

**Date Mailed:** December 22, 2025

**Docket No.:** 25-040572

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

## **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 by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on December 17, 2025. Petitioner, through the use of an interpreter, appeared and testified on her own behalf. Allison Pool, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Jacob Disley-Cielen, Analyst, testified as a witness for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-26. No other proposed exhibits were submitted.

## **ISSUE**

Did the Department properly deny Petitioner's request for genetic testing?

## **FINDINGS OF FACT**

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

1. Petitioner is a [REDACTED] Medicaid beneficiary with both Emergency Services Only (ESO) and Maternity Outpatient Medical Services (MOMS) coverage. (Testimony of Departmental Analyst).
2. On September 26, 2025, the Department received a request for genetic testing submitted on Petitioner's behalf by a medical provider. (Exhibit A, page 14).
3. On September 29, 2025, the Department sent Petitioner written notice that her request had been denied. (Exhibit A, pages 14-15).
4. With respect to the reason for the denial, the notice stated:

The policy this denial is based on is Section 3 of the Emergency Services Only Medicaid Chapter of the Medicaid Provider Manual. Specifically:

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- Policy: Section 3 of the Emergency Services Only Medicaid chapter of the Medicaid Provider Manual,
  - Based on the information reviewed, your request for carrier screening has been denied by Michigan Medicaid. The Michigan Department of Health and Human Services' records that this beneficiary has Emergency Services Only (ESO) Medicaid coverage. ESO Medicaid coverage is limited to labor and delivery services, and those services necessary to treat emergency conditions.

*Exhibit A, page 14*

5. On November 3, 2025, MOAHR received the request for hearing filed in this matter regarding the denial of Petitioner's request. (Exhibit A, pages 7-13).

### **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.

With respect to negative actions through the program, the Code of Federal Regulations (CFR) affords a Medicaid beneficiary a right to a fair hearing when the Department takes an action that is a denial, reduction, suspension, or termination of a requested or previously authorized Medicaid covered service, see 42 CFR 431.220 *et seq.*

Moreover, any notice must contain the following:

A notice required under § 431.206 (c)(2), (c)(3), or (c)(4) of this subpart must contain—

- (a) A statement of what action the agency, skilled nursing facility, or nursing facility intends to take and the effective date of such action;
- (b) A clear statement of the specific reasons supporting the intended action;
- (c) The specific regulations that support, or the change in Federal or State law that requires, the action;

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(d) An explanation of—

- (1) The individual's right to request a local evidentiary hearing if one is available, or a State agency hearing; or
- (2) In cases of an action based on a change in law, the circumstances under which a hearing will be granted; and

(e) An explanation of the circumstances under which Medicaid is continued if a hearing is requested.

*42 CFR 431.210*

In this case, the Department's notice provided that the requested genetic testing was denied because Petitioner only has Emergency Services Only (ESO) Medicaid coverage, and that such coverage does not include genetic testing.

However, during the hearing, the Department's witness testified that Petitioner also had Maternity Outpatient Medical Services (MOMS) Medicaid coverage and, consequently, the Department's notice was inaccurate and in error. The notice stated that Petitioner only had ESO coverage and that the decision was based on that limited coverage, but Petitioner's coverage was not limited to ESO; the decision was therefore wrong; and it must be reversed.

Moreover, while the Department's witness also testified that he consulted with a physician who indicated that the requested screening would not be covered under MOMS either, that testimony does not sufficiently correct the Department's error. Petitioner is entitled to be notified of the specific reasons for the denial and the specific regulations or policy that require the action, and she was not so notified in this case at the time of the action or prior to the hearing. The Department's error is not harmless if Petitioner is not notified of all grounds for the action and does not have an opportunity to review and refute all the Department's findings.

Accordingly, the decision in this case must be reversed; the Department must reassess Petitioner's request; and any future negative action sent to Petitioner must fully notify her of the reasons and policy underlying the decision.

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**DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department improperly denied Petitioner's request for genetic testing.

**IT IS, THEREFORE, ORDERED** that:

- The Department's decision is **REVERSED**, and it must initiate a reassessment of Petitioner's request.

*Steven Kibit*

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**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](https://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://irs.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](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.



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