



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR



Date Mailed: April 22, 2022
MOAHR Docket No.: 22-001247
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

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 Petitioner's request for a hearing.

After due notice, a hearing was held on April 21, 2022. [REDACTED] Petitioner's Legal Guardian, appeared on behalf of Petitioner. [REDACTED] friend, and Madison Schley, Petitioner's Supports Coordinator, appeared as witnesses for Petitioner. Dr. Keith Tarter, Senior Medical Director, appeared on behalf of Respondent, Molina (Department).

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Medicaid Health Plan properly deny Petitioner's request for an enclosed 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. Petitioner is Medicaid beneficiary who is enrolled with the Department. (Exhibit A; Testimony.)
2. Petitioner has been diagnosed with quadriplegia secondary to Wolf-Hirschorn Syndrome. Petitioner's quadriplegia results in difficulty for Petitioner to control her head, trunk, arm, and leg movements. (Exhibit A; Testimony.)

3. On or around January 28, 2022, Department received from Petitioner, a request for an enclosed bed. The supporting documentation provided, indicated a standard hospital bed with side rails was considered but ruled out due to concerns of Petitioner becoming entrapped in the gap. (Exhibit A; Testimony.)
4. At the time of the request, Petitioner's current bed was an adaptive bed greater than 15 years old that could no longer be repaired. (Exhibit A; Testimony.)
5. After receiving the January 28, 2022, request for an enclosed bed, the Department scheduled a medical necessity assessment. (Exhibit A.)
6. On February 10, 2022, a medical necessity assessment took place. Following the assessment, an assessment summary was issued. The summary concluded the following:

The requested enclosed bed is not medically necessary as her current equipment meets her needs. If her enclosed bed becomes unusable, the lower cost alternative would be a semi-electric hospital bed with full length bedrails **with sufficient padding**. [Petitioner] is able to reportedly roll into sidelying without physical assistance but is typically unable to sit up without maximal assistance...

[Petitioner's mother] reports that it is becoming more difficult to move the side rail up and down. When demonstrated during the assessment, it did look more difficult than usual however did still function... [Petitioner's] current enclosed bed system is functioning to meet her current needs however her family is worried about it fully breaking down and not having a safe alternative for sleeping considering the age of her current bed.¹

7. On February 11, 2022, the Department sent Petitioner a negative action notice. The notice indicated the requested device did not meet necessity criteria and that the current enclosed bed being used was meeting Petitioner's current needs. (Exhibit A; Testimony.)
8. On March 24, 2022, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing.

¹ Exhibit A.

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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.

On May 30, 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those Medicaid Health Plans.

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below (List omitted by Administrative Law Judge). The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. Contractors must operate consistent with all applicable Medicaid provider manuals and publications for coverages and limitations. If new services are added to the Michigan Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 1-Z.²

The major components of the Contractor's utilization management plan must encompass, at a minimum, the following:

- Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.
- A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.
- Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- An annual review and reporting of utilization review activities and outcomes/interventions from the review.

² Article II-G, Scope of Comprehensive Benefit Package. MDHHS contract (Contract) with the Medicaid Health Plans, September 30, 2004.

The Contractor must establish and use a written prior approval policy and procedure for utilization management purposes. The Contractor may not use such policies and procedures to avoid providing medically necessary services within the coverages established under the Contract. The policy must ensure that the review criteria for authorization decisions are applied consistently and require that the reviewer consult with the requesting provider when appropriate. The policy must also require that utilization management decisions be made by a health care professional who has appropriate clinical expertise regarding the service under review.³

2.12 ENCLOSED BED SYSTEMS⁴

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 the 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.

* * *

In this case, the Department denied Petitioner's request for an "enclosed bed" after it was determined that Petitioner's current bed met Petitioner's needs and because the less costly alternative of a semi-electric hospital bed with full length bed rails **with sufficient padding** could meet Petitioner's needs.

³ Article II-P, Utilization Management, Contract, September 30, 2004

⁴ Medicaid Provider Manual, Medical Supplier, January 1, 2022, pp 46-47.

Petitioner argued her medical needs required an enclosed bed and that the other alternative options were insufficient to meet her needs or keep her safe.

The records reviewed indicate Petitioner's current bed, although old, was sufficient to meet Petitioner's needs and it was only Petitioner's fears that the bed would fall apart, and Petitioner would be without a replacement. But even if Petitioner's current bed was insufficient to meet Petitioner's needs, the Petitioner failed to identify specifically how a semi-electric hospital bed with full length bed rails **with sufficient** padding would not meet Petitioner's needs or keep Petitioner safe. Although one of the medical records provided indicated a standard hospital bed with side rails was considered but ruled out due to concerns of Petitioner becoming entrapped in the gap. The documentation did not address the variable of sufficient padding.

Based upon the information presented, I find the Petitioner has failed to meet her burden of proof and as such, find sufficient evidence to affirm the Department's actions in this case.

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 Petitioner's request for an enclosed bed.

IT IS, THEREFORE, ORDERED that:

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

CA/dh



Corey Arendt
Administrative Law Judge

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

DHHS -Dept Contact

Managed Care Plan Division
CCC, 7th Floor
Lansing, MI 48919

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]

Authorized Hearing Rep.

[REDACTED]
[REDACTED] MI [REDACTED]

Community Health Rep

Molina Healthcare of Michigan
Attn: Chasty Lay
880 W. Long Lake Rd., Suite 600
Troy, MI 48098