



**DECISION OF  
STATE AGENCY  
ON APPEAL**

In the Appeal of: [REDACTED] by [REDACTED]  
For: Medical Assistance – Retroactive Coverage  
Agency: Minnesota Department of Human Services  
Docket: 164445

On August 12, 2015, Human Services Judge Jonathan R. Hall held an evidentiary hearing under Minn.Stat. § 256.045, subd. 3.

The following people appeared at the hearing:

[REDACTED], Appellant  
[REDACTED], Appellant's Representative  
Laotian Language Line Interpreter #902283

The human services judge, based on the evidence in the record and considering the arguments of the parties, recommends the following findings of fact, conclusions of law, and order.

## STATEMENT OF ISSUES

The issues raised in this appeal are:

Whether the Commissioner should assume jurisdiction over the appeal; and, if so,

Whether the agency correctly determined to take no action regarding the appellant's request for retroactive medical assistance coverage because the appellant failed to complete and submit the correct application information.

## FINDINGS OF FACT

1. On an unknown date, the Minnesota Department of Human Services (agency) sent the appellant a written notice of renewal of her medical assistance benefits. On April 3, 2015, the appellant's medical assistance coverage terminated because she failed to submit her renewal application in a timely manner. On July 21, 2015, received the appellant's medical assistance renewal application. On July 22, 2015, the agency renewed the appellant's medical assistance benefits effective July 1, 2015. The appellant filed an appeal challenging that decision, which the agency received on June 12, 2015. Human Services Judge Jonathan R. Hall scheduled an evidentiary hearing for June 29, 2015, but continued it until August 12, 2015 for the appellant's benefit. The Judge held the record open until August 28, 2015 to receive additional evidence from the parties. The judge closed the record, consisting of five exhibits,<sup>1</sup> on that date.

2. On April 3, 2015, the appellant lost medical assistance coverage. [REDACTED]  
*Testimony; Exhibit 3.*

3. On April 13, 2015, the appellant's representative created an account on the MNsure website, intending to enroll in a qualified health plan (QHP) with her mother (the appellant) and her father. She did not select a QHP at that time because she thought that her parents may qualify for medical assistance. [REDACTED] *Testimony; Exhibit 3.*

4. On June 12, 2015, the agency determined that the appellant must submit an application for renewal of her medical assistance benefits by May 31, 2015 but that she had not done so. *Exhibit 2.*

5. On June 23, 2015, the appellant's representative reported a corrected household income of \$48,511.00. MNsure determined that the appellant was eligible to receive tax credits and cost-sharing reductions, and that she would "likely be eligible for a special enrollment

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<sup>1</sup> Exhibit 1 (Appeal); Exhibit 2 (State Agency Appeal Summary); Exhibit 3 (MNsure Appeals Memorandum); Exhibit 4 (Judge's Request for Additional Information); Exhibit 5 (8/26/15 Agency E-mail Message to Judge and Appeals Memorandum).

period,” but that her special enrollment period would end soon. [REDACTED] *Testimony; Exhibit 3.*

6. On July 21, 2015, the appellant submitted an application for renewal of her medical assistance benefits. *Exhibit 2.*

7. On July 22, 2015, the agency determined that the appellant was eligible for medical assistance effective July 1, 2015. In order to be eligible for medical assistance retroactive to April 1, 2015, the appellant must complete and submit additional information to the agency on forms provided by the agency. The agency sent such forms to the appellant. *Exhibit 2.*

8. As of August 26, 2015, the appellant had not submitted an application for coverage of medical assistance benefits retroactive to April 1, 2015. *Exhibit 5.*

### CONCLUSIONS OF LAW

1. ***Jurisdiction.*** State agency hearings are available for the following: any person applying for, receiving or having received public assistance, medical care, or a program of social services granted by the state agency or a county agency or the federal Food Stamp Act whose application for assistance is denied, not acted upon with reasonable promptness, or whose assistance is suspended, reduced, terminated, or claimed to have been incorrectly paid. *Minn.Stat. § 256.045, subd. 3, subd. 3(a)(1).* In this case, the appellant appealed to receive medical assistance benefits retroactive to April 1, 2015. However, there is no evidence in the record demonstrating that she actually applied for retroactive benefits because the agency has no record of such application. As such, there is no agency decision in dispute. For these reasons, I conclude that there is no issue on appeal over which the commissioner can assume jurisdiction. I recommend that the appeal be dismissed for lack of jurisdiction.

### RECOMMENDED ORDER

THE HUMAN SERVICES JUDGE RECOMMENDS THAT the Commissioner of Human Services DISMISS the appeal.

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Jonathan R. Hall  
Human Services Judge

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Date

ORDER OF THE COMMISSIONER

IT IS THEREFORE ORDERED THAT the Commissioner of Human Services adopts the human services judge's recommendation as her final decision.

FOR THE COMMISSIONER OF HUMAN SERVICES:

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FURTHER APPEAL RIGHTS

**This decision is final, unless you take further action.**

Appellants who disagree with this decision should consider seeking legal counsel to identify further legal recourse.

If you disagree with this decision, you may:

- **Request the Appeals Office reconsider this decision.** The request must state the reasons why you believe your appeal should be reconsidered. The request may include legal arguments and may include proposed additional evidence supporting the request; however, if you submit additional evidence, you must explain why it was not provided at the time of the hearing. The request must be *in writing*, be made *within 30 days of the date of this decision*, and a *copy of the request must be sent to the other parties*. Send your written request, with your docket number listed, to:

Appeals Office  
Minnesota Department of Human Services  
P.O. Box 64941  
St. Paul, MN 55164-0941  
Fax: (651) 431-7523

- **Start an appeal in the district court.** This is a separate legal proceeding that you must start *within 30 days of the date of this decision*. You start this proceeding by serving a notice of appeal upon the other parties and the Commissioner, and filing the original notice and proof of service with the county district court. The law that describes this process is Minnesota Statute § 256.045, subdivision 7.<sup>2</sup>

cc: [REDACTED] for [REDACTED], Appellant  
DHS 0838, Teresa Saybe  
MNsure General Council

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<sup>2</sup>County agencies do not have the option of appealing decisions about Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Diversionary Work Program (DWP) benefits to district court under 7 C.F.R. § 273.15(q)(2) and Minnesota Statute § 256J.40.