

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. 2009-5829 CL
Case No. ██████████
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., following the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████ appeared on behalf of her ██████████, over whom she also has court-appointed guardianship.

██████████, represented the Department of Community Health (Department). Also in attendance on behalf of the Department was ██████████.

ISSUE

Has the Department properly denied Appellant coverage for Incontinence Wipes?

FINDINGS OF FACT

Based upon the competent, material and substantial evidence presented, I find, as material fact:

1. Appellant is an adult Medicaid beneficiary. His mother, ██████████, is his court-appointed legal guardian. He is blind and mentally impaired. (*Exhibit 1, pp. 6-8*)
2. On December 3, 2008, ██████████, contractor for the ██████████, issued the Appellant an Adequate Action Notice, informing him that the request for Incontinence Wipes submitted by his physician was not authorized.
3. The Appellant's care givers desire incontinence wipes for use in-home, as an

alternative to using washcloths and warm water.

4. On ██████████, the Appellant filed his request for hearing with the State Office of Administrative Hearings and Rules for the Department of Community Health.

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.

Section 2.19 Incontinent Supplies; Standards of Coverage

Incontinent wipes are covered when necessary to maintain cleanliness outside of the home.

*Michigan Department of Community Health
Medicaid Provider Manual
Medical Supplier
Version Date: April 1, 2008;
Page 40*

The Appellant's mother and court-appointed guardian acknowledges they wish to obtain incontinence wipes for in-home use and as an alternative to using wash cloths and warm water to keep him clean.

Current policy is clear in this area. Incontinence wipes are covered only for use outside of the home environment. As such, the Appellant's intended use does not qualify for coverage.

DECISION AND ORDER

Based on the above findings of fact and conclusions of law, I decide the Department's denial of incontinence wipes is appropriate, as in accord with present policy.

IT IS THEREFORE ORDERED that:

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

Stephen B. Goldstein
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

[REDACTED]
Docket No. 2009-5829 CL
Decision and Order

cc:

[REDACTED]

Date Mailed: 4/1/2009

***** 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 60 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 60 days of the mailing date of the rehearing decision.

