



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: July 1, 2020  
MOAHR Docket No.: 20-003228  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm**

**DECISION AND ORDER**

On May 1, 2020, Petitioner, [REDACTED] requested a hearing to dispute a prior authorization denial. This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.*, and Mich Admin Code: R 792.11002. After due notice, a telephone hearing was held on June 30, 2020. Petitioner appeared with her Authorized Hearing Representative, [REDACTED] Respondent, Department of Health and Human Services (Department), had Theresa Root, Appeals Review Officer, appear as its representative. The Department had one witness, Adam Schlaufman, Medicaid Utilization Analyst.

One exhibit was admitted into evidence during the hearing. A 30-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

**ISSUE**

Did the Department properly deny Petitioner's request for prior authorization for a toilet incline lift?

**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 a Medicaid beneficiary.
2. National Seating and Mobility requested prior authorization for a toilet incline lift for Petitioner.
3. On December 9, 2019, the Department requested additional information from National Seating and Mobility regarding its prior authorization request for a toilet

incline lift for Petitioner. The Department requested that National Seating and Mobility: (1) rule out other economical options that are available and explain why a toilet incline lift is medically necessary as opposed to other economical options; (2) provide documentation of trials completed with the toilet incline lift, including the amount of assistance required; and (3) document the client's static and dynamic sitting balance and trunk control.

4. On March 25, 2020, Petitioner's occupational therapist submitted a letter to the Department in support of the prior authorization request for Petitioner's toilet incline lift.
5. In the March 25 letter, Petitioner's occupational therapist addressed the Department's concerns. Petitioner's occupational therapist asserted that a trial/demo of the equipment was not available. Petitioner's occupational therapist asserted that Petitioner tried a more economical alternative, a toilet safety frame, and the equipment broke. Petitioner's occupational therapist asserted that a toilet incline lift would help Petitioner toilet and it would cost less than a full bathroom renovation.
6. In the March 25 letter, Petitioner's occupational therapist described Petitioner's mobility and transfers. Petitioner's occupational therapist asserted that Petitioner uses a power wheelchair to get around, Petitioner requires assistance to transfer, and Petitioner uses a sit-to-stand lift.
7. In the March 25 letter, Petitioner's occupational therapist described Petitioner's toileting. Petitioner's occupational therapist asserted that Petitioner requires assistance getting to and from the toilet, and she requires assistance with post-toilet hygiene.
8. In the March 25 letter, Petitioner's occupational therapist described Petitioner's sitting balance and trunk control. Petitioner's occupational therapist asserted that Petitioner has poor static and dynamic sitting balance and fair trunk control.
9. The Department reviewed the prior authorization request and determined that there was insufficient documentation to establish that the toilet incline lift was medically necessary.
10. On April 13, 2020, the Department issued a notice of denial to notify Petitioner that the prior authorization request submitted by National Seating and Mobility was denied.
11. On May 1, 2020, Petitioner requested a hearing request to dispute the Department's denial.

### **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.

The Medicaid Provider Manual states, “Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of prior authorization is to review the medical need for certain services.” *MDHHS Medicaid Provider Manual* (April 1, 2020), Practitioner Chapter, Section 1.9, p. 4. Prior authorization is required for certain items before they can be provided to the beneficiary, including medical need for an item beyond the MDHHS Standards of Coverage. *Id.* at Medical Supplier Chapter, Section 1.8, p. 13. A toilet incline lift requires prior authorization because it is an item beyond the MDHHS Standard of Coverage. Prior authorization coverage is based on evaluation of documentation received in support of the request. *Id.* at 14. The evaluation of documentation received in support of a request for prior authorization includes the Department’s determination of whether the documentation establishes that the equipment/service is medically necessary. *Id.*

In this case, Petitioner is disputing the Department’s denial of her prior authorization request for a toilet incline lift. The Department denied the prior authorization request after Petitioner’s occupational therapist submitted documentation that the Department determined did not establish that the requested equipment was medically necessary.

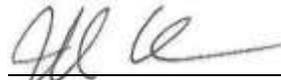
Petitioner did not present sufficient evidence to establish that the Department’s determination was not in accordance with its policies. Based on the information that was provided to the Department in support of the prior authorization request, the Department was unable to determine that Petitioner would be able to safely transfer to and from the toilet incline lift. Specifically, the information did not provide any explanation of how Petitioner would use a sit-to-stand lift in conjunction with the toilet incline lift to safely transfer to and from the toilet incline lift. Although Petitioner provided a detailed explanation at the hearing, that information was not available to the Department before it made its decision. Since the Department did not have sufficient information to determine that Petitioner would be able to safely transfer to and from the toilet incline lift at the time that the Department evaluated the documentation provided in support of the prior authorization request, the Department properly denied the prior authorization request.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Petitioner's request for prior authorization for a toilet incline lift.

IT IS ORDERED THAT the Department's decision is **AFFIRMED**.

JK/dh



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**Jeffrey Kemm**

Administrative Law Judge  
for Robert Gordon, Director  
Department of Health and Human Services

**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**

Gretchen Backer  
400 S. Pine, 6th Floor  
PO Box 30479  
Lansing, MI 48909

**DHHS Department Rep.**

M. Carrier  
Appeals Section  
PO Box 30807  
Lansing, MI 48933

**Petitioner**

[REDACTED]  
MI [REDACTED]

**Authorized Hearing Rep.**

[REDACTED]  
MI [REDACTED]

**Agency Representative**

Theresa Root  
222 N Washington Sq  
Suite 100  
Lansing , MI 48933