

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

**IN THE MATTER OF:**

[REDACTED]

MAHS Reg. No.: 15-015425  
Issue No.: 2001  
Agency Case No.: [REDACTED]  
Hearing Date: October 22, 2015  
County: OAKLAND-DISTRICT 2  
(MADISON HTS)

**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 October 22, 2015, from Lansing, Michigan. Participants on behalf of Claimant included his authorized hearing representative [REDACTED] of [REDACTED]. [REDACTED] represented the Department of Health and Human Services (Department). Witnesses on behalf of the Department included [REDACTED] (Assistance Payments Supervisor).

**ISSUE**

Did the Department of Health and Human Services (Department) properly deny retroactive Medical Assistance (MA) benefits effective November 1, 2013?

**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 May 6, 2014, the Department's Medical Review Team found the Claimant to be not disabled.
2. On February 24, 2014, the Department received the Claimant's application for Medical Assistance (MA) and request for retroactive benefits through November 1, 2013.
3. The Claimant was found to be disabled by the Social Security Administration with a disability onset date of December 2, 2013.
4. On May 6, 2014, the Department notified the Claimant that he was not eligible for Medical Assistance (MA) for November of 2013.

5. On August 17, 2015, the Department received the Claimant's request for a hearing protesting the denial of Medical Assistance (MA) for November of 2013.

### **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 (July 1, 2013), 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.

All financial and non-financial factors must be met to establish eligibility for disability based MA benefits. A determination by the Social Security Administration that a person is not disabled or blind supersedes a Medical Review Team determination. Department of Health and Human Services Bridges Administrative Manual (BAM) 815 (July 1, 2103), pp 1-16.

On February 24, 2014, the Department received the Claimant's application for MA based on disability with a request for retroactive benefits through November 1, 2013. On May 6, 2014, the Department notified the Claimant that he is not eligible for retroactive MA benefits for November of 2013.

On June 5, 2014, the Claimant applied for Supplemental Security Income (SSI) benefits. The Social Security Administration found the Claimant to be disabled with an onset date of December 2, 2013.

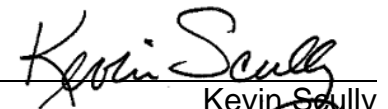
The Claimant's representative argues that the Claimant is eligible for MA based on disability that was established by the Social Security Administration as of December 2, 2013, and is therefore eligible for retroactive MA benefits effective November 1, 2013.

This Administrative Law Judge finds that the Claimant failed to establish eligibility for MA benefits based on disability for November of 2013. The Department already evaluated the Claimant's medical evidence and found that he was not disabled. The Social Security Administration determined that the Claimant was disabled as of December 2, 2013. Therefore, the Claimant does not meet the non-financial requirements for receiving disability based MA for November of 2013.

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 denied Medical Assistance (MA) as of November 1, 2013.

### **DECISION AND ORDER**

Accordingly, the Department's decision is **AFFIRMED**.

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

Date Signed: **11/3/2015**

Date Mailed: **11/3/2015**

KS/■

**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:

