

**MEDICAID POLICY INFORMATION SHEET**

**Policy Analyst:** Lisa Trumbell

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Initial

Public Comment

Final

**Brief description of policy:**

This bulletin announces revisions to children's/adolescent products (e.g., gait trainers, bath equipment, standers, etc.) policy.

**Reason for policy (problem being addressed):**

The current children's product policy is outdated and too general. This policy provides more detail regarding the types of equipment provided and standards of coverage and documentation required to establish medical necessity.

**Budget implication:**

- budget neutral
- will cost MDHHS \$ \_\_\_\_\_, and (select one) budgeted in current appropriation
- will save MDHHS \$ \_\_\_\_\_

**Is this policy change mandated per federal requirements?**

No.

**Does policy have operational implications on other parts of MDHHS?**

No.

**Does policy have operational implications on other departments?**

No

**Summary of input:**

- controversial (Explain)
- acceptable to most/all groups
- limited public interest/comment

**Supporting Documentation:**

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Date:                      Approval                      Date:	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Submission Date:
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**DRAFT FOR PUBLIC COMMENT**

Michigan Department of Health and Human Services

Project Number: 2404-DMEPOS

Date: April 3, 2024

Comments Due: May 8, 2024

Proposed Effective Date: July 1, 2024

Direct Comments To: Lisa Trumbell

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**Policy Subject:** Revisions to Children's/Adolescent Products

**Affected Programs:** Medicaid, Children's Special Health Care Services (CSHCS)

**Distribution:** Durable Medical Equipment Providers, Medicaid Health Plans, Practitioners

**Summary:** This bulletin announces revisions to children's/adolescent products (e.g., gait trainers, bath equipment, standers, etc.) policy.

**Purpose:** The current children's product policy is outdated and too general. This policy provides more detail regarding the types of equipment provided and standards of coverage and documentation required to establish medical necessity.

**Cost Implications:** Budget neutral

**Potential Hearings & Appeal Issues:** No

State Plan Amendment Required: Yes  No   
If yes, date submitted:

Public Notice Required: Yes  No   
Submitted date:

Tribal Notification: Yes  No  - Date:

**THIS SECTION COMPLETED BY RECEIVER**

Approved

No Comments

See Comments Below

Disapproved

See Comments in Text

Signature:

Phone Number

Signature Printed:

Bureau/Administration (please print)

Date

# Proposed Policy Draft

Michigan Department of Health and Human Services  
Behavioral & Physical Health and Aging Services Administration

**Distribution:** Durable Medical Equipment Providers, Medicaid Health Plans, Practitioners

**Issued:** May 31, 2024 (Proposed)

**Subject:** Revisions to Children's/Adolescent Products

**Effective:** July 1, 2024 (Proposed)

**Programs Affected:** Medicaid, Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's MHP for prior authorization requirements.

This bulletin announces revisions to the Children's Products policy effective July 1, 2024. The current Children's Products subsection of the [MDHHS Medicaid Provider Manual](#), Medical Supplier chapter will be revised to include "adolescent" in the section title. For ease of reading, use of the terms "child", "children" or "children's" in this policy also applies to adolescents.

## I. Parent/Legal Guardian Agreement/Consent

The parent/legal guardian (as applicable) must approve of all equipment prior to delivery or if prior authorization is required before the durable medical equipment (DME) provider submits the prior authorization request. All children's products (e.g., activity chairs, bath, and toileting equipment) are expected to be used within the child's primary residence (except mobility items as these items are intended to be used in all environments the child frequents). The parent/legal guardian's approval of equipment is especially important when recommending multiple pieces of equipment to be used within the home. Providers are reminded that the child's home must be evaluated to ensure the equipment can fit in the home and be used within the intended space (e.g., the shower chair can fit through the bathroom door, can be moved, or leave ample space if other family members use the same bathroom). The DME provider must obtain the parent/legal guardian's approval following the evaluation and trial of **each** piece of equipment via the parent/legal guardian's signed and dated written or digitally drawn electronic signature. The signed and dated approval must be kept in the beneficiary file and, if prior authorization is required, submitted with the

prior authorization request. A copy of the parental/legal guardian signature must also be provided to the parent or legal guardian upon their request.

