

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy and Health System Innovation

Project Number:	1632-Supplies	Comments Due:	December 2, 2016	Proposed Effective Date:	February 1, 2017
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Policy Subject: Standards of Coverage and Documentation for Pull-on Briefs

Affected Programs: Medicaid, Healthy Michigan Plan

Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans

Policy Summary: This policy notifies providers of changes to the standards of coverage and documentation requirements for pull-on briefs.

Purpose: The purpose of this policy is to clarify documentation requirements and the parameters of coverage for pull-on briefs.

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans

Issued: January 1, 2017 (Proposed)

Subject: Standards of Coverage and Documentation for Pull-on Briefs

Effective: February 1, 2017 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan

This policy applies to Medicaid Fee-for-Service. For beneficiaries enrolled in a Medicaid Health Plan (MHP), providers should contact the MHP for policy, clinical evaluation and prior authorization requirements.

The purpose of this bulletin is to notify providers of changes to the Medicaid pull-on brief standards of coverage and documentation requirements effective February 1, 2017. Pull-on briefs are primarily considered a short-term transitional product for beneficiaries with a medical condition causing incontinence of bowel and/or bladder.

Standards of 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 person from ever achieving bowel and bladder continence; however the beneficiary has the cognitive and physical ability to care for his/her 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 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/reassessments must be kept in the beneficiary file.

If the beneficiary no longer has a medical condition causing bowel/bladder incontinence and he/she has 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.

Standards of Coverage for Ages 21 and Older

Pull-on briefs are covered when there is the presence of a medical condition causing bowel/bladder incontinence and the beneficiary is able to care for his/her toileting needs independently or with minimal assistance from a caregiver and one of the following applies:

- **For Short-Term Use**

The beneficiary has a temporary medical condition (including recent discharge from a nursing home or hospital) causing bowel/bladder incontinence, or

- **For Long-Term Use**

The beneficiary has a permanent medical condition (such as Muscular Dystrophy, Spina Bifida, etc.) that will prevent the person from ever achieving bowel and bladder continence.

Initial and Reassessment

The use of pull-on briefs requires an initial nursing assessment and reassessment whenever there is a prior authorization request for a change in quantity or a medical condition resulting in continued need beyond established policy timelines. Recent discharge from a nursing home or hospital is considered a qualifying condition for short term use of pull-on briefs. Beneficiaries with medical conditions which result in permanent incontinence or who have product needs for over established policy quantities must be re-assessed every 12 months or a time determined by MDHHS. Documentation of the initial and reassessment(s) must be kept in the beneficiary file.

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 that have an occasional bowel or bladder accident.
- Night time incontinence of bowel or bladder.

Documentation

In addition to the documentation previously mentioned in this bulletin and in current policy, the following is required:

- An initial nursing assessment for all ages regardless of whether the pull-on will be used short or long term.
- A six month reassessment is required for under 21 years of age or a time determined by MDHHS.
- If the beneficiary has a medical condition that results in permanent incontinence, reassessment is required annually or a time determined by MDHHS.
- For under age 21 attending school, a copy of the teacher's continence report or a letter from the school detailing the bowel/bladder plan. The reassessment must have a copy of the teacher's plan or school letter detailing any changes to the plan and progress made since the last assessment.