



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: November 30, 2017  
MAHS Docket No.: 17-012327  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Vicki Armstrong

**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; 42 CFR 438.400 to 438.424; 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 [REDACTED], from Lansing, Michigan. Petitioner was represented by Authorized Hearing Representative, [REDACTED]. Petitioner submitted six exhibits which were admitted into evidence.

The Department of Health and Human Services (Department) was represented by Family Independence Manager, [REDACTED]. [REDACTED] testified on behalf of the Department. The Department submitted 20 exhibits which were admitted into evidence. The record was closed at the conclusion of the hearing.

**ISSUE**

Did the Department properly deny Petitioner's request for Retroactive Medicaid?

**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 applied for retroactive Medicaid for [REDACTED] and [REDACTED], and the month of [REDACTED]. [Dept. Exh. 1, 7-9].
2. According to the Department's representative, Petitioner's application for retroactive Medicaid was denied because Petitioner did not have a Medicaid application that covered the [REDACTED], time frame. [Hearing Summary].

3. According to the hearing packet, “another ticket was called in as D3 worker could not get Bridges to approve MA for [REDACTED] thru [REDACTED]. BRC response was they could not add the retro MA coverage as the SSI disability onset date was [REDACTED] and there were no previous MA applications that would cover the [REDACTED] time period. Retro MA is not automatic for the 3 months prior to SSI approval. All eligibility factors must be met in the retro month which disability was not met in [REDACTED]”. [Dept. Exh. 2].
4. On [REDACTED], the Department issued a Health Care Coverage Determination Notice approving Petitioner for full Medicaid coverage from [REDACTED], through [REDACTED]. [Dept. Exh. 10].
5. On [REDACTED], Petitioner submitted a Request for Hearing to the Department. [Dept. Exh. 3-4].

### **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.

Based on the Social Security Administration’s finding that Petitioner was disabled with an onset date of [REDACTED], the only remaining issue is whether Petitioner is eligible for Retro-Medicaid. According to Departmental policy, some clients also qualify for retroactive (retro) MA coverage for up to three calendar months prior to SSI entitlement; see BAM 115. BEM 150.

On [REDACTED], the Department issued a Health Care Coverage Determination Notice approving Petitioner for full Retro-Medicaid coverage from [REDACTED], through [REDACTED]. Departmental policy states that Retro-Medicaid coverage is available back to the first day of the third calendar month prior to entitlement to SSI. BAM 115, pp 11-12 (10/1/2017); emphasis added. Therefore, based on Department policy, this Administrative Law Judge finds Petitioner is entitled to Retro-Medicaid back to the first day of the third calendar month prior to his SSI entitlement date of [REDACTED].

Inasmuch as the Department approved Petitioner for full Retro-Medicaid coverage for the months of [REDACTED], and [REDACTED], based on the SSI approval, the Department must also grant Petitioner full Retro-Medicaid coverage for the month of [REDACTED].

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 denied Petitioner's request for Retro-Medicaid for the month of [REDACTED].

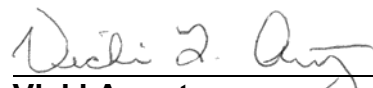
### **DECISION AND ORDER**

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. Redetermine Petitioner's eligibility for Retro-Medicaid for the month of [REDACTED].
2. Issue an updated Health Care Coverage Determination Notice based on the redetermination and in accord with this decision.

VLA/bb



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**Vicki Armstrong**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

**DHHS**

[Redacted]

**Authorized Hearing Rep.**

[Redacted]

**Petitioner**

[Redacted]