

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909  
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

██████████  
Appellant

\_\_\_\_\_ /

Docket No. 2009-5573 MCE  
Case ██████████  
Load No. ██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing appealing the Department's denial of exception from Medicaid Managed Care Program enrollment.

After due notice, a hearing was held on ██████████. The Appellant, ██████████, appeared on behalf of himself. ██████████, ██████████, represented the Department. ██████████, appeared as a witness on behalf of the Department.

**ISSUE**

Does the Appellant meet the requirements for a managed care exception?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. A hearing was held in this matter on ██████████
2. The Appellant is Medicaid eligible.
3. The Appellant has been enrolled in Medicaid Managed Care since ██████████
4. The Appellant's Medical Exception request was received by the Department on ██████████
5. On ██████████ the Department received the Appellant's request for an administrative hearing.

**CONCLUSIONS OF LAW**

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

On May 30, 1997, the Department was notified of the Health Care Financing Administration's approval of its request for a waiver of certain portions of the Social Security Act to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Qualified Health Plans.

MDCH Medicaid Provider Manual, Beneficiary Eligibility Section, April 1, 2006, page 24, states: "The medical exception process is only available to a beneficiary who is not yet enrolled in a MHP, or who has been enrolled for less than two months."

There is no material dispute the Appellant had been enrolled in his managed care plan for over 60 days when the request for medical exception was received. This is the material fact that controls the outcome of the hearing. The Policy is clear and unambiguous regarding the time constraints for requesting a medical exception.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Appellant exceeded the two-month limitation.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

---

Jennifer Isiogu  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 2/25/2009

**\*\*\* NOTICE \*\*\***

The State Office of Administrative Hearings and Rules for the Department of Community Health may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules for the Department of Community Health will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.