## **II. Children's/Adolescent Products**

### **Definition**

Children's products are specialized equipment used in the home or vehicle for children with disabilities or medical conditions for the purposes of positioning, safety during activities of daily living, or assisted mobility. Specialized children's products include, but are not limited to, the following: activity chairs, bath supports, adaptive specialized car seats, corner chairs, standers, gait trainers, walkers, commodes, and toileting supports.

### **General Standards of Coverage for all Children's Products**

Children's products may be covered when the following are met:

- Commercial products or other less supportive positioning/mobility aids cannot address the child's medical/functional need.
- The requested product(s) can accommodate growth for a minimum of two years (e.g., fit and/or adapt for growth).
- The parent(s)/legal guardian has received training on safe use, care of the product, and is willing and able to follow the treatment plan (for adaptive specialized car seats, training must include proper vehicle installation/removal of the car seat).
- The product is for use in the family home (exceptions: car seats are intended for use in the family vehicle, gait trainers and walkers are intended for use in the home and in the community [where functionally appropriate]).
- The product(s) is the least costly alternative that meets the child's medical/functional need.

Refer to the subsections of this policy for additional product-specific standards of coverage.

### **Documentation that Applies to all Children's Products**

All required documentation indicated in this policy and in the MDHHS Medicaid Provider Manual must be kept in the beneficiary's file and be available upon request. Failure to keep required documentation in the beneficiary's file may result in audit and/or post-payment recovery of funds. If prior authorization is required, the documentation must be submitted with the prior authorization request.

- Signed and dated parent/legal guardian agreement/consent.
- Beneficiary-specific explanation of why the requested equipment is required and what similar economic alternatives have been trialed, considered, and ruled out.

MDHHS will consider requests for multiple devices on a case-by-case basis; however, documentation submitted with the prior authorization request must indicate the reason why one device alone will not meet the child's medical/functional need.

**Note:** Children's Special Health Care Services (CSHCS) beneficiaries require a prescription from a CSHCS-authorized physician subspecialist. Refer to the Children's Special Health Care Services chapter of the MDHHS Medicaid Provider Manual for additional information.

All children's products must have a minimum one-year warranty. The warranty period must be expired prior to requesting repair or replacement of the product.

### **A. Specialized Adaptive Car Seats**

A specialized adaptive car seat is a non-standard children's car seat that is designed specifically for children with special needs to address positioning and safety during vehicle transport when the child cannot be safely transported or positioned using a standard commercial car seat/booster seat.

#### Standards of Coverage

A specialized adaptive car seat may be covered for children for the purpose of safety and supportive positioning in the family vehicle when the general standards of coverage and **one** or more of the following are met:

- Has unstable head and/or trunk control.
- Is unable to independently maintain a seated position.
- Is in a spica cast and cannot fit in a commercial infant/child car seat/booster seat; and/or
- Has a condition that results in uncontrolled movement (e.g., seizure) or positioning change, and the following:
  - Has outgrown or cannot be positioned or safely transported using a standard commercial infant/child car seat/booster seat (federal and state age-related vehicle seating safety laws apply).
  - the child's weight and height meet the manufacturer's product weight/height requirements.

#### Documentation

Documentation must be less than 180 days old and include **all** the following:

- Diagnosis appropriate for the requested car seat.
- Other adaptive equipment or assistive devices currently used for mobility/transport and why those items do not meet the child's transport needs.
- Complete MSA-1656 (Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices) and corresponding Addendum B. Refer to the

MSA-1656 Instructions in the Forms Appendix of the MDHHS Medicaid Provider Manual or [Medicaid Provider Forms and Other Resources \(michigan.gov\)](https://www.michigan.gov/medicaid)

### Prior Authorization (PA) Requirements

Prior authorization is required for all specialized adaptive car seats.

### Non-Covered

- An additional car seat for use in additional family or other vehicles.
- Bases to make the car seat “mobile.”
- Accessories/options not part of the safety features of the car seat, do not assist with positioning, or that are not related to modifying the car seat for growth purposes.
- A car seat for use beyond its intended function as a car seat.

### Payment Rules

Specialized car seats are considered **purchase only** items.

## **B. Activity/Positioning Chairs**

Activity/positioning chairs are specially designed equipment for use in the home for children with disabilities or medical conditions who are unable to maintain a seated position independently without support to perform activities of daily living. Examples of activity/positioning chairs include, but are not limited to, the following: corner chairs, feeder seats, hi-lo chairs, floor sitters and adjustable highchairs.

### Standards of Coverage

Activity/positioning chairs are covered for children when the general standards of coverage are met and **one** or more of the following applies:

- The child is unable to age-appropriately, and independently maintain a seated position.
- The child has physical anomalies that require support to allow a functional position or prevent further disability.
- The child is unsafe, or is unable to sit in a regular chair, commercial highchair, booster chair, or other conventional seat; and/or
- The child must be in an upright supported position for safe and effective feeding and without this chair would have to be held by the parent/caregiver for feeding.
- Positioning cannot be accommodated by use of other mobility devices or commercial products; and
  - Stroller style mobility products with interchangeable bases have been ruled out as economic alternatives.

Activity/positioning chairs with **tilt/recline** features are covered when the above standards are met and at least **one** of the following apply:

- The child is unable to maintain head or trunk control in an upright seated position.
- Has poor static or dynamic seating balance.
- Requires pressure relief.
- Requires tilt/recline positioning to compensate for tonal changes; and/or
- Requires tilt/recline positioning for proper feeding/digestion.

A **mobile base** may be covered when medically/functionally necessary to move the child to different areas of the home for safety and/or to complete activities of daily living.

**Hi-Lo functions** are covered when height adjustments are needed to complete activities of daily living or when needed to assist in transferring into/out of the chair.

**Hi-Lo activity/positioning chairs** are covered for children with more severe disabilities requiring maximal support when the above standards and the following is met:

- Varying seating heights are required for the child to participate in transfers and/or to complete medical/functional activities of daily living which cannot be completed in a static activity chair.

**Hi-Lo indoor/outdoor base frames** are covered for children who have a wheelchair seating system that can be interchanged with an indoor/outdoor base frame to use as an activity/positioning chair, and it meets the above activity/positioning standards of coverage.

### Documentation

Documentation must be less than 180 days old and include **all** the following:

- Diagnosis appropriate for the equipment requested.
- Any adaptive or assistive devices currently used in the home.
- Completion of the MSA-1656 (Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices) and corresponding Addendum B. (Refer to the MSA-1656 Instructions in the Forms Appendix of the MDHHS Medicaid Provider Manual.)

### PA Requirements

PA is required for all activity/positioning chairs.

### Non-Covered

The following are non-covered:

- Accessories/add-ons not required for supportive positioning.
- Activity/positioning chairs to be used strictly in the school setting.
- Back-up or secondary activity/positioning chairs.
- Activity/positioning chairs (including feeding chairs) when the child uses a mobility device in the home that has additional positioning accessories.

### Payment Rules

Activity/positioning chairs and accessories are **purchase only** items.

## **C. Standers**

A children's stander is a device that supports the child in a standing position for the purpose of weight bearing when the child is unable to stand independently due to a disability or medical condition. Stander can aid in increased bone growth/density, muscle strength, improve digestion, decrease contractures, and prevent pressure ulcers in non-ambulatory children. Types of standers include prone, supine, multi-positional, sit-to-stands, and dynamic standers.

### Standards of Coverage

A children's stander may be covered for use in the family home when the general standards of coverage are met, and **all** the following:

- The child is non-ambulatory (without the aid of a mobility device) and unable to stand independently due to a disability or medical condition.
- The stander is for use in the child's home (not for use in a school).
- The equipment requested can accommodate the child's skeletal alignment.
- The child has been trialed in a stander and can use or have the potential to use the stander a minimum of one hour per day (does not have to be a continuous hour); and
- The child's height and weight meet the manufacturer's product height/weight requirements.

### Documentation

Documentation must be less than 180 days old and include **all** the following:

- Diagnosis appropriate for the requested equipment.
- Any adaptive or assistive devices currently used in the home.
- Outcome of the stander trial(s); and

- Completion of the MSA-1656 (Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices) and corresponding Addendum B. (Refer to the MSA-1656 Instructions in the Forms Appendix of the MDHHS Medicaid Provider Manual.)

Additionally, if the child is participating in a school or therapy standing program, submit the current treatment plan including the frequency and duration of standing, the child's standing tolerance, and the make and model of stander used in that setting.

#### PA Requirements

PA is required for all standers.

