



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON  
DIRECTOR

Date Mailed: February 16, 2018  
MAHS Docket No.: 17-014764  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Denise McNulty**

**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, an in-person hearing was held on December 18, 2017, from Detroit, Michigan. The Petitioner was represented by [REDACTED], Authorized Hearing Representative/Guardian (AHR); and [REDACTED], employee. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist.

**ISSUE**

Did the Department properly deny Petitioner's application for Retroactive Medicaid (Retro-MA)?

**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 July 17, 2017, the AHR submitted an application for Retro-MA on Petitioner's behalf. [Exhibit A, pp. 2-8.]
2. On July 21, 2017, the Department sent the AHR an email notifying him that the applications were not signed and asset/income questions had not been answered.
3. On July 25, 2017, the Department mailed Petitioner a Verification Checklist (VCL) requesting proofs regarding his banking accounts with a due date of August 4, 2017. [Exhibit A, pp. 9-10.]

4. On July 25, 2017, in an email, the Department requested the AHR provide a copy of the banking statement for [REDACTED] or proof of account closure. The AHR was notified that the Verification Checklist was being mailed out with a due date of August 4, 2017 [Exhibit A, pp. 9-10,12]. The AHR sent an email in response, notifying the Department that a formal petition would be necessary to get the requested banking information, and that it could take about a month to get the results.
5. On August 21, 2017, the Department mailed Petitioner a Health Care Coverage Determination Notice (HCCDN) notifying him that the application for Retro-MA was denied because the requested proofs had not been received. [Exhibit A, pp. 16-19.]
6. The Department received the requested verification in November 2017.
7. On November 7, 2017, the Department received Petitioner's Request for Rearing disputing the denial of Retro-MA benefits.

### **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.

In this case, on Petitioner's behalf, the AHR requested a hearing to dispute the denial of Retro-MA benefits. An application for Retro-MA was submitted on July 17, 2017. Retro MA coverage is available back to the first day of the third calendar month prior to the current application for MA recipients. BAM 115 (October 2017), p. 12. The Department, in accordance with BAM 115, p. 17, is to certify the approval or denial of the application for a program within 45 days.

On July 25, 2017, the Department sent Petitioner a VCL requesting verification about a specific banking account. The Department provided a due date of August 4, 2017. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (April 2017), p. 1. In this case, the Department requested the verifications to assist in the initial determination of

Petitioner's eligibility for benefits. The client is required to obtain and provide the verification requested by the Department for determination of their eligibility for benefits. BAM 130 (April 1, 2017), p. 3. Clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105 (October 2016), p. 9. The Department allowed Petitioner at least 10 days to provide the requested documentation in accordance with policy. BAM 130 (April 2017), p. 7. The Department did not receive the requested information by the time the HCCDN was issued on August 21, 2017.

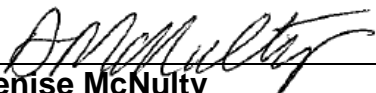
Absent the requested financial information, the Department was unable to make a determination of Petitioner's eligibility for benefits. Since Petitioner did not provide the requested information timely the Department, in accordance with policy, denied Petitioner's application retro-MA benefits.

### **DECISION AND ORDER**

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 Petitioner's application for retro-MA for the months of June 2017 and July 2017.

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

DM/tlf

  
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**Denise McNulty**  
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

**Via Email:**

[REDACTED]

**Petitioner**

- **Via First-Class Mail:**

[REDACTED]

**Authorized Hearing Rep.**

- **Via First-Class Mail:**

[REDACTED]