

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909  
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**IN THE MATTER OF:**

██████████,

**Appellant**

\_\_\_\_\_ /

**Docket No. 2010-43937 PA**

**Case No. ██████████**

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ) 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 ██████████. ██████████, appeared as the Appellant's representative. ██████████, appeared and testified. ██████████, represented the Department. ██████████, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's prior authorization request for a sleep safe high bed?

**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 a ██████████ Medicaid beneficiary who has been diagnosed with microcephalus, plagiocephaly, congenital skull/face/jaw deformity, and visual loss. He has increased tone and decreased function inhibiting movement. (Exhibit 1, page 8-10 and Physical Therapist Testimony)
2. The Department received the Prior Approval-Request/Authorization, on ██████████, requesting a sleep safe high bed for the Appellant. (Exhibit 1, page 8)
3. The requested sleep safe bed is an enclosed bed system as defined in section 2.12 Enclosed Bed Systems of the Medicaid Provider Manual,

Medical Supplier Section. (Exhibit 1, page 15)

4. On ██████████, the Department denied the prior authorization request because this item is not covered to restrain the beneficiary due to behavioral conditions, caregiver need, or convenience. (Exhibit 1, pages 6-7)
5. On ██████████, the State Office of Administrative Hearings and Rules received the Appellant's hearing request and attached letter from the physical therapist providing additional reasons the bed is needed. (Department Exhibit 1, pages 4-5)

### **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 Standards of Coverage for a group 2 Support surface can be found in the Medical Supplier section of the Medicaid Provider Manual:

#### **2.12 ENCLOSED BED SYSTEMS**

##### **Definition**

An Enclosed Bed System includes the mattress, bed frame, and enclosure as one unit.

##### **Standards of Coverage**

An Enclosed Bed System may be covered if the following applies:

- There is a diagnosis/medical condition (e.g., seizure activity) which could result in injury in a standard bed, crib, or hospital bed; and
- There are no economic alternatives to adequately meet the beneficiary's needs.

##### **Documentation**

The documentation must be less than six months old and include:

- Diagnosis/medical condition requiring use of the bed and any special features (if applicable).
- Safety issues resulting from the medical condition and related to the need for an Enclosed Bed System.
- Other products or safety methods already tried without success (e.g., bumper pads/rails).
- Type of bed requested.
- Type of special features requested, if applicable.

**Noncovered Conditions**

Enclosed Bed Systems are not covered when the purpose is to restrain the beneficiary due to behavioral conditions, caregiver need or convenience, etc.

**PA Requirements**

PA is required for all Enclosed Bed Systems.

**Payment Rules**

The Enclosed Bed System is considered a **purchase only** item.  
For Youth Beds, refer to the Hospital Beds subsection of this chapter.

*MDCH Medicaid Provider Manual,  
Medical Supplier Section 2.12,  
July 1, 2010, page 31  
(Exhibit 1, page 15)*

In the present case, the Department determined that the submitted medical documentation did not meet the standards of coverage. Specifically, the Department Analyst testified that there was no documentation of alternatives that have been tried and that the information regarding the Appellant's mobility was not clear or consistent. Further, the original request did not include information regarding all of the reasons the Appellant needs the enclosed bed system. The second physical therapist letter submitted with the Request for Hearing noted seizures with recent increased frequency and more detailed information regarding mobility, cognitive impairment and safety concerns. (Exhibit 1, page 5)

The Appellant's physical therapist and mother raised many valid issues and concerns regarding the Appellant's safety and need for an enclosed bed system. However, this ALJ must review the action taken by the Department using the information available at the time they made their determination. Based on the evidence submitted with the prior authorization request, the Appellant did not meet the Medicaid standards of coverage for an enclosed bed system. Accordingly, the Department's denial must be upheld.

As discussed during the hearing, additional documentation and/or a new prior authorization request can always be submitted to the Department. The hearing record was not left open after the [REDACTED], hearing date. Therefore, the additional documentation sent to this ALJ on [REDACTED], was not admitted as an exhibit for this hearing. However, it has been forwarded to the Department for further consideration of the Appellant's prior authorization request.

  
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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 properly denied the Appellant's request for a sleep safe high bed based upon the available information.

**IT IS THEREFORE ORDERED** that:

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

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Colleen Lack  
Administrative Law Judge  
for Janet Olszewski, Director,  
Michigan Department of Community Health

cc:



Date Mailed: 10/12/2010

**\*\*\* 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.