

**Date Mailed:** December 4, 2025

**Docket No.:** 25-038338

**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 Petitioner's request for a hearing.

After due notice, a telephone hearing was held on December 3, 2025. [REDACTED] Petitioner's guardian, appeared and testified on Petitioner's behalf. Florence Scott-Emuakpor, Appeals Review Officer, represented Respondent, Department of Health and Human Services (Department). Kim Hanson, Manager, Contract Manager, appeared as a witness for the Department.

### **ISSUE**

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

### **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. (Exhibit A, p 7; Testimony)
2. Petitioner's medical history includes neuroblastoma, chronic lung disease, oxygen dependent trach, seizure, encephalopathy, and global developmental delay. (Exhibit A, p 13; Testimony)
3. On July 25, 2025, Petitioner's physician made a request through J&B Medical, the Department's contractor for the Diaper and Incontinent Supplies Program, for Petitioner to be approved for pull-ons. (Exhibit A, pp 13-17; Testimony)
4. Following a review of Petitioner's most recent nursing assessment, it was determined that Petitioner did not meet the criteria for pull-ons because the records submitted indicated that Petitioner was using the pull-ons for nighttime incontinence of bowel or bladder, for which they are not covered per policy. (Exhibit A, pp 11-12; Testimony)
5. On August 4, 2025, the Department sent Petitioner a Notification of Denial stating that pull-ons would not be authorized because the information provided did not support coverage of this service. (Exhibit A, pp 11-12; Testimony)

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6. On October 24, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit A, pp 7-10)

### **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.

#### **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.

*Medicaid Provider Manual  
Practitioner Chapter  
July 1, 2025, p 4*

The Department policy regarding coverage of incontinence products, including pull-ons, is addressed in the Medicaid Provider Manual:

#### **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.
- Proper techniques related to routine bowel evacuation.

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

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**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.); 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; 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.

**Initial Nursing Assessment and Reassessment**

The use of pull-on briefs requires an initial nursing assessment and reassessment every six months thereafter or a time determined by the Michigan Department of Health and Human Services (MDHHS). Reassessments must detail measurable progress the beneficiary has made in the training plan since the last assessment. Long-term use requires an initial nursing assessment and reassessment every 24 months thereafter or a time determined by MDHHS. Documentation of the initial nursing assessment and reassessment(s) must be kept in the beneficiary file.

If the beneficiary no longer has a medical condition causing bowel/bladder incontinence and they have not achieved continence within three years of the start of the bowel/bladder training program, the pull-on briefs will no longer be a covered benefit.

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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.

*Medicaid Provider Manual  
Medical Supplier Chapter  
April 1, 2025, p 73*

The Department's Contract Manager testified that on July 25, 2025, Petitioner's physician made a request through J&B Medical, the Department's contractor for the Diaper and Incontinent Supplies Program, for Petitioner to be approved for pull-ons. The Department's Contract Manager indicated that following her review of Petitioner's most recent nursing assessment, it was determined that Petitioner did not meet the criteria for pull-ons because the records submitted indicated that Petitioner was using the pull-ons for nighttime incontinence of bowel or bladder, for which they are not covered per policy. The Department's Contract Manager testified that based on this finding, on August 4, 2025, she sent Petitioner a Notification of Denial stating that pull-ons would not be authorized because the information provided did not support coverage of this service.

Petitioner's guardian testified that Petitioner is non-verbal and cannot tell them when she needs to use the bathroom. Petitioner's guardian indicated that they ask Petitioner, but she may or may not answer so they put her on the toilet several times during the day. Petitioner's guardian testified that she has been using a pad, the pull-ons, and a diaper at night because Petitioner discharges a large amount of urine. Petitioner's guardian explained that this was the only way they found to stop her from being wet all the way through to the bed at night. Petitioner's guardian testified that if that happens, they have to take her out of the bed, clean her up, change the sheets, and put her back. Petitioner's guardian testified that Petitioner has been receiving pull-ons since she was four years old and she is now 18 years old.

In response, the Department's Contract Manager testified that Medicaid could not support that kind of usage as Petitioner was basically using three products at once. The Department's Contract Manager did indicate, however, that it sounded like Petitioner might require an "off-contract" product that could handle the large amount of urine discharge. The Department's Contract Manager noted that such a request would require a letter of medical necessity from Petitioner's doctor and that she would contact the head nurse at J&B Medical to let her know Petitioner's guardian would be making the request.

Based on the foregoing information and evidence, the undersigned finds that the Department properly denied Petitioner's prior authorization request for pull-ons. Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying Petitioner's prior authorization request. Given the record in this case, the undersigned finds that Petitioner has failed to meet that burden of proof and that the Department's decision must therefore be affirmed. According to the above referenced policy, "Pull-on briefs are **not** covered for . . . Night time incontinence of bowel or bladder." Here, the documentation submitted indicated that Petitioner was using the pull-ons for incontinence at night. Based on this information, Petitioner did not meet the criteria for pull-ons at the time of the determination. Accordingly, the Department's decision is correct and must be upheld.

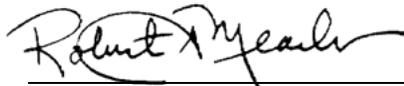
As indicated, Petitioner's guardian should pursue an "off-contract" diaper product that will work for Petitioner.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department's denial of coverage for pull-ons was in accordance with Department policy based on the information available at the time of the determination.

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

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



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**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](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 [LARA-MOAHR-DCH@michigan.gov](mailto: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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