



Date Mailed: July 2, 2025

Docket No.: 25-015292

Case No.: [REDACTED]

Petitioner: [REDACTED]

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

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

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

[REDACTED] MI [REDACTED]

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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 June 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). Danielle Taylor, Utilization 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 1-29. No other proposed exhibits were submitted.

ISSUE

Did the Department properly deny Petitioner's prior authorization request for a Cubby safety bed and technology hub?

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 who has been diagnosed with autism spectrum disorder. (Exhibit A, pages 14-15, 18).
2. On January 30, 2025, the Department received a prior authorization request for a Cubby safety bed and technology hub submitted on Petitioner's behalf by a medical supplier, Binson's Home Health Care Centers. (Exhibit A, pages 13-24).
3. As part of that request, Petitioner's physician wrote that the requested equipment was needed because Petitioner is at risk for elopement and

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entrapment. (Exhibit A, page 14).

4. An attached Letter of Medical Necessity also provided in part:

[Petitioner] requires supervision at all times to ensure his safety and wellbeing. [Petitioner's] diagnoses contribute to disrupted sleep routines and decreased safety awareness. He regularly wakes up during the night and wanders around the house, including into his mother's and sibling's room, as well as climbs on furniture. In addition, he slams his bedroom door closed repeatedly during the night when upset and has broken multiple household items. [Petitioner] also engages in self-injurious behaviors at times including banging his head against the wall.

To help stop elopement, self-injurious and destructive behaviors, [Petitioner's] caregivers have proactively tried:

1. White noise to promote calming and to aid in regulating sleep, however this did not reduce nighttime awakenings for [Petitioner].
2. Bed rails, however, [Petitioner] climbed over them.
3. Currently, [Petitioner] receives 30 hours of ABA therapy per week to address behavior.
4. Window alarms.
5. Weighted vest and weighted stuffed animal.

The Cubby Bed addresses what [Petitioner] requires to lower his threshold as a safety risk and promote quality sleep:

1. **Prevents [Petitioner] from elopement/wandering during the night-** The Cubby Bed features an enclosed canopy which creates an environment to protect against elopement/wandering . . .
2. **Prevents [Petitioner] from self-injurious, unsafe and destructive behaviors-** The canopy provides 360 degrees of padding that is 100% mesh, keeping him safe from self-injurious behaviors including banging his head against the walls . . .

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3. **Prevents [Petitioner] from getting into dangerous situations due to decreased safety awareness-** The enclosed canopy provides a contained sleeping space reducing the risk of wandering which could put children who have decreased recognition of danger at risk . . .
 4. **Reduces [Petitioner's] risk of injury from climbing-** The combination of the enclosed tension padded canopy, safety zipper pockets and safety sheets provide a safe and secure environment for [Petitioner] to ensure he stays in bed during the night when unsupervised. By being secured in his bed, he is protected from the risk of climbing on top of furniture and other dangerous places where he could fall and be at risk of serious injury.
 5. **Best suited for [Petitioner's] growth and development-** The Cubby Bed is full-size to accommodate [Petitioner's] growth which provides a practical long-term solution to ensure safe, quality sleep without needing future replacements.
 6. **Remotely monitor [Petitioner's] activities and needs-** The Cubby Bed's internal camera provides HD video with night vision that connects directly to an app on the caregiver's phone that can be set up with alerts for sounds and movements. This allows parents and caregivers easy access to check in on [Petitioner] without disrupting sleep.
 7. **Sensory Features-** The Cubby Bed's enclosed canopy provides a sensory-friendly environment to promote relaxation and help to deescalate heightened emotions and behaviors . . .

Exhibit A, pages 18-20

5. On January 30, 2025, the Department sent Petitioner written notice that the prior authorization request had been denied. (Exhibit A, pages 10-12).

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6. With respect to the reason for the denial, the notice stated:

The policy this denial is based on is Sections 1.11 and 2.12 of the Medical Supplier chapter of the Medicaid Provider Manual. Specifically:

- Enclosed Bed Systems are not covered when the purpose is to restrain the beneficiary due to behavioral conditions, caregiver need or convenience, etc. Section 1.11 and 2.12 of The Medical Supplier Chapter in The Medicaid Provider Manual

Exhibit A, page 11

7. On April 29, 2025, MOAHR received the request for hearing filed in this matter regarding that denial. (Exhibit A, pages 7-9).

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).

As provided in the notice of denial sent to Petitioner, the Department's decision in this case was based in part on Sections 1.11 and 2.12 of the Medical Supplier Chapter of the MPM. Specifically, those sections state:

1.11 NONCOVERED ITEMS

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

- Adaptive equipment (e.g., rocker knife, swivel spoon, etc.)
- Air conditioner
- Air purifier
- Custom seating for secondary and/or transport chairs

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- Devices used for play, pre-mobility development, or exercise are not considered pediatric mobility devices for the purpose of reimbursement and are not covered (e.g., jet mobile, ready racer, creepster crawler)
 - Enteral formula to accommodate psychological or behavioral conditions, food preferences, allergies, loss of appetite, or noncompliance with a specialized diet
 - Environmental Control Units
 - Equipment not used or not used properly by the beneficiary
 - Equipment for social or recreational purposes
 - Exam tables/massage tables
 - Exercise equipment (e.g., tricycles, exercise bikes, weights, mat/mat tables, etc.)
 - Generators
 - Hand/body wash
 - Heating pads
 - Home modifications
 - Hot tubs
 - House/room humidifier
 - Ice packs
 - Items for a beneficiary who is non-compliant with a physician's plan of care (or) items ordered for the purpose of solving problems related to noncompliance (e.g., insulin pump)
 - Items that are not defined by the American Medical Association (AMA), the Food and Drug Administration (FDA), and the Pricing, Data Analysis, and Coding (PDAC) contractor as medical devices or dedicated durable medical equipment (e.g., personal tablets, computers, iPads, iPhones, Smart devices, etc.)
 - Items used solely for the purpose of restraining the beneficiary for behavioral or other reasons
 - Lift chairs, reclining chairs, vibrating chairs
 - More than one pair of shoes on the same date of service
 - New equipment when current equipment can be modified to accommodate growth
 - Nutritional puddings/bars
 - Over-the-counter shoe inserts
 - Padded footplates

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- Peri-wash
 - Portable oxygen, when oxygen is ordered to be used at night only

 - Power tilt-in-space or reclining wheelchairs for a long-term care resident because there is limited staffing
 - Pressure gradient garments for maternity-related edema
 - Prosthetic appliances for a beneficiary with a potential functional level of K0
 - Regular or dietetic foods (e.g., Slimfast, Carnation instant breakfast, etc.)
 - Room dehumidifiers
 - School Items (e.g., computers, writing aids, book holder, mouse emulator, etc.)
 - Second units for school use
 - Second wheelchair for beneficiary preference or convenience
 - Sensory Devices (e.g., games, toys, etc.)
 - Sports drinks/juices
 - Stair lifts
 - Standard infant/toddler formula
 - Therapy modalities (bolsters, physio-rolls, therapy balls, jett mobile)
 - Toothettes
 - Transcutaneous Nerve Stimulator when prescribed for headaches, visceral abdominal pain, pelvic pain, or temporal mandibular joint (TMJ) pain
 - UV lighting for Seasonal Affective Disorder
 - Vacu-brush toothbrushes
 - Weight loss or "light" products
 - Wheelchair lifts or ramps for home or vehicle (all types)
 - Wheelchair accessories (e.g., horns, lights, bags, special colors, etc.)
 - Wigs for hair loss

For specific procedure codes that are not covered, refer to the Coverage Conditions and Requirements Section of this chapter or the Additional Code/Coverage Resource Materials subsection of the General Information for Providers Chapter for additional information.

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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 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: <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	Enclosed Bed Systems are not covered when the purpose is to

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	restrain the beneficiary due to behavioral conditions, caregiver need or convenience, etc.
PA Requirements	PA is required for all Enclosed Bed Systems.
Payment Rules	The Enclosed Bed System is considered a purchase only item. For Youth Beds, refer to the Hospital Beds subsection of this chapter.

*MPM, January 1, 2025 version
Medical Supplier Chapter, pages 25-27, 57*

Here, as discussed above, the Department denied a prior authorization request for a Cubby safety bed and technology hub pursuant to the above policies.

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 Administrative Law Judge 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 above policies expressly provide that enclosed bed systems like the one requested in this case are not covered when the purpose is to restrain a beneficiary due to behavioral conditions, caregiver need or convenience, and that appears to be the primary purpose of the request in this case.

As testified by the Department's witness, the Certificate of Medical Necessity identified Petitioner's applicable diagnosis as autism spectrum disorder, which is a behavioral condition, and both the prior authorization request and its supporting documentation repeatedly identified goals of restraining Petitioner to prevent elopement and keep Petitioner safe.

Moreover, given the testimony of Petitioner's representative mother, it does not appear that Petitioner disputes that the primary purpose of the requested enclosed bed system was to prevent Petitioner from eloping and to keep Petitioner in his bed during the night. Petitioner's mother asserts that they are not trying to physically restrain Petitioner and only want to keep him safe, but keeping Petitioner in one place by preventing him from leaving, for whatever reason, is restraining him.

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Accordingly, the request for an enclosed bed system in this case does not meet the applicable standards of coverage, with policy expressly stating that enclosed bed systems are not covered when the purpose is to restrain a beneficiary due to behavioral conditions, and it was therefore properly denied by the Department.

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

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. 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.

