HMP) being on freeze and not opened until April of 2014. See Exhibit 1, p. 1. It appeared this denial was related to Claimant's MA application dated April 25, 2014.
5. The Department acknowledged that it erred in processing Claimant's retroactive MA application from January 2014 to March 2014, which was requested on April 29, 2014. See Exhibit A, pp. 2-13.
6. On November 21, 2014, Claimant's AHR filed a hearing request, protesting the Department's failure to process the MA/retroactive application. See Exhibit A, p. 1.

### **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 Department determines eligibility and benefit amounts for all requested programs. BAM 105 (April 2014), p. 15.

Any person, regardless of age, or his/her authorized representative (AR) may apply for assistance. BAM 110 (January 2014), p. 4. The AR assumes all the responsibilities of a client. BAM 110, p. 9. AR's must give their name, address, and title or relationship to the client. BAM 110, p. 9. To establish the client's eligibility, they must be familiar enough with the circumstances to complete the application, answer interview questions, and collect needed verifications. BAM 110, p. 9. The Department must register a signed application or filing form, with the minimum information, within one workday for all requested programs. BAM 110, p. 19.

The DHS-3243, Retroactive Medicaid Application, is used along with the DHS-1171, DHS-4574 or DCH-0373 for retro MA applications. BAM 110, p. 4. Only one DHS-3243 is needed to apply for one, two or three retro MA months. BAM 110, p. 4.

The standard of promptness (SOP) begins the date the department receives an application/filing form, with minimum required information. BAM 115 (March 2014), p.

14. For MA applications, the Department certifies the program approval or denial of the application within 45 days. BAM 115, p. 15. However, there are exceptions to these benefit programs for processing times, which are described as follows: 90 days for MA categories in which disability is an eligibility factor. BAM 115, p. 15. The SOP can be extended 60 days from the date of deferral by the Medical Review Team (MRT). BAM 115, p. 15.

Retro MA coverage is available back to the first day of the third calendar month prior to the criteria listed in BAM 115. BAM 115, p. 11. A person might be eligible for one, two or all three retro months, even if not currently eligible. BAM 115, p. 12. A separate determination of eligibility must be made for each of the three retro months. BAM 115, p. 13.

If the group is ineligible or refuses to cooperate in the application process, the Department certifies the denial within the standard of promptness and sends a DHS-1605, Client Notice, or the DHS-1150, Application Eligibility Notice, with the denial reason(s). BAM 115, p. 22. Medicaid and AMP denials receive a DHS-1606, Health Care Coverage Determination Notice. BAM 115, pp. 22-23. The Department sends the DHS-1605 detailing the approval at certification of program opening. BAM 115, p. 23. The Department sends the DHS-1606 detailing Medicaid approvals. BAM 115, p. 23.

Based on the foregoing information and evidence, the Department failed to satisfy its burden of showing that it properly processed Claimant's MA application dated April 29, 2014, retroactive to January 2014.

First, on an unspecified date, the Department indicated that it attempted to request retroactive MA for January 2014 to March 2014; however, the retro MA was denied due to the HMP being on freeze and not opened until April of 2014. See Exhibit 1, p. 1. It appeared this denial was related to Claimant's MA application dated April 25, 2014. However, the Department acknowledged that it erred in processing Claimant's retroactive MA application from January 2014 to March 2014, which was requested on April 29, 2014. See Exhibit A, pp. 2-13. The evidence indicated that Claimant's AHR requested retroactive MA on April 29, 2014 and the Department failed to address the subsequent application. See Exhibit A, pp. 2-13. Moreover, Claimant's AHR confirmed that January 2014 to March 2014 consisted of a retroactive disability application. Thus, the Department will register and process Claimant's MA retroactive disability application for January 1, 2014 to March 31, 2014 in accordance with Department policy. See BAM 105, p. 15; BAM 110, pp. 4-19; and BAM 115, pp. 11-23.

Second, the Department failed to satisfy its burden of showing that it properly processed Claimant's MA application dated April 29, 2014, retroactive to January 2014, in accordance with Department policy. The evidence indicated that Claimant herself applied for MA benefits on April 25, 2014. See Exhibit 1, p. 2. Then, the AHR applied for MA benefits on behalf of the Claimant on April 29, 2014. Subsequently, on June 6, 2014, the Department sent Claimant a determination notice notifying her that she was

approved for MA benefits effective April 1, 2014, ongoing. See Exhibit 1, p. 4. It is unclear if the determination notice was related to the April 25, 2014 application or April 29, 2014 application. Nevertheless, based on the determination notice, it would appear that Claimant had MA coverage effective April 1, 2014, ongoing. However, the Department testified that it believed Claimant received MA coverage effective April 1, 2014, but failed to present Claimant's Eligibility Summary/Medicaid Summary to confirm that she is receiving such coverage. The evidence is unclear if whether Claimant actually received MA – HMP effective April 1, 2014, ongoing. As such, the Department failed to satisfy its burden of showing that it properly processed Claimant's MA application dated April 29, 2014 and the Department will reprocess Claimant's MA application dated April 29, 2014, retroactive to January 1, 2014, in accordance with Department policy. See BAM 105, p. 15; BAM 110, pp. 4-19; and BAM 115, pp. 11-23.


### **DECISION AND ORDER**

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 properly processed Claimant's MA application dated April 29, 2014, retroactive to January 2014.

Accordingly, the Department's MA 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. Initiate re-registration and reprocessing of Claimant's MA application dated April 29, 2014, retroactive disability application for the period of January 1, 2014 to March 31, 2014;
2. Begin issuing supplements to Claimant for any MA benefits she was eligible to receive but did not from January 1, 2014, ongoing; and
3. Begin notifying Claimant and Claimant's AHR of its MA decision in accordance with Department policy.

  
Eric Feldman  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

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

EJF / cl

**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:

[REDACTED]