



Date Mailed: October 23, 2025
Docket No.: 25-029034
Case No.: [REDACTED]
Petitioner: [REDACTED]

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

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这是一份重要的法律文件。请让别人翻译文件。

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Docket No.: 25-029034

Case No.: [REDACTED]

Petitioner: [REDACTED]
[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 Petitioner's request for a hearing.

After due notice, a hearing was held on October 23, 2025. [REDACTED] Petitioner's father, appeared and testified on Petitioner's behalf. Leigha Klaver, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (Respondent, MDHHS or Department). Adam Schlaufman, Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Petitioner's prior authorization request for custom seating for her power wheelchair?

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, who has been diagnosed with Cerebral Palsy and Seizure Disorder. (Exhibit A, p 15; Testimony.)
2. On June 10, 2025, the Department received a prior authorization request for custom seating for Petitioner's power wheelchair. (Exhibit A, pp 10-24; Testimony.) This was a resubmission of the PA with additional information following a prior denial. (Exhibit A, pp 25-54; Testimony.)
3. On June 20, 2025, the Department sent Petitioner a Notification of Denial indicating that the request for custom seating for Petitioner's power wheelchair was denied. Specifically, the notice indicated:
 - The additional documentation does not support the medical necessity to provide a custom seating system for a power wheelchair that the beneficiary is not independent in using and only remains at school for practice purposes.
 - Refer to the Medical Supplier chapter sections: 1.4, 1.6, 1.11, and 2.48.

(Exhibit A, pp 8-9; Testimony.)

4. On August 19, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, pp 4-7.)

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). Regarding the specific request in this case, the applicable version of the MPM states in part:

1.4 PLACE OF SERVICE

Medicaid covers medical supplies, durable medical equipment (DME), orthotics, and prosthetics for use in any non-intuitional setting in which normal life activities take place except for skilled nursing facilities, nursing facilities, or intermediate care facilities for individuals with intellectual disabilities.

1.6 MEDICAL NECESSITY

Medicaid covers medically necessary durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) for beneficiaries of all ages. DMEPOS are covered if they are the least costly alternative that meets the beneficiary's medical/functional need and meet the Standards of Coverage stated in the Coverage Conditions and Requirements Section of this chapter.

The medical record must contain sufficient documentation of the beneficiary's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement. The information should include the beneficiary's diagnosis, medical condition, and other pertinent information including, but not limited to, duration of the condition, clinical course, prognosis, nature and extent of functional limitations, other therapeutic interventions and results, and past experience with related items.

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Neither a physician, clinical nurse specialist (CNS), nurse practitioner (NP) or physician assistant (PA) order nor a certificate of medical necessity by itself provides sufficient documentation of medical necessity, even though it is signed by the treating/ordering physician, CNS, [sic] NP or PA. Information in the medical record must support the item's medical necessity and substantiate that the medical device needed is the most appropriate economic alternative that meets MDHHS standards of coverage.

Medical equipment may be determined to be medically necessary when all of the following apply:

- The service/device meets applicable federal and state laws, rules, regulations, and MDHHS promulgated policies.
- It is medically appropriate and necessary to treat a specific medical diagnosis, medical condition, or functional need, and is an integral part of the nursing facility daily plan of care or is required for the community residential setting.
- The safety and effectiveness of the product for age-appropriate treatment has been substantiated by current evidence-based national, state and peer-review medical guidelines.
- The function of the service/device:
 - meets accepted medical standards, practices and guidelines related to:
 - type,
 - frequency, and
 - duration of treatment; and
 - is within scope of current medical practice.
- It is inappropriate to use a nonmedical item.
- It is the most cost-effective treatment available.
- The service/device is ordered by the treating physician, NP or PA (for CSHCS beneficiaries, the order must be from the pediatric subspecialist) and clinical documentation from the medical record supports the medical necessity for the request (as described above) and substantiates the practitioner's order.

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- The service/device meets the standards of coverage published by MDHHS.
 - It meets the definition of Durable Medical Equipment (DME) as defined in the Program Overview section of this chapter.
 - Its use meets FDA and manufacturer indications.

MDHHS does not cover the service when Medicare determines that the service is not medically necessary.

Medicaid will not authorize coverage of items because the item(s) is the most recent advancement in technology when the beneficiary's current equipment can meet the beneficiary's basic medical/functional needs.

Medicaid does not cover equipment and supplies that are considered investigational, experimental or have unproven medical indications for treatment.

Refer to the Prior Authorization subsection of this chapter for medical need of an item beyond the MDHHS Standards of Coverage.

NOTE: Federal EPSDT regulations require coverage of medically necessary treatment for children under 21 years of age, including medically necessary habilitative services. Refer to the Early and Periodic Screening, Diagnosis and Treatment Chapter for additional information.

The Healthy Michigan Plan (HMP) covers habilitative services for all ages. Refer to the Healthy Michigan Plan Chapter for additional information.

