Michigan Office of Administrative Hearings and Rules
P.O. BOX 30763
LANSING, MI 48909

Date Mailed: August 11, 2025
Docket No.: 25-023418
Case No.: [redacted]
Petitioner: [redacted]

[redacted]
MI [redacted]

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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Case No.: [redacted]
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DECISION AND ORDER

This matter is before the Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.,* and upon a request for hearing filed on behalf of Petitioner [redacted] (Petitioner).

After due notice, a telephone hearing was held on August 6, 2025. [redacted], the minor Petitioner's mother, appeared and testified on Petitioner's behalf. Lana Karadsheh, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Dr. Nina Mattarella, pediatrician, and Jacob Disley-Cielen, nurse analyst, testified as witnesses for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-24. No other proposed exhibits were submitted.

ISSUE

Did the Department properly deny Petitioner's request for a retroactive authorization for out-of-state medical care?

FINDINGS OF FACT

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

1. Petitioner is a [redacted] year-old who has been diagnosed with, among other conditions, a partial deletion of chromosome 3; feeding difficulties; cerebral ventriculomegaly; global development delay; dystonic cerebral palsy; epilepsy; and hypotonic cerebral palsy. (Exhibit A, page 12).

2. He is approved for Children's Special Health Care Services (CSHCS) through the Department. (Testimony of Dr. Mattarella; Testimony of Nurse Analyst).

3. In 2025, Petitioner participated in a Dynamic Movement Intervention (DMI) program for two weeks in Chicago, Illinois. (Exhibit A, page 12; Testimony of Petitioner's representative).

4. Petitioner did not request or receive prior authorization from the Department for that out-of-state medical care. (Testimony of Petitioner's representative).

5. On June 2, 2025, the Department received a request for a retroactive authorization for the services submitted on Petitioner's behalf by his primary care physician. (Exhibit A, pages 11-18).

6. Petitioner's primary care physician is not a subspecialist with respect to Petitioner's conditions. (Testimony of Petitioner's representative; Testimony of Dr. Mattarella; Testimony of Nurse Analyst).

7. On June 5, 2025, the Department sent written notice that the request for a retroactive authorization for out-of-state medical care had been denied. (Exhibit A, pages 20-21).

8. With respect to the reason for the denial, the notice stated:

> The policy this denial is based on is Section 10 of the Children's Special Health Care Services chapter of the Medicaid Provider Manual. Specifically:
>
> - Policy: Michigan Medicaid for Providers Manual. Children's Special Health Care Services Chapter. Section 10.
>
> - Specifically: Prior authorization requests for out-of-state services may be approved when the request for out-of-state referral is submitted by the appropriate, CSHCS-authorized in-state subspecialist with whom the beneficiary will maintain a relationship following the out-of-state services, explaining the reason the requested service must be provided out-of-state. Comparable care (the term "comparable care" does not require that services be identical) for the CSHCS qualifying diagnosis cannot be provided within the State of Michigan.
>
> *Exhibit A, page 20*

9. On June 25, 2025, MOAHR received the request for hearing filed in this matter regarding that denial. (Exhibit A, pages 7-10).

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 statutes, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medicaid and CSHCS covered benefits are addressed for practitioners and beneficiaries in the Medicaid Provider Manual (MPM).

As provided in the notice of denial sent to Petitioner, the Department's decision in this case was based in part on Section 10 of the CSHCS of the MPM. Specifically, that section states in part:

> **SECTION 10 – OUT-OF-STATE MEDICAL CARE**
>
> CSHCS covers out-of-state **emergency** medical care when services are related to the qualifying diagnosis. Emergency medical care is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
>
> - Serious jeopardy to the health of the beneficiary;
> - Serious impairment to bodily functions; or
> - Serious dysfunction of any bodily organ or part.
>
> *Non-emergency medical care related to the qualifying diagnosis is defined as not meeting the definition of emergency medical care stated above. Out-of-state non-emergency medical care is covered only when the service has been prior authorized by MDHHS. Prior authorization requests for out-of-state services may be approved when all of the following criteria are met:*
>
> - *The requested service is related to the CSHCS qualifying diagnosis;*

