

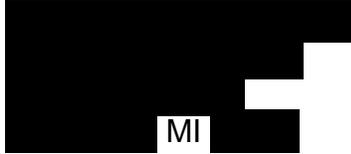


Date Mailed: August 7, 2025

Docket No.: 25-017727

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: August 7, 2025

Docket No.: 25-017727

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 July 29, 2025. [REDACTED] the minor Petitioner's mother, appeared and testified on Petitioner's behalf. [REDACTED] Petitioner's father, also testified as a witness for Petitioner. Florence Scott-Emuakpor, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Mellody London, 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 1-34. No other proposed exhibits were submitted.

ISSUE

Did the Department properly deny Petitioner's prior authorization 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] year-old Medicaid beneficiary. (Exhibit A, page 18).
2. On March 17, 2025, the Department received a prior authorization request for an enclosed bed system submitted on Petitioner's behalf by a medical supplier, U of M Wheelchair Seating Service. (Exhibit A, pages 10-25).
3. The Physical Therapy / Adaptive Equipment Letter of Medical Necessity completed as part of that request indicated that Petitioner had a primary diagnosis of "Genetic Disorder, Chromosome abnormality"; a secondary diagnosis of "Vision abnormalities"; and a past medical history that

included autism spectrum disorder, developmental delays, and a learning disorder. (Exhibit A, page 14).

4. The letter also indicated that Petitioner is non-verbal; he has very disrupted sleep; and that he is at risk of harm because he will wander at night. (Exhibit A, page 14).
5. It further noted that Petitioner will be undergoing a sleep study. (Exhibit A, page 14).
6. With respect to equipment recommendations, the letter also stated:

[Petitioner] has a sleep disorder and struggles to stay asleep. [Petitioner] is too big for his crib, he is crawling out of his twin bed with side rails and has fallen and injured himself. He is visually impaired and is at significant risk of injury if he falls out of his bed or gets trapped and cannot get out. This bed is one of the only beds available that will keep [Petitioner] safe at night. He cannot crawl out of it. The zipper is on the outside and is covered so he cannot undo it and get out. He has speech issues and cannot call for help if he gets out of bed and falls and hurts himself.

Exhibit A, pages 15-16

7. On March 25, 2025, the Department sent written notice that the prior authorization request had been denied. (Exhibit A, pages 26-28).
8. With respect to the reason for the denial, the notice stated:

The policy this denial is based on is Section 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.
- Refer to Medicaid provider manual chapter Medical Supplier Chapter section 2.12

Exhibit A, page 27

9. On May 15, 2025, MOAHR received the request for hearing filed in this matter regarding that denial. (Exhibit A, pages 5-9).

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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 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 Section 2.12 of the Medical Supplier Chapter of the MPM. Specifically, that section states:

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. |

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| | |
|------------------------------|---|
| | <ul style="list-style-type: none"> ▪ 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 restrain the beneficiary due to behavioral conditions, caregiver need or convenience, etc. |
| PA Requirements | PA is required for all Enclosed Bed Systems. |
| 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> |

*MPM, January 1, 2025 version
Medical Supplier Chapter, page 57*

Here, as discussed above, the Department denied a prior authorization request for an enclosed bed system pursuant to the above policy.

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 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.

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As credibly testified to by the Department's witness, the Certificate of Medical Necessity broadly identified Petitioner's applicable diagnoses, including behavioral conditions like autism spectrum disorder, while also expressly specifically identifying the purpose of the enclosed bed system as addressing Petitioner's behavioral issues by restraining Petitioner to prevent elopement and keep him safe. Both of Petitioner's parents disputed the characterization of the enclosed bed system as restraining Petitioner or that it is being requested for caregiver need or convenience given the need to keep Petitioner safe and for his caregivers to sleep, but keeping Petitioner in one place by preventing him from leaving, for whatever reason, is restraining him for purposes of policy.

Moreover, while Petitioner's representative testified in response that the Petitioner's primary diagnosis is a genetic disorder, *i.e.*, a medical condition, and that the enclosed bed system is meant to address that genetic disorder, the documentation submitted along with the request failed to demonstrate that as the purpose of the enclosed bed system rather than addressing Petitioner behavioral conditions or issues.

Petitioner's representative also testified that she submitted additional medical documentation, including a sleep study, as part of the request for hearing that identify additional diagnoses for Petitioner and further elaborate on Petitioner's medical need for an enclosed bed system. However, that evidence was not presented to the Department earlier; 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.

As discussed between the parties during the hearing, to the extent Petitioner's representative has additional or updated information regarding Petitioner's need for an enclosed bed system, she can always have another request submitted 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

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STEVEN KIBIT
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://irs.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 MOAHR-BSD-Support@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.

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