#### Non-Covered

- Use of a stander as a mobility device.
- A stander for use in school.
- Accessories/options not integral to the operation of the stander (e.g., gliders, power lift option, etc.).
- A stander for recreational purposes.
- Back-up or secondary stander.

#### Payment Rules

All standers are considered **purchase only** items.

### **D. Gait Trainers/Walkers**

A **walker** is a mobility device used to assist a child with impaired ambulation who can functionally bear weight but needs the support of a walker for safe and independent ambulation. Walkers include, but are not limited to, rigid, wheeled, and folding.

A **gait trainer** is a mobility device like a walker but provides more postural support for children with partial weight-bearing capabilities to ambulate independently. Types of gait trainers include upright, anterior, and posterior support.

#### Standards of Coverage

A children's **walker** may be covered when the general standards of coverage are met and **all** the following:

- The child is unable to ambulate independently due to a disability or medical condition.
- The child can functionally weight bear through their legs but requires the support of a walker to safely ambulate.

- Other less supportive mobility aids cannot meet the child's medical/functional mobility needs; and
- The walker is for use in the home and community (where functionally appropriate).

A children's **gait trainer** may be covered when the general standards of coverage are met and **all** the following:

- The child is unable to ambulate independently due to a disability or medical condition.
- A children's walker (including a standard front, reverse, or enclosed frame) does not provide enough postural support for the child to safely ambulate.
- The child can functionally propel using their legs but requires more postural support than a walker; and
- The gait trainer is for use in the home and community (where functionally appropriate).

#### Documentation

Documentation must be less than 180 days old and include the following:

- Diagnosis appropriate for the equipment requested.
- Any adaptive or assistive devices currently used in the home and community.
- Copy of the school mobility plan (if applicable).
- Completion of the MSA-1656 (Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices) and corresponding Addendum B. (Refer to the MSA-1656 Instructions in the Forms Appendix of the MDHHS Medicaid Provider Manual.)

#### PA Requirements

PA is required for all children's walkers and gait trainers.

#### Non-Covered:

- Multiple pieces of equipment for standing/gait purposes without distinct justification for each item.
- Items for pre-mobility development.
- Accessories/add-ons not necessary to use the walker or gait trainer or to support positioning.
- Back-up walker or gait trainer.

#### Payment Rules:

Walkers and gait trainers are **purchase only** items.

## E. Children's Bath/Shower/Transfer Equipment

Children's bath/shower chairs and transfer equipment are devices that provide seated support to children with disabilities or medical conditions who are unable to or cannot safely sit or stand in a bathtub or shower. Examples of these items include, but are not limited to, bathtub/shower chairs, stools, benches, and bathtub transfer benches.

**Standard bath/shower chairs** may be mobile or stationary with a folding or fixed frame, with or without padding, with height adjustable/or fixed legs and seat backs, with or without fixed, removable, height adjustable or drop arms.

**Non-standard bath/shower chairs** are like standard bath/shower chairs but include more significant positioning support and/or dual-functions for children with more complex needs including, but not limited to, tilt/recline, head/neck/trunk/pelvic supports, footrests, and combination shower/commode chairs.

A **standard bathtub or combination bath/commode transfer bench** is a stationary (freestanding with legs or that affixes to the bathtub/wall) seat that sits partially inside the bathtub and extends to the outside of the bathtub to assist the child to transfer in a seated position into the bathtub (some have commode openings or attached commodes). Standard bathtub transfer benches come with or without fixed, adjustable, or removable backs and arm rests, and may come with a commode opening.

**Non-standard bathtub or combination bath/commode transfer benches** are like standard transfer benches but include more significant positioning support than standard bathtub or combination bath/commode transfer benches.

### Standards of Coverage

**Standard** bath/shower chairs, transfer benches or combination bath/commode chairs are covered for children with a disability or medical condition if the general standards of coverage are met and **one** or more of the following:

- The child cannot sit for baths or stand for showers without support;
- Cannot be safely lifted into/out of the bathtub due to size or weight;
- Cannot independently or with the assistance of a caregiver safely transfer into/out of the bathtub or shower without the support of the device, and/or
- The child's age, weight and height meet the manufacturer's specifications for the device.

