

**Date Mailed:** January 16, 2026

**Docket No.:** 25-021144

**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.*, upon the Petitioner's request for a hearing.

After due notice, a hearing was held on January 14, 2026. [REDACTED], Petitioner's Mother and Legal Guardian, appeared on behalf of the Petitioner. Leigha Klaver, Appeals Review Officer, appeared on behalf of the Respondent, Department of Health and Human Services (Respondent or Department). Kim Hanson, Medicaid Utilization Analyst, appeared as witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

**ISSUE**

Did the Department properly deny Petitioner's request for prior authorization?

**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 with a developmental disability who has been diagnosed with bowel and bladder incontinence, nonverbal with developmental delay. Petitioner is ambulatory and requires changes every two hours. (Exhibit A; Testimony.)
2. On April 8, 2025, Respondent received a prior authorization request for incontinent supplies. (Exhibit A; Testimony.)
3. On March 10, 2025, Respondent sent a request for additional information. Specifically, the Respondent was seeking additional documentation to substantiate the medical necessity for the quantity being requested; how the items were being used; if the Petitioner was wearing a diaper and a pull on at the same time. (Exhibit A; Testimony.)

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4. On April 29, 2025, the Respondent sent Petitioner a Notice of Amended Authorization. The Adult size briefs and disposable liners were approved and the adult size pull-ons were denied. (Exhibit A; Testimony.)
  5. On June 9, 2025, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A.)

### **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 Department policy regarding prior authorization is addressed in the Medicaid Provider Manual (MPM):

#### **1.9 PRIOR AUTHORIZATION**

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services.<sup>1</sup>

The Department policy regarding coverage of incontinence products, including pull-on briefs, is addressed in the MPM:

#### **2.19 INCONTINENT SUPPLIES**

##### **Definition**

Incontinent supplies are items used to assist individuals with the inability to control excretory functions.

The type of coverage for incontinent supplies may be dependent on the success or failure of a bowel/bladder training program. A bowel/bladder training program is defined as instruction offered to the beneficiary to facilitate:

- Independent care of bodily functions through proper toilet training.
- Appropriate self-catheter care to decrease risk of urinary infections and/or avoid bladder distention.

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<sup>1</sup> Medicaid Provider Manual, Practitioner, April 1, 2025, p 4.

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- Proper techniques related to routine bowel evacuation.

### **Standards of Coverage (Not Applicable to CSHCS Only Beneficiaries)**

**Pull-on Briefs** are primarily considered a short-term transitional product for beneficiaries with a medical condition causing incontinence of bowel and/or bladder.

#### **Pull-on brief coverage for ages 21 and older:**

Pull-on briefs are covered when there is the presence of a medical condition causing bowel/bladder incontinence and the beneficiary is able to care for their toileting needs independently or with minimal assistance from a caregiver and one of the following applies:

- For short term use: The beneficiary has a temporary medical condition (including recent discharge from a nursing home or hospital) causing bowel/bladder incontinence; or
- For long term use: The beneficiary has a permanent medical condition (such as Muscular Dystrophy, Spina Bifida, etc.) that will prevent the beneficiary from ever achieving bowel and bladder continence.

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Pull-on briefs are not covered for the following:

- Beneficiaries under 3 years of age.
- A medical condition causing incontinence of bowel/bladder is not present.
- For children who have an occasional bowel or bladder accident.
- Night time incontinence of bowel or bladder.<sup>2</sup>

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<sup>2</sup> Medicaid Provider Manual, Medical Supplier, April 1, 2025, pp 73-74.

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The Petitioner seeks coverage for pull-on briefs in addition to the approved adult briefs and liners. The nursing assessment and physician letter confirm significant incontinence and frequent changes, and they describe the concurrent use of pull-ons with diapers. However, the Medicaid Provider Manual sets specific coverage criteria for pull-on briefs for beneficiaries age 21 plus.

The evidence of record shows the Petitioner requires assistance with changing and hygiene and is not documented as meeting the “independently or with minimal assistance” threshold for toileting care required for pull-on coverage. Additionally, the Respondent’s clinical rationale explains that layering a pull-on with a diaper is inappropriate and not covered and may be ineffective or harmful compared to using adult briefs with boosters and under pads for heavy incontinence. And here, the Respondent has approved substantial quantities of adult briefs and liners to address the Petitioner’s level of incontinence.

Consequently, the evidence indicates the Respondent’s denial should be affirmed as the records presented do not meet the requirements found in the Medicaid Provider Manual.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Respondent properly denied the Petitioner’s prior approval request.

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

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

  
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**COREY A. ARENDT**  
**ADMINISTRATIVE LAW JUDGE**

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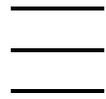
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**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](https://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](mailto: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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