

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

**IN THE MATTER OF:**



Reg. No.: 15-005062  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: May 14, 2015  
County: Oakland-District 2

**ADMINISTRATIVE LAW JUDGE:** Vicki Armstrong

**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; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, an in-person hearing was held on May 14, 2015, from Madison Heights, Michigan. Participants on behalf of Claimant included Hearing Representative [REDACTED] of [REDACTED]. Participants on behalf of the Department of Health and Human Services (Department) included Assistance Payment Supervisor [REDACTED] and Eligibility Specialist [REDACTED].

**ISSUE**

Whether the Department properly determined Claimant's eligibility for the Retroactive Medical Assistance (MA) benefit program?

**FINDINGS OF FACT**

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

1. Claimant applied for Medicaid and Retro-Medicaid on May 5, 2014.
2. On November 6, 2014, subsequent to a Mass Update, Claimant's application for MA/Retro-MA was approved in error back to May, 2014.
3. A Verification Checklist was mailed to Claimant on November 12, 2014, due by November 24, 2014, requesting verification of income.
4. Claimant's Authorized Representative provided the Department with Claimant's verification of income on May 23, 2014, and again on November 18, 2014.
5. On January 8, 2015, the Department mailed Claimant a Quick Note requesting earned income for May, 2014, ongoing.

## CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), and Department of Human Services Reference Tables Manual (RFT).

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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, the only issue is whether Claimant is eligible for Retro-Medicaid for the month of April, 2014.

For Retro-Medicaid applications, 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. BAM 115, p 11 (7/1/2014). The Department determines eligibility for **each** retro MA month **separately**. BAM 115, p 13 (7/1/2014). To be eligible for a Retro-MA month, the person must meet all financial and nonfinancial eligibility factors in that month, and have an unpaid medical expense incurred during the month, or been entitled to Medicare Part A. There is **no** asset test for MAGI-related Medicaid categories. BAM 115, p 13 (7/1/2014).

In this case, Claimant's Authorized Representative submitted an application for MA/Retro-MA on May 5, 2014, and verification of employment for the month of April, 2014, on May 23, 2014. According to Department policy, the Department determines eligibility for each Retro-MA month separately.

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 the Department failed to determine Claimant's eligibility for Retro-MA for the month of April, 2014, separately from the MA application, and based on the employment verifications received by the Department for the month of April, 2014, on May 23, 2014.

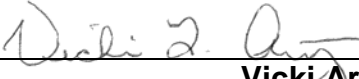
## DECISION AND ORDER

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

THE DEPARTMENT IS ORDERED TO INITIATE 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. Determine Claimant's April, 2014, Retro-MA eligibility based on receipt of income verifications on May 23, 2014, for the month of April, 2014.

2. Issue a Determination Notice to all parties once the determination has been completed.

  
**Vicki Armstrong**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human  
Services

Date Signed: **5/29/2015**

Date Mailed: **5/29/2015**

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**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:

