



Date Mailed: May 15, 2025

Docket No.: 25-012051

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
MI [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।

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Docket No.: 25-012051

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon Petitioner's request for hearing.

After due notice, a telephone hearing was held on May 13, 2025. [REDACTED], Petitioner's mother, appeared and testified on the minor Petitioner's behalf. Tisha Crowder-Martin, Chief Operating Officer, appeared on behalf of Respondent United Healthcare, the Medicaid Health Plan (Respondent or MHP). Dr. Patricia DeLoof, Chief Medical Officer, appeared as a witness for Respondent.

During the hearing, Respondent submitted an evidence packet that was admitted into the record as Exhibits A-F, pages 1-135.

ISSUE

Did Respondent properly deny Petitioner's prior authorization (PA) request for an enclosed bed system?

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] Medicaid beneficiary who has been diagnosed with autism spectrum disorder. (Exhibit B, p 11; Testimony).
2. On or about December 9, 2024, Respondent received a PA request for an enclosed bed system submitted on Petitioner's behalf. (Exhibit B, pp 9-23; Testimony).
3. A Letter of Medical Necessity was included with the PA request and, in part, that letter states:

[REDACTED] is a [REDACTED] year old male with Mixed Expressive/ Receptive language disorder, Insomnia since Jan 2024. [REDACTED] has relevant past medical history, including: Autism spectrum disorder,

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cognitive impairment, sensory processing, aggression, and flight risk. His primary areas of delay/deficits include speech delay.

■■■■ lives at home with mom, dad, and sibling in a single family home. He requires 24 hour supervision.

Less costly equipment and interventions trialed include but not limited to crib with, mattress on the floor, baby monitor. These options were inappropriate due to he still being able to elope and falling

The Cubby Bed is the only available safety bed that offers features that are medically necessary to meet the unique needs of Cazz to optimize his sleep hygiene and maximize safety to reduce the risk of injury and self-harm. The Cubby Bed eliminates the 7-zones of entrapment identified by the FDA.

Equipment Justification Canopy Bed

- the enclosed environment will decrease elopement. The zippered doors can easily be controlled by the caregiver/parent on the outside of the bed, as well as the child on the inside. They are hidden from him to decrease the curiosity to elope and get into dangerous situations, unsupervised and placed in an enclosed environment for safety where previous falls have been experienced from a standard bed.
- to be placed in a 360-degree enclosed environment to allow for independent movement where the user would not be able to nest or endanger themselves from contact with hard surfaces.
- to be placed in an enclosed environment for safety due to impulsive unregulated behaviors.
- to be placed in a soft-enclosed environment to eliminate entrapment from safety rails and bars.

Electronics Hub

- incorporates a circadian light for creating a more normative sleep-wake cycle to improve sleep hygiene.

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- incorporates a Bluetooth camera for uninterrupted remote monitoring for caregivers.
 - incorporates a two-way communication system with a speaker and mic for communicating to de-escalate a behavior or provide other verbal cues the user requires.
 - ability to input soothing sounds for low stimulation and sensory regulation.
 - assists in creating an environment for sensory regulation to moderate the user's behaviors.
 - can be controlled by the caregiver through an app that can adjust the settings to create a soothing, safe environment to deescalate emotions and behaviors

Safety Sheet

- is intended for the prevention of entrapment or nesting with a fully zipped edge designed to create one even surface. This allows for the user's movement without the risk of entanglement in loose sheets or entrapment within the space between the mattress and the edge of the bed. No other bed has lesser options.

Tensioned Canopy Padding

- is intended to protect the user from injury due to self-injurious behaviors.

While there are other beds available, the recommendation for the Cubby Bed is the most appropriate and cost-effective option to meet Cazz's functional, developmental, and medical needs. The Cubby Bed is a full-sized bed that allows Cazz to grow without requiring replacement for a larger bed. When the environment is controlled, he will be afforded the opportunity to sleep, directly impacting his ability to positively function and participate in daily activities. Please authorize payment for the Cubby Bed and all of the components.

(Exhibit B, pp 18-20).

4. On December 23, 2024, Respondent sent Petitioner written notice that the prior authorization request had been denied. (Exhibit C, pp 24-34; Testimony). Specifically, the notice indicated, in relevant part:

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Your child's doctor asked for a safety bed and accessories. This is because your child has autism. We reviewed your child's health plan rules. The request can be approved if your child's records show all of the following:

- Your child has a condition that affects their thinking (cognition) or behavior; and
- Your child is at high risk of falls; or
- Your child has uncontrolled movements; or
- Your child has violent or self-destructive behaviors
- Your child is on appropriate medications or medications are not recommended for seizures and disruptive or harmful behaviors
- Less restrictive methods such as a mattress on the floor, a protective helmet, side rails, or weighted blankets have not helped or are not recommended
- Safety hazards have been removed
- There is an order from your child's doctor for the safety bed
- The name and model of the requested safety bed and accessories are listed
- This is the simplest safety bed that can meet your child's needs
- The requested bed meets the health plan definition of durable medical equipment

We reviewed the records that were sent to us. They do not show the following:

- This is the simplest safety bed that can meet your child's needs
- The requested bed meets the health plan definition of durable medical equipment

Unfortunately, the request is not approved. It is not medically necessary. Please speak with your child's doctor if you have questions.

(Exhibit C, p 27; Testimony).

5. On January 14, 2025, Petitioner requested an internal appeal. (Exhibit D, pp 35-55; Testimony). With the appeal, Petitioner included additional information from Children's Hospital of Michigan, which provided, in relevant part:

The cubby bed has outlined all of the following requirements to demonstrate that it would be most appropriate for the patient and is medically appropriate for patients with autism. This would create a safe environment for the patient to sleep, play and relax. His parents have trialed several alternative methods to create a safe sleeping place for [REDACTED] and have been unsuccessful. When attempting to change the sleeping arrangements, it has resulted in behavioral disturbances as he fears change and this has caused significant stress for the family. His parents are lacking sleep as they are worried that [REDACTED] is going to wander off and harm himself accidentally. We please ask for your reconsideration for our patient and his family. If there are any questions or concerns, please feel free to reach out.

(Exhibit D, p 49, Emphasis added).

6. On February 13, 2025, Respondent issued a Notice of Appeal Denial, upholding the original denial. (Exhibit E, pp 57-82; Testimony).
7. On July 10, 2024, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, pp 4-8).

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 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) and, in part, the applicable version of the MPM states:

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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 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.

* * *

1.6.C. DOCUMENTATION

The Coverage Conditions and Requirements Section of this chapter specifies the documentation requirements for individual service areas. Additional information other than what is required on the prescription may be required. To provide this information, Medicaid accepts a certificate of medical necessity (CMNs will be mandatory for electronic PA), a letter or a copy of applicable medical record. The prescribing physician must sign all documentation and the documentation (if a letter or applicable medical records) must state the beneficiary's name, DOB and ID number (if known) or SSN (if known).

1.6.D. CERTIFICATE OF MEDICAL NECESSITY REQUIREMENTS

A CMN must contain all of the following:

- Beneficiary's name and address;
- Beneficiary's date of birth (DOB);
- Beneficiary ID number (if initiated by the provider) or SSN;
- Prescribing physician's signature, date of signature,

telephone number;

- The suppliers' name and address;
- The expected start date of the service (if different from the prescription date);
- A complete description of the item;
- The amount and length of time the item is needed;
- Beneficiary's diagnosis; and
- The medical necessity of the item.

For specifics, refer to the Coverage Conditions and Requirements section and the Face-to-Face (F2F) Visit Requirements subsection of this chapter.

MDHHS will accept a CMN initiated by a medical supplier, orthotist or prosthetist. However, only the beneficiary identifier fields and the areas detailing the description of the item with applicable HCPCS procedure codes are to be completed by the provider. The physician must complete the CMN by writing the medical reason or necessity for the specific item being requested. A medical supplier, orthotist, or prosthetist may not alter or write the medical reason or necessity for the item requested.

Additional documentation (including the CMN) must be current and within the timeframe stated in the Coverage Conditions and Requirements Section of this chapter, under Documentation for each item.

* * *

2.12 ENCLOSED BED SYSTEMS

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: <ul style="list-style-type: none">▪ There is a <u>diagnosis/medical condition</u>

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	<p><u>(e.g., seizure activity) which could result in injury in a standard bed, crib, or hospital bed; and</u></p> <ul style="list-style-type: none"> ▪ There are no economic alternatives to adequately meet the beneficiary's needs.
Documentation	<p>The documentation must be less than six months old and include:</p> <ul style="list-style-type: none"> ▪ Diagnosis/medical condition requiring 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.
Noncovered Conditions	<p><u>Enclosed Bed Systems are not covered when the purpose is to restrain the beneficiary due to behavioral conditions, caregiver need or convenience, etc.</u></p>
PA Requirements	<p>PA is required for all Enclosed Bed Systems.</p>
Payment Rules	<p>The Enclosed Bed System is considered a purchase only item.</p> <p>For Youth Beds, refer to the Hospital Beds subsection of this chapter.</p>

In addition to the above policies, Respondent has developed its own criteria for safety beds such as the one requested here. (Exhibit E, pp 57-58; Exhibit F). According to those criteria, a safety bed may be covered if the child's records show all of the following:

- Your child has a condition that affects their thinking (cognition) or behavior; and
- Your child is at high risk of falls; or
- Your child has uncontrolled movements; or
- Your child has violent or self-destructive behaviors
- Your child is on appropriate medications or medications are not recommended for seizures and disruptive or harmful behaviors
- Less restrictive methods such as a mattress on the floor, a protective helmet, side rails, or weighted blankets have not helped or are not recommended
- Safety hazards have been removed
- There is an order from your child's doctor for the safety bed
- The name and model of the requested safety bed and accessories are listed
- This is the simplest safety bed that can meet your child's needs
- The requested bed meets the health plan definition of durable medical equipment

Here, Respondent's witness testified that Petitioner's prior authorization request was denied pursuant to the above policies. More specifically, the Respondent's witness indicated that the enclosed bed was denied because the bed was being prescribed for a child with autism, which is a behavioral health condition, not a medical condition. Respondent's witness indicated that examples of medical diagnoses that might qualify for an enclosed bed are epilepsy and cerebral palsy, where the individual could be injured within the bed, while here Petitioner's mother was concerned about Petitioner being harmed outside of the bed. Respondent's witness testified that enclosed beds cannot be approved for restraint or to prevent elopement under Medicaid policy as there are ethical concerns if an enclosed bed were not used appropriately. Respondent's

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witness indicated that here it appeared the bed was intended to restrain Petitioner in the bed to prevent elopement or injuries outside of the bed.

Petitioner's mother testified that she was not sure why the tech stuff was billed to the health plan as she was mostly interested in the bed. Petitioner's mother also indicated that Petitioner is diagnosed with insomnia and does not sleep much at night. Petitioner's mother testified that she has to be up to monitor him so he does not get out of the bed, elope, and get into anything else. Petitioner's mother testified that she was trying to prevent Petitioner's risk of falling by requesting the bed. Petitioner's mother indicated that Petitioner also has an upcoming appointment with a neurologist.

Petitioner bears the burden of proving by a preponderance of the evidence that the Respondent erred in denying the prior authorization request. Given the record and applicable policies in this case, Petitioner has failed to meet this burden of proof, so Respondent's decision must therefore be affirmed.

As indicated above, Respondent denied the PA request for an enclosed bed system because the bed was being prescribed for a child with autism, which is a behavioral health condition, not a medical condition, contrary to policy. Again, Medicaid policy indicates that enclosed bed systems may be covered if, "There is a diagnosis/medical condition (e.g., seizure activity) which could result in injury in a standard bed, crib, or hospital bed." Here, the concern with Petitioner is that he will get out of bed at night and elope or get into something that could cause him harm, not that he could be injured in his current bed. As such, the denial was proper under this policy regardless of whether one considers autism to be a medical condition, a developmental condition, or a behavioral health condition.

Policy also provides, "Enclosed Bed Systems are not covered when the purpose is to restrain the beneficiary due to behavioral conditions, caregiver need or convenience, etc." Here, the goal of the enclosed bed is to keep Petitioner in bed at night so that he cannot get out and get into other things in the home that might harm him. This would be considered a constraint and, therefore, contrary to policy. As such, the denial was proper under this policy and should be upheld.

Therefore, given the above findings of fact and conclusions of law, Respondent's decision was proper and must be upheld.

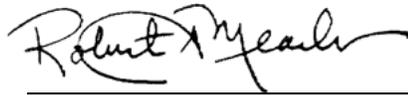
DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Respondent improperly denied Petitioner's prior authorization request.

IT IS, THEREFORE, ORDERED that:

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

A handwritten signature in black ink, appearing to read "Robert J. Meade", written in a cursive style.

ROBERT J. MEADE
ADMINISTRATIVE LAW JUDGE

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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. 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, **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.

PROOF OF SERVICE

I certify that I served a copy of the foregoing document upon all parties, to their last known addresses in the manner specified below, this 15th day of May 2025.

S. James

S. James

**Michigan Office of Administrative
Hearings and Rules**

Via Electronic Mail:

Department Contact

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Community Health Representative

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Via First Class Mail:

Petitioner

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