

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

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**IN THE MATTER OF:**

██████████

Appellant

**Docket No. 2011-3062 PA  
Case No. 88941639**

**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 ██████████. ██████████, the Appellant's ██████████, represented the Appellant. ██████████, represented the Department. ██████████, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's prior-authorization request for ██████████ lift and accessories?

**FINDINGS OF FACT**

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

1. The Appellant is ██████████ Medicaid beneficiary, who has been diagnosed with spastic quadriplegia cerebral palsy, hydrocephalus, seizures, and visual impairment. He is ██████████ and weighs ██████████ pounds. (Testimony of ██████████)
2. On ██████████, the Department received a prior-approval request for ██████████ lift with transfer sling, toilet sling, and bathing sling. (Testimony of ██████████)
3. On ██████████, the Department sent a request for additional information to the medical supplier, ██████████. Specifically, the Department requested that less costly alternatives be

ruled out. (Exhibit 1, page 7)

4. On ██████████, the medical supplier resubmitted the request. (Exhibit 1, page 6)
5. On ██████████, the Department denied the prior-authorization request because the submitted information did not support that the more costly lift that was requested was medically necessary. (Exhibit 1, pages 4-5)
6. On ██████████, the State Office of Administrative Hearings and Rules received the hearing request filed on the Appellant's behalf. (Exhibit 1, page 3)

### **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 Program Overview for the Medical Supplier section of the Medicaid Provider Manual states:

Medicaid covers the least costly alternative that meets the beneficiary's medical need for medical supplies, durable medical equipment or orthotics/prosthetics.

\* \* \*

### **1.5 MEDICAL NECESSITY**

Medical devices . . . are covered if they are the most cost-effective treatment available and meet the Standards of Coverage stated in the Coverage Conditions and Requirements Section of this chapter.

*MDCH Medicaid Provider Manual,  
Medical Supplier Section 1,  
October 1, 2010, pages1, 4*

In addition, the Medicaid Provider Manual policy regarding lifts states:

## **2.20 LIFTS (HYDRAULIC AND ELECTRIC)**

**Definition** Lifts include, but are not limited to, hydraulic and electric, and accessories include slings and/or seats.

**Standards of Coverage** A standard **hydraulic lift** may be covered when the beneficiary requires assistance in transfers, provision of the lift will allow the beneficiary to be transferred safely, and one of the two conditions stated below are met:

- The beneficiary requires a one-person assist but the weight or size of the beneficiary prohibits safe transfer or could cause harm to the caregiver.
- The beneficiary requires a two-person assistant and there are not two caregivers in the home.

An **electric lift** may be covered when the above Standards of Coverage are met and the hydraulic lift cannot be used safely or when the beneficiary's medical condition results in increased tone (e.g., spasticity)

\* \* \*

**PA Requirements** PA is not required if Standards of Coverage are met for:

- Hydraulic lifts
- Replacement slings or seats

PA is required for:

- Electric lifts
- Replacement within ten years.

*Michigan Department of Community Health,  
Medicaid Provider Manual,  
Medical Supplier Section,  
October 1, 2010, pages 45-46.*

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In the present case, the Department determined that, based on the submitted documentation, medical necessity and cost effectiveness were not supported for the requested lift. The Department's witness testified that the price of the requested lift, including shipping, is ██████████ (Exhibit 1, page 6) She further testified that other less costly lifts are available to meet the Appellant's needs. The Department presented five other less costly alternative lifts at the hearing. (Exhibit 2) The Department agrees that a lift is necessary for the Appellant. But the documentation submitted did not support that the lift requested was the most cost-effective lift available.

The Department witness testified that in response to the Department's request for additional information, two less costly lifts were considered and ruled out: ██████████. (Exhibit 1, pages 8-9). The Appellant's physical therapist listed six reasons why the requested lift was medically necessary and why the less costly alternatives are not suitable for the Appellant's needs. Those six reasons are as follows:

- (1) The ██████████ is one of the lighter of these lifts, making it the easier to use as the ██████████ that was a comparison. This is especially important for ██████████ as his ██████████ is experiencing some health issues and needs the easiest lift to maneuver.
- (2) The ██████████ has the shortest base length (43") making it the most maneuverable in the tight spaces in ██████████'s home.
- (3) The ██████████ lift is the only lift of these that has a tilting handle. The tilting handle is needed to increase safety (for both ██████████ and his caregivers) during transfers, improve positioning when being transferred into the wheelchair, and as a result decrease the lifting required for repositioning after he is in the wheelchair.
- (4) The ██████████ folds for storage and transport. The ██████████ does not fold or collapse for storage.
- (5) The ██████████ lift is the only lift of these lifts that utilizes slings with short clips instead of long straps. The short clip style decreases the lateral sway of the patient while in the sling, thus increasing safety. It also allows the ██████████ to be safely and easily maneuvered while the legs are in the closed position, further increases ability of the lift to be used in tight spaces.

(6) While the slings can be positioned under ██████████ when he is on the bed or in a wheelchair, it is easiest to position the sling in bed. Since the clip style slings are used with our lifts in school, ██████████ can leave the sling under him when he comes to school for his transfers here. School staff will then send ██████████ home with his sling under him. This means that the sling is in place ready for his first transfer at home from out of his wheelchair. This is especially important for ██████████ as his ██████████ is experiencing some health issues and this will make it easier for her to care for ██████████.

(Exhibit 1, page 9)

The Department's witness explained that none of these reasons support medical necessity for the more costly lift that was requested. As for the first reason, she stated that the requested lift is not the lightest lift out of the three considered, so this reason cannot be used to support medical necessity. As for the second reason, she explained that while the requested lift may have the shortest base length, there was no evidence that the other less costly alternatives would not fit in the Appellant's home. Indeed, as was pointed out by the Appeals Review Officer, the letter states that the requested lift is the "most maneuverable," thereby suggesting that the others are maneuverable in the home, but to a lesser degree. As for the third reason, the letter did not provide a medical need for the tilting handle. As for the fourth reason, some of the less costly alternatives fold for storage and transport. And as for the fifth and sixth reasons, the Department believes that the Appellant can be positioned suitably in a sling, using one of the less costly alternatives, and the sling need not be the same as the one used at school because it should not be left on the Appellant between transfers as that practice defeats the purpose of the Appellant's custom-fit wheelchair.

The Appellant's ██████████ testified that the Appellant needs a lift that is electric, that will lift the Appellant from the floor, and that can be transported. She admitted that two other lifts provided by the Department as less costly alternatives are an option for the Appellant. As for the tilting handle, the Appellant's ██████████ stated that he rocks when he is upright, so all of his equipment has had a tilting handle. She further explained that the shorter clips that are used with the requested lift provide for an easier transition for the Appellant.

While this Administrative Law Judge understands that the Appellant's ██████████ may have a preference, Medicaid policy is clear that the least costly alternative that meets the beneficiary's medical needs will be covered. The submitted documentation failed to support that the more costly lift requested is medically necessary for the Appellant.

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Based on the submitted information, the Department properly denied the Appellant's request for the [REDACTED] lift and accessories. But, as was explained at the hearing, the Appellant may resubmit a prior-authorization request for one of the less costly alternatives at any time.

**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 an [REDACTED] lift and accessories.

**IT IS THEREFORE ORDERED** that:

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

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Kristin M. Heyse  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc: [REDACTED]

Date Mailed: 1/19/2011

**\*\*\* 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.