



Date Mailed: October 2, 2025

Docket No.: 25-028699

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.

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ADMINISTRATIVE LAW JUDGE: Error! Unknown document property name.

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 September 25, 2025. [REDACTED] Petitioner's Mother, appeared on behalf of Petitioner. Kirstin Piotrowicz, Senior Appeals Analyst, appeared on behalf of Respondent, Priority Health.

Exhibits:

- | | |
|------------|-------------------|
| Petitioner | 1. Picture/Video |
| | 2. Picture/Video |
| | 3. Picture/Video |
| | 4. Picture/Video |
| | 5. Picture/Video |
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Department	A – Hearing Summary
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ISSUE

Did the Respondent properly deny Petitioner's request for an enclosed bed?

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 Medicaid beneficiary who is enrolled with the Department. (Exhibit A; Testimony.)
2. Petitioner has been diagnosed with other sphingolipidosis (E75.29) (hypomyelinating leukodystrophy type 10). (Exhibit A; Testimony.)
3. On or around April 29, 2025, Respondent received a request for a Beds by George Safety Bed. (Exhibit A; Testimony.)
4. On May 6, 2025, Respondent reviewed Petitioner's request and denied the request for being considered a deluxe option and the existence of standard options that could meet Petitioner's medical needs. (Exhibit A; Testimony.)
5. On May 6, 2025, Respondent sent Petitioner a notice of denial denying the request for the enclosed bed. The notice indicated coverage is only for standard durable medical equipment, and the item requested is considered deluxe and consequently not a covered item. (Exhibit A; Testimony.)
6. On June 17, 2025, Respondent received from Petitioner, a request for an internal appeal. (Exhibit A.)
7. On June 24, 2025, the Respondent's appeals committee met to discuss Petitioner's internal appeal. The committee upheld the prior denial by concluding the item being requested was considered a deluxe version, and that their policy explicitly excludes this type of equipment request. (Exhibit A; Testimony.)
8. On June 26, 2025, the Respondent sent Petitioner written notification upholding the decision to deny Petitioner's request for an enclosed bed system. (Exhibit A; Testimony.)
9. On August 13, 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).

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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.

On May 30, 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those Medicaid Health Plans.

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below (List omitted by Administrative Law Judge). The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. Contractors must operate consistent with all applicable Medicaid provider manuals and publications for coverages and limitations. If new services are added to the Michigan Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 1-Z.¹

The major components of the Contractor's utilization management plan must encompass, at a minimum, the following:

- Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.
- A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.
- Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- An annual review and reporting of utilization review activities and outcomes/interventions from the review.

¹ Article II-G, Scope of Comprehensive Benefit Package. MDHHS contract (Contract) with the Medicaid Health Plans, September 30, 2004.

The Contractor must establish and use a written prior approval policy and procedure for utilization management purposes. The Contractor may not use such policies and procedures to avoid providing medically necessary services within the coverages established under the Contract. The policy must ensure that the review criteria for authorization decisions are applied consistently and require that the reviewer consult with the requesting provider when appropriate. The policy must also require that utilization management decisions be made by a health care professional who has appropriate clinical expertise regarding the service under review.²

2.13 ENCLOSED BED SYSTEMS³

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 the 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.

Furthermore, Priority Health Policy provides the following:

B. EXCLUSIONS

1. Deluxe equipment⁴

² Article II-P, Utilization Management, Contract, September 30, 2004

³ Medicaid Provider Manual, Medical Supplier, April 1, 2025, p 61.

⁴ Exhibit A, p 69.

* * *

In this case, the Department denied Petitioner's request for an "enclosed bed" after it was determined that the device being requested was a "deluxe" item; and there were other less costly alternatives available.

Petitioner argued the device shouldn't be considered a deluxe model; and further, that the alternatives suggested were insufficient due to weight requirements as well as risks of entrapment. Petitioner based their conclusion on the item not being a deluxe item on the items appearance (see request for hearing).

There was zero evidence to confirm the dangers of the less costly alternative or that the requested item would be any better suited for Petitioner. Furthermore, there was zero evidence that the item being requested in fact was not a deluxe item.

Based upon the information presented, I find the Petitioner has failed to meet her burden of proof and as such; and I find sufficient evidence to affirm the Department's actions in this case.

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 request for an enclosed bed.

IT IS, THEREFORE, ORDERED that:

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



COREY A. ARENDT
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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