

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

IN THE MATTER OF:

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

Reg. No.: 15-007649
Issue No.: 2004
Case No.: ██████████
Hearing Date: June 18, 2015
County: Pathways to Potential

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

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; and Mich Admin Code, R 792.11002. After due notice, a 3-way telephone hearing was held on June 18, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████. Participants on behalf of the Department of Health and Human Services (Department) included ██████████

ISSUE

Did the Department properly process Claimant's retroactive application for Medical Assistance (MA) coverage for March 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. Claimant's MA case under the Group 2 Caretaker (G2C) program closed effective February 28, 2014.
2. On May 8, 2014, Claimant applied for MA benefits with an application for retroactive coverage for March 2014.
3. Effective April 2014, Claimant became eligible for MA coverage under the Healthy Michigan Plan (HMP).

4. On May 14, 2015, the AHR filed a request for hearing alleging that the Department had failed to process Claimant's MA eligibility for the retroactive month of March 2014.

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.

The parties do not dispute that Claimant's MA case closed effective February 28, 2014, that the AHR filed an MA application on May 8, 2014, with a request for retroactive coverage to March 2014, and that Claimant was approved for MA coverage under the HMP program for April 1, 2014. At issue is Claimant's coverage for March 2014.

At the hearing, the Department testified that it received copies of Claimant's March 2014 medical bills after requesting them from the AHR in January 2015. It attempted to activate retroactive coverage for Claimant's March 2014 medical expenses but its system denied coverage because it concluded that Claimant was eligible only for MA coverage under the Plan First program.

At the hearing, the AHR alleged that it never received notice of Claimant's approval for any MA coverage for March 2014. Because the Department acknowledged that the AHR was Claimant's authorized representative at application and presented no evidence that the AHR was notified of its actions concerning Claimant's retroactive application, the Department did not act in accordance with Department policy. BAM 220 (January 2014), pp. 1-2; BAM 110 (January 2014), p. 9.

Further, the Department must consider all MA category options in order to determine the most beneficial MA program. BEM 105 (January 2014), p. 2. Plan First provides family planning services. BEM 124 (January 2014), p. 1. Women may receive Plan First services and be eligible as an MA deductible. BEM 124, p. 2. G2C coverage is an MA deductible program available to a parent of a dependent child who meets the financial and nonfinancial eligibility requirements. BEM 135 (July 2013), pp. 1-3. At the hearing, the Department acknowledged that Claimant had a minor child in the

household in March 2014. Under these facts, the Department did not act in accordance with Department policy when it failed to process Claimant's MA application for eligibility for G2C coverage in March 2014.

Finally, the Department also argued at the hearing that it did not timely receive Claimant's March 2014 medical bills. Because the Department never notified the AHR of Claimant's MA eligibility for March 2014, the Department cannot rely on the lack of medical bills in concluding that Claimant was ineligible for MA coverage under a G2C program.


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 did not act in accordance with Department policy when it failed to process Claimant's application for retroactive MA coverage for March 2014.

DECISION AND ORDER

Accordingly, the Department's 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. Reregister and reprocess the retroactive application for March 2014 MA coverage;
2. Provide Claimant with MA coverage she is eligible to receive in March 2014;
3. Notify Claimant and the AHR in writing of its decision.



Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Signed: **6/30/2015**

Date Mailed: **7/01/2015**

ACE / pf

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 copy of

the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]