- *The request for out-of-state referral is submitted by the appropriate, CSHCS-authorized in-state subspecialist with whom the beneficiary will maintain a relationship following the out-of-state services, explaining the reason the requested service must be provided out-of-state;*

- *The in-state subspecialist and the out-of-state specialist maintain a collaborative relationship with regard to determining, coordinating, and providing the beneficiary's medical care, including a plan to transition the beneficiary back to in-state services as appropriate;*

- *Comparable care (the term "comparable care" does not require that services be identical) for the CSHCS qualifying diagnosis cannot be provided within the State of Michigan;*

- *The requested service is accepted within the context of current medical standards of care as determined by MDHHS;*

- *The service has been determined medically necessary by MDHHS because the beneficiary's health would be endangered if they were required to travel back to Michigan for services, if applicable.*

All out-of-state providers must complete the Community Health Automated Medicaid Processing System (CHAMPS) enrollment process described in the Provider Enrollment Section of the General Information for Providers Chapter to submit claims to MDHHS.

Medical care provided in borderland areas is allowed without application of the Out-of-State Medical Care criteria if the provider is enrolled in the Michigan Medicaid Program. Borderland is defined as counties outside of Michigan that are contiguous to the Michigan border and the major population centers (cities) beyond the contiguous line as recognized by MDHHS. (Refer to the General Information for Providers Chapter of this manual for additional information.)

The LHD CSHCS offices authorize and assist families with

> travel for care received in borderland areas in the same manner as for travel in state. Refer to the Non-Emergency Medical Transportation (NEMT) Assistance section of this chapter for specific information.
>
> *MPM, April 1, 2025 version*
> *CSHCS Chapter, page 29*
> *(Italics added for emphasis)*

Here, as discussed above, the Department denied a request for a retroactive authorization for out-of-state medical care pursuant to the above policies.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying the request. Moreover, the undersigned ALJ is limited to reviewing the Department's decision in light of the information available at the time the decision was made.

Given the record and applicable policies in this case, Petitioner has failed to meet that burden of proof, and the Department's decision must, therefore, be affirmed.

It is undisputed in this case that the out-of-state medical care that Petitioner received in Illinois was non-emergency care. And, consequently, for the out-of-state medical care to be approved, the applicable policy requires, among other criteria, that the request for the out-of-state referral be submitted by the appropriate, CSHCS-authorized in-state subspecialist with whom the beneficiary will maintain a relationship following the out-of-state services.

It is also undisputed in this case that the request did not meet the applicable criteria as it was not submitted by the appropriate, CSHCS-authorized in-state subspecialist with whom the beneficiary will maintain a relationship following the out-of-state services. Instead, it was submitted by Petitioner's primary care physician, who is not a subspecialist and who relied on recommendations and reports of what care is available in-state from others.

Rather than arguing that the applicable criteria was met, Petitioner's representative instead testified that she was verbally told by a representative from the Department that no prior authorization was required for Petitioner. However, that testimony is unsupported and, regardless, the undersigned ALJ is bound by the applicable policy and has not been delegated the authority to decide cases as a matter of equity.

Accordingly, given that the request in this case clearly did not meet the applicable criteria, the Department properly denied it.

As discussed between the parties during the hearing, to the extent Petitioner does have a subspecialist who meets the applicable requirements and would be willing to submit a

request for retroactive authorization, Petitioner's representative can have another request submitted. The Department could then approve or deny it, and if it was denied, then Petitioner could request another administrative hearing,

However, any future request is outside the scope of this case, and, with respect to the decision that is at issue, the Department's decision must be affirmed given the available information and applicable policies.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's authorization request.

IT IS, THEREFORE, ORDERED that:

- The Department's decision is **AFFIRMED.**

Steven Kibit

STEVEN KIBIT
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at https://lrs.michbar.org or Michigan Legal Help at https://michiganlegalhelp.org. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to LARA-MOAHR-DCH@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
  Michigan Office of Administrative Hearings and Rules
  Rehearing/Reconsideration Request
  P.O. Box 30639
  Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

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