

**Date Mailed:** January 30, 2026

**Docket No.:** 25-047427

**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 January 28, 2026. [REDACTED], Petitioner's mother, appeared and testified on Petitioner's behalf. [REDACTED], Teacher and [REDACTED], Mentor, appeared as witnesses for Petitioner. Emily Piggott, 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 5; Testimony)
2. On November 19, 2025, J & B Medical Supply Co., Inc. submitted a prior authorization request to MDHHS for incontinent supplies (pull-on briefs) for Petitioner. On November 20, 2025, Respondent issued a Notification of Denial. (Exhibit A, pp. 5, 8–9; Testimony)
3. The denial letter states coverage was denied under Medicaid Provider Manual § 2.19 because Petitioner did not meet requirements mandating participation in a bowel/bladder training plan with consistent, measurable progress, including reduction in pull-ons and successful completion of toilet training in three years or less. (Exhibit A, pp. 5–6, 8–9; Testimony)
4. The record includes a nursing assessment dated October 17, 2025, noting Autism, bowel and bladder incontinence, and that Petitioner "does not have success with voiding in the toilet," has "made progress to where he will sit on the toilet," and uses pull-ons during the day; the assessment documents a timed toileting frequency of every 15–20 minutes with zero voids or bowel movements in the toilet and zero dry mornings. (Exhibit A, pp. 10–12; Testimony)

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5. School documentation from October 20, 2025, reflects Petitioner sits on the toilet approximately five minutes during hourly opportunities across the school day, is able to pull pants up and down, but continues to work toward successfully voiding; the letter does not document successful voids or measurable reductions in pull-on usage. (Exhibit A, p. 13; Testimony)
  6. Earlier school documentation from September 27, 2023, shows Petitioner required diapers “100% of the time,” needed full assistance for toileting steps, did not request to use the bathroom, and had not used the toilet. (Exhibit A, p. 20; Testimony)
  7. A nursing assessment dated August 28, 2023, indicated Petitioner was nonverbal with cognitive delay, on a developing plan to sit on the toilet frequently due to fear of the bathroom, and reported two instances per day of voiding without wetting first on a 0–10 scale metric; the assessment nonetheless recorded no bowel movements in the toilet and did not establish measurable reduction in pull-on usage over time. (Exhibit A, pp. 21–22; Testimony)
  8. On November 20, 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 8-9; Testimony)
  9. On December 29, 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 (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*

October 1, 2025, p 4

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

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## 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.

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## **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  
October 1, 2025, p 73*

The Department's Contract Manager testified that the denial of pull-on briefs was based on Medicaid policy requiring measurable progress in a bowel/bladder training program and completion within three years. The Department's Contract Manager referenced the nursing assessment, which indicated Petitioner had been in toilet training for years, was toileted every 15–20 minutes, could not void independently, and had zero successful voids or dry mornings.

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The Department's Contract Manager indicated that paid claims showed consistent monthly shipments of pull-ons without reduction, and teacher letters noted only progress in sitting on the toilet and clothing management, not successful voiding. The Department's Contract Manager concluded that Petitioner was not demonstrating readiness per policy.

Petitioner's mother testified that Petitioner has recently shown significant progress, including occasional voiding and bowel movements on the toilet, pulling up and down his pull-ups independently, and assisting with hygiene. Petitioner's mother emphasized that reverting to diapers would be detrimental and explained challenges related to Petitioner's severe autism and sensory issues. Petitioner's mother also referenced an updated doctor's letter dated January 5, 2026, stating Petitioner needs pull-ups for toilet training and has made progress, though this letter was not included in the hearing packet. Petitioner's mother expressed concern about discrepancies in product descriptions and clarified the need for youth-size pull-ons.

The Department's Contract Manager advised that a new prior authorization request, including an updated nursing assessment and supporting letters, would be required for reconsideration. The Department's Contract Manager concluded with instructions for Petitioner's mother to contact J&B Medical to initiate this process.

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.

To qualify under § 2.19's short-term use pathway, Petitioner must be actively participating in toilet training and demonstrating consistent measurable progress - commonly evidenced by reductions in pull-on utilization and successful toilet training in three years or less.

The record corroborates active participation (hourly toileting opportunities at school; frequent toileting at home), but it does not establish measurable progress toward continence. The October 17, 2025, nursing assessment documents zero successful voids or bowel movements in the toilet, zero dry nights, and continued reliance on pull-ons, despite frequent toileting. The October 20, 2025, school letter similarly notes increased willingness to sit on the toilet and improved clothing management, yet identifies no successful toilet voids or reductions in pull-on usage.

The December 26, 2025 teacher letter asserts medical necessity and clarifies timelines (approximately 18 months of pull-up use; scheduled toileting beginning in the 2024-2025 school year), but it expressly concedes that continence is "not yet reliably achieved," and it provides no quantitative data showing reductions in pull-on usage or successful completions anticipated within three years.

On this record, Petitioner has not demonstrated the measurable progress required for short-term coverage under § 2.19 and the Department's decision should be affirmed.

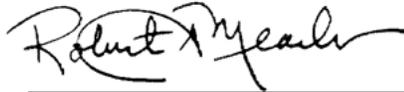
As discussed at the hearing, Petitioner's mother can pursue a new prior authorization following the instructions provided at the hearing.

**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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