

**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.: 15-022704
Issue No.: 2004
Agency Case No.: [REDACTED]
Hearing Date: February 16, 2016
County: Macomb (20)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

Following Petitioner'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 telephone hearing was held on February 16, 2016, from Detroit, Michigan. Petitioner appeared and was unrepresented. Sandra Wonoski, Petitioner's mother, testified on behalf of Petitioner. The Michigan Department of Health and Human Services (MDHHS) was represented by [REDACTED], hearing facilitator.

ISSUE

The issue is whether MDHHS failed to process Petitioner's request for Medical Assistance (MA) eligibility.

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], Petitioner submitted to MDHHS an Assistance Application requesting MA benefits.
2. Petitioner's application indicated unpaid medical expenses form the previous 3 calendar months.
3. MDHHS did not mail Petitioner a Retroactive Medicaid Application.
4. On [REDACTED], Petitioner requested a hearing to dispute the failure by MDHHS to process retroactive MA eligibility.

CONCLUSIONS OF LAW

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. MDHHS (formerly known as the Family Independence Agency) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k. MDHHS policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

It was not disputed Petitioner submitted to MDHHS an Assistance Application requesting MA benefits on [REDACTED]. It was not disputed Petitioner's application indicated unpaid expenses from the previous 3 months. It was not disputed MDHHS approved Petitioner for MA benefits beginning December 2014. Petitioner requested a hearing to dispute the failure by MDHHS to address his need for MA eligibility for the three months before December 2014.

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... BAM 115 (July 2014), p. 11. The DHS-3243, Retroactive Medicaid Application, is used along with the DHS-4574 or DCH-1426 for retro MA applications. BAM 110 (July 2014), p. 4.

MDHHS policy clearly requires clients to submit a Retroactive Medicaid Application (or its equivalent) for persons seeking retroactive MA eligibility. It was not disputed that Petitioner did not submit the application to MDHHS. Thus, MDHHS technically did not act improperly by failing to process Petitioner's retroactive MA eligibility. As it happened, MDHHS had a separate obligation.

A request for assistance may be in person, by mail, telephone, email or online. *Id.*, p. 1. For a request by letter or telephone, [MDHHS is to] mail the application by the end of the next workday. *Id.*, p. 2.

Receipt of a completed MSA-2565-C, Facility Admission Notice, serves as a request for MA for all persons except: automatically eligible newborns; see Bridges Eligibility Manual, (BEM) 145, active MA beneficiaries, [and] pending MA or FIP applicants. *Id.*, p. All other requests must be registered and the client must be sent the following... the DCH-1426, DHS-4574 and the DHS-3243 if necessary... *Id.*

Petitioner's application statement that he had unpaid medical expenses from the previous 3 months functionally served as a request for retroactive MA benefits. After

MDHHS received Petitioner's application, MDHHS should have mailed Petitioner a Retroactive Medicaid Application (DHS-3243) within 24 hours. It was not disputed MDHHS failed to mail Petitioner a DHS-3243 in the many months that have passed since Petitioner requested retroactive MA benefits.

DECISION AND ORDER

The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS improperly denied Petitioner's application for MA benefits. It is ordered that MDHHS, in accordance with policy and this hearing decision, mail Petitioner a DHS-3243 in response to Petitioner's retroactive MA benefit request dated [REDACTED] within 10 days of the date of mailing of this decision: The actions taken by MDHHS are **REVERSED**.



Christian Gardocki

Administrative Law Judge
for Nick Lyon, Director

Department of Health and Human Services

Date Signed: **FEBRUARY 22, 2016**

Date Mailed: **FEBRUARY 22, 2016**

CG / hw

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:

