



Date Mailed: October 23, 2025
Docket No.: 25-033491
Case No.: [REDACTED]
Petitioner: [REDACTED]



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

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Docket No.: 25-033491

Case No.: [REDACTED]

Petitioner: [REDACTED]

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 Petitioner's request for a hearing.

After due notice, a hearing was held on October 22, 2025. [REDACTED] Petitioner's spouse, appeared and testified on Petitioner's behalf. [REDACTED] Petitioner, appeared but did not testify.

Leigha Klaver, Appeals Review Officer, represented Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Chelsee Ball, Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Petitioner's prior authorization request for a Continuous Glucose Monitor (CGM)?

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 Medicaid beneficiary who has been diagnosed with Type 2 Diabetes. (Exhibit A, p 17; Testimony.)
2. Effective August 1, 2025, Petitioner's Medicaid Coverage changed to Scope 1Y, Plan First, which only covers family planning services. (Exhibit A, p 13; Testimony.)
3. On August 26, 2025, the Department received a prior authorization request for a CGM for Petitioner. (Exhibit A, p 11; Testimony.)
4. On September 4, 2025, the Department sent Petitioner and Petitioner's provider a Notification of Denial because Petitioner's Medicaid coverage is limited to family planning services. (Exhibit A, pp 11-12; Testimony)
5. On September 23, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, p 7).

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 covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). Regarding the specific request in this case, the applicable version of the MPM states in part:

SECTION 1 – GENERAL INFORMATION

The Plan First program benefit is limited to family planning services only.

*Medicaid Provider Manual
Plan First Family Planning Chapter
July 1, 2025, p 1*

The Department's witness indicated that Petitioner's Medicaid coverage changed to Plan First on August 1, 2025, which only covers family planning services and not a CGM. The Department's witness indicated that she was able to confirm that Petitioner has *Medicare* coverage effective September 1, 2025, but her Medicaid coverage is still only Plan First.

Petitioner's spouse testified that he did try to get the CGM supplies through Medicare but was denied. Petitioner's spouse also indicated that he tried to get a review of Petitioner's Medicaid eligibility through the local office but no one has called him back after leaving numerous messages.

In response, the Department's witness indicated that Petitioner could contact the Medicaid Help Line at 1-800-642-3195 for assistance.

Based on the evidence presented, the undersigned Administrative Law Judge finds that Petitioner has failed to prove, by a preponderance of the evidence, that the Department erred in denying the requested CGM supplies. As indicated above, Petitioner currently only has Plan First Medicaid coverage, which only covers family planning services. Petitioner will need to get her Medicaid coverage sorted before resubmitting the request.

IT DOES APPEAR FROM RESEARCH FOLLOWING THE HEARING THAT MEDICARE DOES COVER CGM'S, SO PETITIONER'S SPOUSE MAY ALSO WANT TO TRY AGAIN WITH MEDICARE.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied Petitioner's prior authorization request for a Continuous Glucose Monitor (CGM).

IT IS THEREFORE ORDERED THAT:

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



ROBERT J. MEADE
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://rs.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 [mailto: LARA-MOAHR-DCH@michigan.gov](mailto: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.

Via Electronic Mail:

Department Contact
GRETCHEN BACKER
400 S PINE ST 6TH FL
PO BOX 30479
LANSING, MI 48909
**MDHHS-PRD-
HEARINGS@MICHIGAN.GOV**

Agency/Department Representative
LEIGHA KLAVER
MDHHS APPEALS SECTION
PO BOX 30807
LANSING, MI 48909
KLAVERL@MICHIGAN.GOV

Respondent
MDHHS APPEALS
PO BOX 30807
LANSING, MI 48909
**MDHHS-
APPEALS@MICHIGAN.GOV**

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]

