

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-008175  
Issue No.: 2009  
Case No.: [REDACTED]  
Hearing Date: August 13, 2015  
County: Alpena

**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 August 13, 2015, from Alpena, Michigan. Claimant, represented by [REDACTED] of [REDACTED] personally appeared and testified. 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 of Health and Human Services (the Department) properly denied Claimant's application for Retro-Medical Assistance (Retro-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 16, 2012**, Claimant applied for MA-P and Retro-MA.
- (2) On **April 10, 2015**, the Medical Review Team (MRT) denied Claimant's Retro-MA application because "it is believed Claimant's condition will improve. Decision is based on 09/01/2012 application date only." (Dept Ex A, p 24).
- (3) The Department representatives testified at the hearing on August 13, 2015, that the Department has no record of a 09/01/2012 application.
- (4) On April 28, 2015, the Department sent Claimant notice that her Retro-MA application was denied.

- (5) On May 11, 2015, Claimant filed a request for a hearing to contest the Department's negative action.
- (6) Claimant has a history of macular degeneration, intractable nausea, diabetic gastroparesis, H pylori, uncontrolled diabetes, chronic pain, hypertension, obesity and peripheral neuropathy.
- (7) Claimant is a 52 year old woman whose birthday is [REDACTED]. Claimant is 5'1" tall and weighs 171 lbs. Claimant completed high school.
- (8) Claimant was receiving Social Security disability benefits at the time of the hearing with a disability onset date of November 1, 2012.

### **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.

Based on the Social Security Administration's finding that Claimant is disabled with an onset date of 11/1/12, the only remaining issue is whether Claimant is eligible for Retro-MA. Departmental policy states that 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 redetermination) for FIP and MA recipients.  
BAM 115


In this case, Claimant applied for MA and Retro-MA on October 16, 2012. Claimant was found Disabled by the Social Security Administration with an established onset date of November 1, 2012. According to Departmental policy, "Retro-MA coverage is available back to the first day of the third calendar month prior to the current application for . . . MA." BEM 150. Therefore, based on Department policy, this Administrative Law Judge finds Claimant is entitled to Retro-MA back to the first day of the third calendar month prior to her October 16, 2012, application.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the Department erred in determining Claimant is not disabled.

Accordingly, the Department's decision is **REVERSED**, and it is ORDERED that:

1. The Department shall approve Retro-MA benefits for Claimant as long as she is otherwise eligible to receive them.
2. As long as Claimant's SSA disability status continues, Departmental review of Claimant's medical condition is unnecessary.

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

Date Signed: **8/14/2015**

Date Mailed: **8/14/2015**

VLA/las

**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:

