



Date Mailed: May 5, 2025

Docket No.: 25-009042

Case No.: [REDACTED]

Petitioner: [REDACTED]



This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

**Date Mailed:** May 5, 2025

**Docket No.:** 25-009042

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

### **DECISION AND ORDER**

This matter is before the Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a request for hearing filed on behalf of Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on April 10, 2025. [REDACTED] the minor Petitioner's mother, appeared and testified on Petitioner's behalf. Allison Pool, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Adam Schlaufman, Analyst, testified as a witness for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-56. No other proposed exhibits were submitted.

### **ISSUE**

Did the Department properly deny Petitioner's prior authorization request for a dynamic standing device?

### **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 [REDACTED] year-old Medicaid beneficiary with a complex medical history that includes Joubert syndrome; hypotonia; seizure-like activity; development delay; subluxation of right and left hip; gastric tube for feeding, and renal failure with the history of a kidney transplant. (Exhibit A, pages 14).

25-009042

2

---

2. On January 23, 2025, the Department received a prior authorization request for a dynamic standing device submitted on Petitioner's behalf. (Exhibit A, pages 14-43).

3. As part of that request, a physical therapist's evaluation stated in part:

**Equipment Required:** Rabbit stander size 2, blue, 32" wheel, chest support, tray with height adjustment, pommel and sacral support, hip support, hinged knee supports, heel stop

R82 Rabbit Mobile Stander provides an opportunity for [Petitioner] to bear weight through her lower extremities while positioning her hips, knees and trunk in extension. Supported standing assists allow her to stretch her LE's and work on strengthening of her LE, trunk and neck muscles in an upright position. She has bilateral hip subluxation and is at risk for having to have a second hip surgery to prevent progression of the subluxations. Research studies have reported a trend towards reduced rate of hip displacement (compared to average reported rates of 10% per year) in children who stand 40 to 60 minutes, 5 days a week ...

The Rabbit Mobile Stander is one of the few standers that offer large wheels for self-propulsion. This allows [Petitioner] to work on UE and trunk strengthening, upper trunk balance reactions and independent mobility. [Petitioner] is unable to stand or ambulate on her own due to LE and trunk muscle weakness and low muscle tone.

She has not been able to tolerate standing in her current Rifton Mobile Stander because the longer anterior trunk support presses on her G-tube and causes irritation to the site. This stander has a shorter anterior trunk support and does not touch her G-tube.

32" Wheels: provides large wheels for independent mobility.

*Exhibit A, page 27*

4. The Evaluation and Medical Justification form submitted along with the

25-009042

request identified the same medical reason for the requested dynamic stander that included large wheels. (Exhibit A, pages 41-42).

5. On February 13, 2025, the Department sent Petitioner's representative written notice that the prior authorization request had been denied. (Exhibit A, pages 12-14).
6. With respect to the reason for the denial, the notice stated:

The policy this denial is based on is Sections 1.6, 1.11, and 2.6 of the Medical Supplier chapter of the Medicaid Provider Manual. Specifically:

- This beneficiary was provided with a pediatric manual wheelchair to allow for self-propulsion in 2022. The documentation does not support the medical need to provide the requested standing device with wheelchair sized wheels for self-propulsion of the standing device. The medical need for independent mobility has been met. Standing devices are provided to allow for the medical benefits of the weight bearing, not to meet mobility needs.
- Standing devices for use as mobility devices are not covered.
- Exercise equipment is not covered.
- Refer to the Medicaid Supplier chapter sections: 1.6, 1.11, and 2.6.

*Exhibit A, pages 12-13*

7. On March 11, 2025, MOAHR received the request for hearing filed in this matter regarding that denial. (Exhibit A, pages 7-11).
8. As part of that request, Petitioner's representative included a letter from Petitioner's doctor dated March 10, 2025, in which the doctor repeated the medical reasons for a dynamic stander that includes large wheels. (Exhibit A, pages 8-9).

### **CONCLUSIONS OF LAW**

The Medical Assistance Program is established pursuant to Title XIX of the Social

25-009042

---

Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statutes, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

---

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM).

