

**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. 2010-15588 CL  
Case 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.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████, ██████████, Appellant's niece, appeared on behalf of the Appellant. ██████████ represented the Department. ██████████, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny coverage of incontinent wipes?

**FINDINGS OF FACT**

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

1. The Appellant is an ██████ year-old woman with incontinence of urine. (Exhibit 1, Page 5).
2. The Appellant is a Medicaid beneficiary.
3. Prior to ██████████, Appellant's physician or caregiver requested coverage of incontinent wipes. (Exhibit 1, Pages 4, 5).
4. On ██████████ a telephone nursing assessment was conducted as part of a request for authorization of Appellant's wipes. (Exhibit 1, Page 5).

5. Information from the assessment was forwarded to the Department. A Departmental Analyst reviewed the documentation. (Exhibit 1, Page 4).
6. On ██████████ the Department sent Appellant an Adequate Action Notice indicating the wipes “shall not be authorized” because “the information provided did not support coverage of this service.” (Exhibit 1, Page 4).
7. On ██████████ the Department received Appellant’s Request for Hearing. (Exhibit 1, Page 2).

### **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.

The Department policy regarding coverage of incontinence products, including incontinent wipes, is addressed in the MDCH Medicaid Provider Manual (MPM):

#### **2.19 Incontinent Supplies**

Incontinent supplies are items used to assist individuals with the inability to control excretory functions.

\* \* \* \* \*

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

*MDCH Medicaid Provider Manual,  
Medical Supplier Section, October 1, 2009, Pages 39-40.*

The Department’s witness testified that during the ██████████ telephone assessment the nurse assessor learned that the Appellant was home-bound. The Department’s witness further testified the nurse assessor determined that the Appellant’s wipes should be denied because the Department’s policy only covers incontinent wipes for use outside the home. (Exhibit 1, Page 7).

The Appellant’s representative/niece stated that although it was stated during the nursing assessment that the Appellant does not leave her home, she occasionally leaves her home to go to the doctor. The Appellant’s representative/niece said the Appellant’s allergic skin condition is better with the wipes covered by Medicaid than with wipes the family buys from the store.

[REDACTED]

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The Department's witness responded that the policy allows for Medicaid-coverage of wipes if a person has doctor appointments several days out of a month and the number of wipes authorized corresponds to the number of days per month spent at doctor visits. Because the Appellant does not spend several days per month at doctor visits, the Department's witness explained the policy would not provide for wipes authorization.

The jurisdiction of this Administrative Law Judge is limited to applying policy to the information the Department had at the time it made its decision and sent its [REDACTED] notice of incontinence wipes denial. The evidence in this case supports the finding that at the time of the Department's denial determination the Appellant did not meet the criteria for coverage of incontinence wipes.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department's denial of coverage for incontinent wipes was in accordance with Department policy criteria.

**IT IS THEREFORE ORDERED** that

The Department's decisions are **AFFIRMED**.

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Lisa K. Gigliotti  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 4/12/2010

**\*\*\* NOTICE \*\*\***

The State Office of Administrative Hearings and Rules 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 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 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.