

1. All Findings of Fact and Conclusions of Law contained in the original Hearing Decision dated February 25, 2015 remain unchanged except for paragraphs 1 and 5 which are hereby amended as follows:
 1. The Claimant applied for MA-P and Retro MA-P (July 2010) on October 29, 2010. Claimant Exhibit 3
 5. As of the date of the hearing, the Department had not processed the retro MA-P application for July 2010.

The remaining Findings of Fact remain unchanged and are incorporated herein by reference.

CONCLUSIONS OF LAW

The Conclusions of Law contained in the original Hearing Decision dated February 25, 2015 remain unchanged except the third paragraph is amended as follows:

Additionally, at the hearing, the Department indicated that the October 29, 2010 application was approved for full Medicaid based upon an eligibility summary and Notice of Case Action. Exhibit A and Claimant Exhibit 2. The Department provided no evidence that the Claimant's retroactive application dated October 29, 2010 was ever processed. At the hearing, the Claimant's AHR presented proof that the retroactive medical assistance application was provided and received by the Department of Human Services, Inkster District Office. Claimant Exhibit 3. Based on the facts presented, it is determined that the Department failed to process the retro application when it was received and after Medicaid was approved and, therefore, must process the retroactive application and determine non-medical ongoing eligibility, if required, for the retroactive coverage for **July 2010**. Given the fact that the Department never processed the retroactive application, and failed to process several hearing requests without any explanation, it is determined that the Claimant's Request for hearing dated December 29, 2014 is timely. The AHR did everything in its power to request hearings for failure to process the retro application which were never scheduled. The Department could not explain the reason why no hearing requests were processed.

The remaining Conclusions of Law remain unchanged and are incorporated herein by reference.

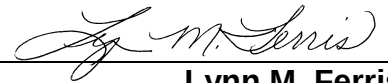
DECISION AND ORDER

The Decision and Order Paragraph 1. Is amended as follows:

1. The Department shall process the October 29, 2010 retro application for **July 2010** provided at the hearing and marked Claimant Exhibit 3 for Medical Assistance and determine non-medical eligibility, if not already completed, based upon its approval of the October 29, 2010 application for medical assistance.

The remaining paragraphs of the Decision and Order remain unchanged and are incorporated herein by reference.

IT IS SO ORDERED.



Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **3/2/2015**

Date Mailed: **3/2/2015**

LMF / 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:

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