As provided in the notice of denial sent to Petitioner, the Department's decision in this case was based in part on Sections 1.6, 1.11 and 2.6 of the Medical Supplier Chapter of the MPM. Specifically, those sections state:

### **1.6 MEDICAL NECESSITY**

Medicaid covers medically necessary durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) for beneficiaries of all ages. DMEPOS are covered if they are the least costly alternative that meets the beneficiary's medical/functional need and meet the Standards of Coverage stated in the Coverage Conditions and Requirements Section of this chapter.

The medical record must contain sufficient documentation of the beneficiary's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement. The information should include the beneficiary's diagnosis, medical condition, and other pertinent information including, but not limited to, duration of the condition, clinical course, prognosis, nature and extent of functional limitations, other therapeutic interventions and results, and past experience with related items. Neither a physician, clinical nurse specialist (CNS), nurse practitioner (NP) or physician assistant (PA) order nor a certificate of medical necessity by itself provides sufficient documentation of medical necessity, even though it is signed by the treating/ordering physician, CNS NP or PA. Information in the medical record must support the item's medical necessity and substantiate that the medical device needed is the most appropriate economic alternative that meets MDHHS standards of coverage.

Medical equipment may be determined to be medically necessary when all of the following apply:

- 
- 
- The service/device meets applicable federal and state laws, rules, regulations, and MDHHS promulgated policies.
  
  - It is medically appropriate and necessary to treat a specific medical diagnosis, medical condition, or functional need, and is an integral part of the nursing facility daily plan of care or is required for the community residential setting.
  
  - The safety and effectiveness of the product for age-appropriate treatment has been substantiated by current evidence-based national, state and peer-review medical guidelines.
  
  - The function of the service/device:
    - meets accepted medical standards, practices and guidelines related to:
      - type,
      - frequency, and
      - duration of treatment; and
    - is within scope of current medical practice.
  
  - It is inappropriate to use a nonmedical item.
  
  - It is the most cost effective treatment available.
  
  - The service/device is ordered by the treating physician, NP or PA (for CSHCS beneficiaries, the order must be from the pediatric subspecialist) and clinical documentation from the medical record supports the medical necessity for the request (as described above) and substantiates the practitioner's order.
  
  - The service/device meets the standards of coverage

25-009042

---

published by MDHHS.

- It meets the definition of Durable Medical Equipment (DME) as defined in the Program Overview section of this chapter.
- Its use meets FDA and manufacturer indications.

MDHHS does not cover the service when Medicare determines that the service is not medically necessary.

Medicaid will not authorize coverage of items because the item(s) is the most recent advancement in technology when the beneficiary's current equipment can meet the beneficiary's basic medical/functional needs.

Medicaid does not cover equipment and supplies that are considered investigational, experimental or have unproven medical indications for treatment.

Refer to the Prior Authorization subsection of this chapter for medical need of an item beyond the MDHHS Standards of Coverage.

NOTE: Federal EPSDT regulations require coverage of medically necessary treatment for children under 21 years of age, including medically necessary habilitative services. Refer to the Early and Periodic Screening, Diagnosis and Treatment Chapter for additional information.

The Healthy Michigan Plan (HMP) covers habilitative services for all ages. Refer to the Healthy Michigan Plan Chapter for additional information.

\* \* \*

## **1.11 NONCOVERED ITEMS**

Items that are not covered by Medicaid include, but are not limited to:

\* \* \*

- Exercise equipment (e.g., tricycles, exercise bikes, weights, mat/mat tables, etc.)

\* \* \*

---

## 2.6.C. STANDERS

---

<b>Definition</b>	A children's stander is a device that supports the child in a standing position for the purpose of weight bearing when the child is unable to stand independently due to a disability or medical condition. Standers can aid in increased bone growth/density, muscle strength, improve digestion, decrease contractures, and prevent pressure ulcers in non-ambulatory children. Types of standers include prone, supine, multi-positional, sit-to-stand, and dynamic standers.
<b>Standards of Coverage</b>	Children's standers are covered for use in the family home when <b>all</b> the following apply: <ul style="list-style-type: none"><li>▪ The child is non-ambulatory (without the aid of a mobility device) and unable to stand independently due to a disability or medical condition.</li><li>▪ The stander is for use in the child's home (not for use in a school).</li><li>▪ The equipment requested can accommodate the child's skeletal alignment.</li><li>▪ The child has been trialed in a stander and can use or have the potential to use the stander a minimum of one hour per day (does not have to be a continuous hour).</li><li>▪ The child's height and weight meet the manufacturer's product height/weight requirements.</li></ul>

