

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-009519
Issue No.: 2001
Case No.: [REDACTED]
Hearing Date: August 20, 2015
County: INGHAM

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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, telephone hearing was held on August 20, 2015, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant's authorized hearing representative, Chris Earley of L & S Associates. Participants on behalf of the Department included Amber Gibson, Hearing Facilitator.

ISSUE

Did the Department of Health and Human Services (Department) properly deny retroactive 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 [REDACTED], the Claimant applied for Medical Assistance (MA) and requested retroactive benefits through [REDACTED].
2. On [REDACTED], the Department issued a determination that the Claimant is not disabled.
3. On [REDACTED], the Department issued a determination that the previous disability determination remained in effect.
4. On [REDACTED], the Claimant's representative submitted a request for retroactive Medical Assistance (MA) for [REDACTED].

5. On [REDACTED], the Claimant received notice from the Social Security Administration that his [REDACTED], application for disability benefits was approved.
6. On [REDACTED], the Department notified the Claimant that he is not eligible for Medical Assistance (MA) from [REDACTED], through [REDACTED].
7. On [REDACTED], the Department received the Claimant's request for a hearing protesting the Department's failure to process the [REDACTED], request for Medical Assistance (MA).

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), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and 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 Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

Retroactive MA coverage is available back to the first day of the third calendar month prior to entitlement to Supplemental Security Income (SSI) benefits. Department of Human Services Bridges Assistance Manual (BAM) 115 (October 1, 2015), p 11.

The Department will determine eligibility for each retroactive MA month separately. 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
- Have been entitled to Medicare Part A. BEM 115, pp 13-14.

If a client's previous medical determination was not approved, the client has to prove a new or worsening condition in order to start the medical determination process again. Department of Human Services Bridges Assistance Manual (BAM) 815 (July 1, 2015).

The Claimant applied for Medical Assistance (MA) on [REDACTED], claiming disability. On [REDACTED], the Department issued a determination that the

Claimant is not disabled. On [REDACTED], the Department issued a determination that the previous disability determination remained in effect.

The Claimant was found to be disabled by the Social Security Administration and approved for Supplemental Security Income (SSI) benefits through [REDACTED].

The Claimant applied for retroactive MA benefits for [REDACTED], based on disability. On [REDACTED], the Department again denied the Claimant's application for retroactive Medical Assistance (MA) for [REDACTED] and [REDACTED].

Eligibility for retroactive MA benefits requires that the Claimant meet all financial and nonfinancial eligibility factors for each month. These nonfinancial eligibility factors include a finding of disability unless there is eligibility under another category. The Claimant has failed to establish a finding of disability before [REDACTED]. The Department had previously made a finding of non-disability based on all available evidence and no additional evidence was submitted with the latest application.

The Claimant's representative argued that upon a receipt of a request for retroactive MA benefits based on disability, the Department was obligated to request evidence of disability.

A request for hearing must be in writing and signed by the claimant, petitioner, or authorized representative. Rule 400.904(1). Moreover, the Department of Human Services Bridges Administrative Manual (BAM) 600 (April 1, 2015), p. 6, provides in relevant part as follows:

The client or authorized hearing representative has 90 calendar days from the date of the written notice of case action to request a hearing. The request must be received anywhere in DHS within the 90 days.

The Claimant's [REDACTED], request for a hearing is not timely with respect to the [REDACTED], or [REDACTED], findings of non-disability. It is presumed that the Claimant had an opportunity to present all relevant evidence of disability at the time those applications were submitted.

This Administrative Law Judge finds that the Claimant is not entitled to a new determination of disability based on evidence that the Department already determined to not establish disability. The Claimant failed to establish new circumstances obligating the Department to request medical evidence it already had the opportunity to review, or evidence the Claimant failed to submit to the Department with his previous application for benefits.

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 acted in accordance with Department policy when it processed the Claimant's application for

retroactive Medical Assistance (MA), and denied this application for retroactive Medical Assistance (MA) as of [REDACTED], based on a finding of non-disability.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.



Kevin Scully
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

KS [REDACTED]

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:

