

**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.** 2009-17330 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 as Authorized Representative for ██████████ (Appellant), who also appeared.

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

**ISSUE**

Has the Department properly denied Appellant coverage for Pull-ons?

**FINDINGS OF FACT**

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

1. Appellant is an adult Medicaid beneficiary. She is diagnosed with muscular dystrophy, and resides in an adult foster care facility. The Appellant requires total care for all activities of daily living, cannot use her hands, needs total care for toileting, and needs to be fed. She also is not involved in a bowel/bladder training program. (*Exhibit 1, pp. 5-6; 10*)
2. On ██████████, a telephone prior authorization request was received from ██████████, the contractor for the State of Michigan Diaper and Incontinent Supplies Program. The request was for renewal of Pull-ons.

3. The request was reviewed and disapproved on the basis that the information provided did not support coverage for Pull-ons, as the Appellant requires total care for all activities of daily living.
4. On [REDACTED], a letter was sent to the Appellant informing her of the denial of the requested Pull-ons. She was also informed of her appeal rights.
5. On [REDACTED], [REDACTED], submitted a hearing request form on behalf of the Appellant.

### **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**

**Pull-on briefs** are covered for beneficiaries age 21 and over when there is the presence of a medical condition causing bowel/bladder incontinence and the beneficiary is able to care for his/her toileting needs independently or with minimal assistance from a caregiver.

Pull-on briefs are considered a short-term transitional product that requires a reassessment every six months. The assessment must detail definitive progress being made in the bowel/bladder training. Pull-on briefs covered as a long-term item require a reassessment once a year or less frequently as determined by MDCH. Documentation of the reassessment must be kept in the beneficiary's file.

*Michigan Department of Community Health  
Medicaid Provider Manual  
Medical Supplier  
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Current policy is clear in this area. Pull-on briefs are covered only in cases where a beneficiary is capable of performing toileting independently or with minimal assistance, and where definitive progress is being made in a bowel/bladder training program. Policy does not include any exception for skin irritation caused by existing diapers or other incontinence products.

[REDACTED]  
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The evidence presented clearly demonstrates the Appellant requires both total care for all activities of daily living, including toileting, and that she is not participating in a bowel/bladder training program. As such, she does not meet criteria for continuing coverage of pull-on briefs.

**DECISION AND ORDER**

Based on the above findings of fact and conclusions of law, I decide the Department's denial of continued coverage for pull-ons appropriate, as in accord with present policy.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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

cc:

[REDACTED]

Date Mailed: 6/10/2009

**\*\*\* 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.