

**Date Mailed:** January 27, 2026

**Docket No.:** 25-043397

**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 20, 2026. [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 B - Addendum

### **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 significant medical conditions, including spastic quadriplegic cerebral palsy, orthopedic surgeries, and neurogenic bowel and bladder. Petitioner is nonverbal and requires full assistance for toileting and hygiene. (Exhibit B; Testimony.)
2. On or around August 5, 2025, J&B Medical Supply submitted a prior authorization request for 88 pull-on briefs per month due to fit and durability issues with formulary products. (Exhibit B; Testimony.)
3. The nursing assessment indicated Petitioner is fully toilet trained, initiates toileting needs nonverbally, and is incontinent only when assistance is delayed or a bathroom is inaccessible. Petitioner wears regular underwear at night and is reportedly dry; however, standardized assessment responses indicate Petitioner is not dry overnight and wakes dry zero mornings per week. (Exhibit B; Testimony.)

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4. Petitioner is not on a timed toilet training program and has been working on toilet training for several years. (Exhibit B.)
  5. On October 22, 2025, the Department issued a Notification of Denial citing Medicaid policy that pull-on briefs are covered only for short-term use when the beneficiary is actively participating in a bowel/bladder training plan with measurable progress, or for long-term use when the beneficiary has a permanent condition but can manage toileting independently or with minimal assistance. (Exhibit A; Testimony.)
  6. On December 3, 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:

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

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- 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>2</sup>

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<sup>2</sup> Medicaid Provider Manual, Medical Supplier, April 1, 2025, pp 72-73.

In this case, Petitioner does not meet short-term criteria because she is not actively participating in a training plan and has exceeded the three-year limit without measurable progress. Petitioner does not meet long-term criteria because she requires full assistance and is nonverbal, lacking the ability to manage toileting independently or with minimal assistance.

The undersigned considered Petitioner's arguments regarding the practical challenges of using diapers, the medical complexity of Petitioner's condition, and the family's efforts to secure appropriate supplies. While these concerns are understandable, Medicaid coverage for pull-on briefs is limited by policy to beneficiaries who meet specific criteria for short-term or long-term use. Functional convenience and product preference are not coverage criteria. Further, although Petitioner has a permanent medical condition, the evidence shows she requires full assistance and is nonverbal, which does not meet the independence requirement for long-term coverage. Therefore, these arguments do not alter the conclusion that the Department properly applied policy in denying the request.

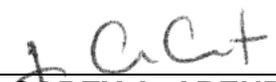
Consequently, the Petitioner has the burden of proof in this matter and has not provided evidence to establish that the Petitioner meets the criteria for authorization of pull-on briefs.

### **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**.

  
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**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](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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