



**Date Mailed:** September 3, 2025

**Docket No.:** 25-026219

**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.

[REDACTED] MI [REDACTED]

**Date Mailed:** September 3, 2025

**Docket No.:** 25-026219

**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 August 27, 2025. [REDACTED], Petitioner's Mother, appeared on behalf of the Petitioner. Allison Pool, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (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 [REDACTED]-year-old Medicaid beneficiary, who has been diagnosed with chromosome deletion, scoliosis, kidney calcification, global developmental delays, and who is nonverbal. (Exhibit A; Testimony.)
2. On or around June 5, 2025, J&B Medical Supply submitted to the Department a renewal request for pullups. (Exhibit A; Testimony.)
3. The request included documentation from Petitioner's school that indicated Petitioner required maximal assistance for maintaining continence and toileting, hygiene, and moderate to maximal assistance for dressing. The letter also indicated Petitioner has made limited progress with toileting at school as Petitioner does not request to use bathroom; consistently states she does not have to go; is wet 50% of the time and soiled 25% of the time.

- 
4. The request also included a nursing assessment that indicated Petitioner started toilet training 6 years ago and currently requires frequent changes to keep skin clean dry and intact. (Exhibit A; Testimony.)
  5. On June 30, 2025, Department sent Petitioner a Notification of Denial. The notice provided the following:

The policy this denial is based on is Section 2.19 of the Medical Supplier chapter of the Medicaid Provider Manual. Specifically:

- Tracking #1001116394 has been reviewed by MDHHS and is denied based on the information provided from the nursing assessment and other submitted documentation. The nursing assessment indicates the beneficiary the has been toilet training for six years with minimal success and is still requesting the same number of pull-ups since beginning a toilet training program. The submitted teacher letter states the beneficiary requires maximum assistance with toileting and has minimal success. Also, the beneficiary is wet 50% of the time with collected school data illustrating voiding in the toilet at 12.5% of the scheduled toileting times. The beneficiary does not meet Medicaid policy, which requires a beneficiary to be in a toilet training program, demonstrating consistent measurable progress, reduction in the amount of pull-ons being used, and successful completion of toilet training in three years or less. Medical Supplier Chapter
- Policy 2.19 Incontinent Supplies, Pull-on Briefs are primarily considered a short-term transitional product for beneficiaries with a medical condition causing incontinence of bowel and/or bladder.
- Policy 2.19 Pull-on brief coverage for ages 3 through 20; Pull-on briefs are covered when there is the presence of a medical condition causing bowel/bladder incontinence and one of the following applies:
  - For short term use: The beneficiary is actively participating in a bowel/bladder training plan and is demonstrating consistent measurable progress in the plan (i.e., consistent reduction in the amount of pull-on briefs used, successful completion of the bowel/bladder training in three years or less, etc.)
  - For long term use: The beneficiary has a permanent

25-026219

medical condition (such as Muscular Dystrophy, Spina Bifida, etc.) that will prevent the beneficiary from ever achieving bowel and bladder continence; however, the beneficiary has the cognitive and physical ability to care for their toileting needs independently or with minimal assistance.

- Bowel/Bladder Training Plan A bowel/bladder training plan must be designed and implemented within the school and home environments in order to achieve optimum success.

6. On July 21 2025, the Michigan Office of Administrative Hearings and Rules, received from the Petitioner a request for hearing regarding the Negative Action notice. (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>5</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.

---

<sup>5</sup> Medicaid Provider Manual, Practitioner, April 1, 2025, p 4.

---

---

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.
- 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 3 through 20:**

Pull-on briefs are covered when there is the presence of a medical condition causing bowel/bladder incontinence and one of the following applies:

- For short term use: The beneficiary is actively participating in a bowel/bladder training plan and is demonstrating consistent measurable progress in the plan (i.e., consistent reduction in the amount of pull-on briefs used, successful completion of the bowel/bladder training in three years or less, etc.,)
- 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; however, the beneficiary has the cognitive and physical ability to care for their toileting needs independently or with minimal assistance.<sup>6</sup>

\* \* \*

---

<sup>6</sup> Medicaid Provider Manual, Medical Supplier, April 1, 2025, pp 72-73.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Department argued the Petitioner did not meet the prior approval criteria for pull-on briefs as the Petitioner had been toilet training for six years with minimal success and required maximal assistance with the exception of dressing which required moderate to maximum assistance. The Department went on to indicate long-term use was not appropriate in this case as the Petitioner did not demonstrate the cognitive and physical ability to care for their toileting needs independently or with minimal assistance.

Petitioner did not dispute the history of their toilet training or the required assistance involved with the exception of dressing. And while Petitioner did argue for long term use and how Petitioner meets the definition for long-term use, Petitioner failed to show that they had the cognitive and physical ability to care for their toileting needs independently or with minimal assistance.

The Petitioner has the burden of proof in this matter and has not provided evidence to establish that the Petitioner meets the criteria for authorization of pull-on briefs. The evidence indicates Petitioner is not able to care for her toileting needs independently and requires more than minimal assistance from a caregiver. As such, I find evidence to affirm the Department's actions in this matter.

### **DECISION AND ORDER**

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

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

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

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

**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://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.



**Via Electronic Mail:**

**Agency/Department Representative**  
ALLISON POOL  
MDHHS APPEALS SECTION  
PO BOX 30807  
LANSING, MI 48933  
**POOLA@MICHIGAN.GOV**

**Department Contact**  
GRETCHEN BACKER  
400 S PINE ST 6TH FL  
PO BOX 30479  
LANSING, MI 48909  
**MDHHS-PRD-HEARINGS@MICHIGAN.GOV**

**Agency/Department Representative**  
MDHHS APPEALS  
PO BOX 30807  
LANSING, MI 48909  
**MDHHS-APPEALS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**  
[REDACTED]  
[REDACTED] MI [REDACTED]

**Authorized Hearing Rep**  
[REDACTED]  
[REDACTED] MI [REDACTED]