### STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM FOR THE DEPARTMENT OF COMMUNITY HEALTH

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IN THE MATTER OF:

,

Docket No. 14-016951 PA Case No.

Appellant

## **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 Appellant's request for a hearing.

After due notice, a telephone hearing was held on **term**. Appellant personally appeared and testified on Appellant's behalf.

, Appeals Review Officer, represented the Respondent, Department of Community Health (DCH or Department). Department, Department Analyst, appeared as a witness for the Department.

#### ISSUE

Did the Department properly deny the Appellant's prior authorization request for pull ons?

#### FINDINGS OF FACT

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

- 1. Appellant is an vear old male. At the time of the prior approval (PA) request herein, Appellant was a Medicaid beneficiary receiving Medicaid under the MA-Extended Care category.
- 2. On **Constant of the processed** a phone assessment with Appellant regarding a request for incontinent supplies. The paperwork indicates that Appellant has a medical history of stomach issues after bariatric surgery, with corresponding notes stating some bowel incontinence mainly at night due to medications for constipation from bariatric surgery. (Exhibit A.7-8).
- 3. On **provide** an adequate action notice was issued denying pull-ons, wipes, gloves, and ointment on the grounds that the information provided



did not support coverage of this services. (Exhibit A.5).

4. On **Control**, Appellant filed a hearing request stating that pull-ons, wipes, gloves and ointment were not prescribed but that the prescription "…was only for a pair of protective mattress pads." (Exhibit A.4).

#### **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 Medicaid Provider Manual, Medical Supplier Chapter, §2.19 Incontinent Supplies, January 1, 2015, pp 42-43 states in part:

#### 2.19 INCONTINENT SUPPLIES

#### Definition

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:

- Independent care of bodily functions through proper toilet training.
- Appropriate self-catheter care to decrease risk of urinary infections and/or avoid

bladder distention.

Proper techniques related to routine bowel evacuation.

# Standards of Coverage (Not Applicable to CSHCS Only Beneficiaries)

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

A medical condition resulting in incontinence and there is no response to a

bowel/bladder training program.

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 ages 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.

#### Standards of Coverage (Applicable to All Programs)

**Intermittent catheters** are covered when catheterization is required due to severe bladder dysfunction. **Hydrophilic-coated intermittent catheters** are considered for individuals that have Mitrofanoff stomas, partial stricture or small, tortuous urethras.

**Intermittent catheters with insertion supplies** are covered for beneficiaries who have a chronic urinary dysfunction for which sterile technique is clinically required.

**Documentation** Documentation must be less than 30 days old and include the following:



Diagnosis of condition causing incontinence (primary and secondary diagnosis).

Item to be dispensed.

Duration of need.

Quantity of item and anticipated frequency the item requires replacement.

For pull-on briefs, a six-month reassessment is required.

**PA Requirements** PA is required for:

Hydrophilic type urinary catheters. usage over the established quantities. PA is not required for all other incontinent items unless usage exceeds established quantity limitations.

> MDCH Medicaid Provider Manual, Medical Supplier Section January 1, 2015, pp 42-44

In this case, Appellant was very insistent that there was not a prescription for pull-ons, wipes, gloves or ointment but instead, that the request was for 'a pair of protective mattress pads.' (See Exhibit A.4). At the administrative hearing, Appellant was a bit more specific in describing such pads as washable, and not disposable.

Neither the Department nor Appellant had a copy of the actual prescription that Appellant's physician authored. However, evidence by the Department indicates that the MPM does not authorize any washable mattress pads as a Medicaid benefit. Thus, even if there was a miscommunication herein regarding the actual prescription, such is irrelevant as the Medicaid program does not recognize washable mattress pads as a benefit.

For these reasons and for the reasons stated above, the Department's denial was correct and thus, 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 properly denied the Appellant's request for incontinence supplies.

#### IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Jariice Spodarek Administrative Law Judge for Nick Lyon, Director Michigan Department of Community Health

cc:		
JS/		
Date S	igned:	
Date N	lailed:	

#### \*\*\* 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.