

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARINGS SYSTEM  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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(877) 833-0870; Fax (517) 334-9505

IN THE MATTER OF:

██████████,  
Appellant

Docket No. 2011-25303 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 ██████████. ██████████, the Appellant, appeared on her own behalf. ██████████, represented the Department. ██████████ Michigan Department of Community Health (MDCH) ██████████ 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 a ██████ year-old Medicaid beneficiary.
2. The Appellant is wheelchair bound. (Exhibit 1, page 7)
3. On ██████████, a nursing assessment was conducted as a result of a request to restart incontinent supplies. The Appellant reported that she does not change when out in the community. (Exhibit 1, page 7)
4. On ██████████, the Appellant's case manager called requesting for incontinent wipes for the Appellant. It was explained that the Appellant is not eligible for wipes, but if her condition changes and she starts changing while out in the community frequently, a physician's letter would be needed. (Exhibit 1, page 7)
5. Department policy only allows for coverage of incontinent wipes when necessary to maintain cleanliness outside of the home. Medicaid Provider

Manual, Medical Supplier Section, January 1, 2011, page 42.

6. On [REDACTED], the Department sent the Appellant an Adequate Action Notice that the incontinent wipes shall not be authorized because the information provided did not support coverage of this service. (Exhibit 1, page 6)
7. On [REDACTED], the Department received the Appellant's Request for Hearing. (Exhibit 1, page 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 Department policy regarding coverage of incontinence products, including pull-on briefs, 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.

The type of coverage for incontinent supplies may be dependent on the success or failure of a bowel/bladder training program. A bowel/bladder training program is defined as instruction offered to the beneficiary to facilitate:

- o Independent care of bodily functions through proper toilet training.
- o Appropriate self-catheter care to decrease risk of urinary infections and/or avoid bladder distention.
- o Proper techniques related to routine bowel evacuation.

**Diapers, incontinent pants, liners, and belted/unbelted undergarments without sides** are covered for individuals age three or older if both of the following applies:

- o A medical condition resulting in incontinence and there is no response to a bowel/bladder training program.
- o The medical condition being treated results in incontinence, and beneficiary would not benefit

from or has failed a bowel/bladder training program.

**Pull-on briefs** are covered for beneficiaries age 3 through 20 when there is the presence of a medical condition causing bowel/bladder incontinence, and one of the following applies:

- The beneficiary would not benefit from a bowel/bladder program but has the cognitive ability to independently care for his/her toileting needs, or
- The beneficiary is actively participating and demonstrating definitive progress in a bowel/bladder program.

**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.

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

**Disposable underpads** are covered for beneficiaries of all ages with a medical condition resulting in incontinence.

*MDCH Medicaid Provider Manual,  
Medical Supplier Section, January 1, 2011, Pages 41-42.*

During the ██████████, telephone nursing assessment, the Appellant reported that she is wheelchair bound but does not change when out. (Exhibit 1, page 7) The MDCH Manager explained that the Appellant does not qualify for incontinent wipes because these are only covered to maintain cleanliness outside of the home.

The Appellant testified that she does not get out that much, mostly to doctor appointments and the grocery store. She explained that she only has a caregiver for 3 hours per day in the afternoon. The Appellant stated that she has been having problems with diarrhea, possibly due to allergies or diverticulitis. She does her best but is not prepared to stop on the way to the bathroom to get a washcloth when her caregiver is not there and does not know when she will need this. The Appellant also explained that she tries not to eat before she goes out to try to avoid having a problem while she is out.

While this ALJ sympathizes with the Appellant's circumstances, she must review the action taken by the Department under the existing Medicaid policy. The applicable policy in this area is clear, incontinent wipes are only covered to maintain cleanliness outside of the home. Department policy does not allow for coverage of wipes in the Appellant's circumstance, use with incontinence care in the home. Accordingly, the Department's denial must be upheld.

**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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Colleen Lack  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc: [REDACTED]

Date Mailed 6/8/2011

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

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.