1.6.A PRESCRIPTION REQUIREMENTS

MDHHS reserves the right to request additional documentation from a specialist for any beneficiary and related service on a case-by-case basis if necessary to determine coverage of the service.

1.8 PRIOR AUTHORIZATION

MDHHS reserves the right to a final determination of whether the practitioner's submitted medical documentation sufficiently demonstrates the medical necessity for the services requested.

1.11 NONCOVERED ITEMS

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

- Custom seating for secondary and/or transport chairs

- Second units for school use

*Medicaid Provider Manual
Medical Supplier Chapter
July 1, 2025, pp 8-12, 13, 27-29
Emphasis added*

With regard to custom seating for power wheelchairs, the MPM provides, in pertinent part:

2.48 WHEELCHAIRS, PEDIATRIC MOBILITY, AND SEATING SYSTEMS

Pediatric Mobility Devices and Wheelchairs

May be covered if all of the following are met for each type of device. . . .

For power wheelchairs:

- Is able to safely control the wheelchair through doorways and over thresholds up to 1½”.

Rentals, Repairs, and Replacement

The repair of a second (older) manual or power wheelchair used as a back-up wheelchair is not covered.

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*Medicaid Provider Manual
Medical Supplier Chapter
July 1, 2025, p 136*

Here, the Department sent Petitioner written notice that the prior authorization request for custom seating for Petitioner's wheelchair was denied because the beneficiary is not independent in using the wheelchair and the wheelchair only remains at school for practice purposes.

The Department's witness reviewed evidence and policy supporting the Department's position. (See Exhibit A, pp 15, 16, 17, 24, 27, 39, 32, 55, 57, 61, 63, 68, 73.)

Petitioner's father testified that Petitioner is now [REDACTED] years old and was born with cerebral palsy. Petitioner's father noted that Petitioner cannot walk or sit up on her own and is non-verbal but uses a voice board for communication. Petitioner's father indicated that Petitioner has relatively good hand and foot control.

Petitioner's father testified that back in 2017, Petitioner was only 6 years old and was homeschooled at that time because the school district did not think they could accommodate her at that time and was unsure how to test her for grade level given she was non-verbal. Petitioner's father indicated that the power wheelchair (which they received in 2015) did not make sense at the time because they did not yet have a ramp on their home and there were not a lot of open spaces in the home for Petitioner to practice using it. Petitioner's father noted that the doorways in the home are normal size.

Petitioner's father testified that as of two and a half years ago, Petitioner is now back in school as the school learned how to test her and she is grade appropriate in most subjects. Petitioner's father indicated that Petitioner is now in 7th grade and is working with PT at the school to learn how to drive the power wheelchair. However, Petitioner's father indicated that because the power wheelchair was purchased when Petitioner was approximately 5 years old, the seating no longer fits her because she has grown in the past 7-8 years. Petitioner's father testified that Petitioner cannot get in a good position to drive the wheelchair. Petitioner's father indicated that Petitioner is currently using the wheelchair all day at school and the goal is to get her to use the power wheelchair at home once she learns how to operate it safely. Petitioner's father testified that the goal is for the power wheelchair to become her primary wheelchair as she gets older and gains more independence. Petitioner's father indicated that the family has now installed a wheelchair ramp at the home.

In response, the Department's witness indicated that if the power wheelchair becomes Petitioner's primary wheelchair at home, the request can be resubmitted.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying the prior authorization request in this case. Moreover, the

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undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information that was available at the time the decision was made.

Given the record and available information in this case, the undersigned Administrative Law Judge finds that Petitioner has failed to meet the burden of proof and that the Department's decision must therefore be affirmed.

Policy clearly states that custom seating for secondary wheelchairs is not covered under Medicaid. Policy further states that custom seating for a second wheelchair used at school is not covered. Here, Petitioner's primary wheelchair is a manual wheelchair that she uses at home and to go out into the community. As such, Petitioner's power wheelchair is still her secondary wheelchair, at least until she learns how to use it.

Of course, Petitioner cannot learn how to use her power wheelchair with the current seating arrangement because it is too small for her. As such, the Department should find a way for Petitioner to train on a similar power wheelchair that fits her properly, possibly through a rental wheelchair. If Petitioner becomes independent in operating this wheelchair, then Petitioner can resubmit this PA request to have custom seating added to the power wheelchair that she already owns. However, based on the information available at the time the decision was made, the Department's decision was proper and must be upheld

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied Petitioner's prior authorization request for custom seating for her power wheelchair.

IT IS THEREFORE ORDERED THAT:

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

The Department should find a way for Petitioner to train on a power wheelchair that fits her properly, possibly through a rental wheelchair. If Petitioner becomes independent in operating this wheelchair, then Petitioner can resubmit this PA request to have custom seating added to the power wheelchair that she already owns.



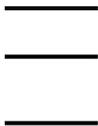
ROBERT J. MEADE
ADMINISTRATIVE LAW JUDGE

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. 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.



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