<b>Documentation</b>	<p>Documentation must be less than 180 days old and include <b>all</b> the following:</p> <ul style="list-style-type: none"> <li>▪ Diagnosis appropriate for the requested equipment.</li> <li>▪ Any adaptive or assistive devices currently used in the home.</li> <li>▪ Outcome of the stander trial(s).</li> <li>▪ Standing treatment plan (include school standing program, if applicable).</li> <li>▪ The MSA-1656 (Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices) and corresponding Addendum B. (Refer to the MSA-1656 Instructions in the Forms Appendix of this Manual.)</li> </ul> <p>Additionally, if the child is participating in a school or therapy standing program, submit the current treatment plan including the frequency and duration of standing, the child's standing tolerance, and the make and model of stander used in that setting.</p>
<b>PA Requirements</b>	PA is required for all standers.
<b>Non-Covered</b>	<ul style="list-style-type: none"> <li>▪ Use of a stander as a mobility device.</li> <li>▪ A stander for use in school.</li> <li>▪ Accessories/options not integral to the operation of the stander (e.g., gliders, power lift option, etc.).</li> <li>▪ A stander for recreational purposes.</li> <li>▪ A back-up or secondary stander.</li> </ul>

---

<b>Payment Rules</b>	All standers are considered <b>purchase only</b> items
----------------------	--

---

*MPM, January 1, 2025 version  
Medical Supplier Chapter, pages 9-10, 25-26, 41-42*

Here, Respondent denied Petitioner's request for a dynamic standing device pursuant to the above policies and on the basis that the requested equipment included large wheels that are neither medically necessary nor covered.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying the prior authorization request. Moreover, the undersigned ALJ is limited to reviewing the Department's decision in light of the information available at the time the decision was made.

Given the record and applicable policies in this case, Petitioner has failed to meet that burden of proof, and the Department's decision must, therefore, be affirmed.

The prior authorization request and supporting documentation in this case identify issues with Petitioner's current stander, and even the Department indicated that a new stander could be covered, but they failed to demonstrate that Petitioner met the criteria for the dynamic standing device with giant wheels like the one in this case.

As credibly and fully explained by the Department's witness, and provided for in the MPM, a stander may be covered for the purpose of weight bearing when a child is unable to stand independently due to a disability or medical condition, but it cannot be approved as mobility device or general exercise equipment, and accessories/options not integral to the operation of the stander are not covered.

He also credibly testified and fully explained why the large wheels that were requested as an accessory in this case were not covered, and, consequently, why the requested dynamic standing device itself, are not covered, with the documentation indicating that the wheels were for independent mobility and self-propulsion. The Department's witness further persuasively testified that, while the documentation also indicated that the wheels would assist Petitioner in strengthening her upper extremities and trunk, Petitioner already has a wheelchair that assists with that need, in addition to her mobility needs.

Moreover, while Petitioner's representative identified additional, but related, reasons why the large wheels were requested as part of a standing device, those reports were not part of the prior authorization request itself and, as discussed above, the undersigned ALJ is limited to reviewing the Department's decision in light of the information available at the time the decision was made.

25-009042

To the extent Petitioner's representative has additional or updated information to provide in support of the request for a dynamic standing device with large wheels, then she can always have another prior authorization request submitted in the future along with that information. With respect to the decision at issue in this case; however, the Department's decision must be affirmed given the available information and applicable policies.

### **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 prior authorization request.

**IT IS, THEREFORE, ORDERED** that:

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



---

**Steven Kibit**  
Administrative Law Judge

SK/sj

**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](http://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://rs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to [LARA-MOAHR-DCH@michigan.gov](mailto:LARA-MOAHR-DCH@michigan.gov), **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