**Non-standard** bath/shower chairs, transfer benches or combination bath/commode chairs are covered for children with medical conditions when the general standards of coverage and the above standards of coverage are met, and the child has at least **one** of the following:

- Has contractures, decreased head/neck/trunk control, and/or abnormal tone requiring additional positional support.
- Requires significant assistance to transfer into/out of the bathtub or shower.

**Tilt/recline** bath/shower chairs, transfer benches or combination bath/commode chairs are covered when the above standards of coverage are met, and the child has **one** or more of the following:

- Has significant:
  - contractures,
  - decreased head/neck/trunk control, and/or
  - abnormal tone requiring additional positional support;
- Requires maximum to total assistance for transfers and bathing;
- Cannot sit upright and must be tilted or reclined for safe positioning while bathing;
- Has a medical need that requires the tilted or reclined position when upright; and/or
- Requires pressure relief while bathing/showering/toileting.

The policy standards of coverage for both bath/shower chairs/transfer benches and for commodes must be met when requesting combination bath/shower/commode chairs/transfer benches.

### Documentation

Documentation must be less than 180 days old and include the following:

- Diagnosis or medical condition related to the need for the equipment.
- Current adaptive or assistive devices used for bathing/showering and, if applicable, transferring.

### PA Requirements

PA is not required for **standard** bath/shower chairs or **standard** bathtub transfer benches or **standard** combination bathtub/commode transfer benches if the standards of coverage are met.

PA is required for **non-standard** bath/shower chairs/benches, **non-standard** bathtub transfer benches, **non-standard** combination bath/commode transfer benches, and tilt/recline shower/commode chairs.

### Non-Covered

- Hand-held shower attachments or faucet adapters.
- Commercial baby bathtubs.
- Secondary or back-up bath/shower equipment.

## Payment Rules

All bath/shower equipment are **purchase only** items.

### **F. Children's Commodes**

A commode is a chair with an enclosed pan or pail that may be stationary or mobile, with fixed or removable arms, and footrest, or that may be a combination bath/shower commode.

**Standard commodes** may be mobile or stationary with a folding or fixed frame, with or without padding, with or without a chest strap, with height adjustable or fixed legs and seat backs, with or without fixed, removable or drop arms.

**Non-standard commodes** are like standard commodes but include more significant positioning support and/or dual-functions for children with more complex needs including, but not limited to, the following: tilt/recline, head/neck/trunk/pelvic supports, footrests, and non-standard combination shower/commode chairs.

#### Standards of Coverage

A **standard** children's size commode may be covered when the general standards of coverage are met, and the child has a disability or temporary injury (see hospital discharge)\* and **one** of the following applies:

- The child is unable to safely use a conventional toilet;
- The child's age, weight, and height meet the manufacturer's product indications for age appropriateness, weight, and height;
- Is confined to a single room; or
- Is confined to one level of the home that does not have an accessible bathroom.

Detachable or drop arm commodes may be covered for children requiring transfer assistance.

A **non-standard commode or combination shower/commode** chair may be covered if the general and the above commode standards of coverage are met and **one** of the following:

- Requires significant assistance to transfer for toileting and/or bathing.
- Has contractures, decreased head/neck/trunk control, and/or abnormal tone requiring additional positional support.

For **tilt/recline shower/commode chairs**, the above criteria is met and **one** of the following:

- Is unable to sit upright with/without support accessories;
- Requires tilt or recline positioning for safe bathing; or
- Requires pressure relief while sitting for toileting/bathing/showering.

The policy standards of coverage for both bath/shower chairs/transfer benches and for commodes must be met when requesting combination bath/shower/commode chairs/transfer benches.

\*Prior authorization is waived for the first three months following hospital discharge for **temporary** rental of a standard commode. (Refer to the Hospital Discharge Waiver Services subsection of the Medical Supplier chapter in the MDHHS Medicaid Provider Manual.)

### Documentation

Documentation must be less than 180 days old and include:

- Diagnosis related to the need for the equipment.
- Functional limitations requiring the equipment.
- Child's weight and height.
- Discharge date from the hospital, if applicable.

### PA Requirements

PA is **not** required for a **standard commode or standard combination bath/shower/commode chair/transfer bench** for any of the following if the Standards of Coverage are met:

- Rental up to three months following hospital discharge.
- Purchase or rental of a standard stationary, mobile, commode chair with fixed or detachable arms for the following diagnoses:
  - Amyotrophic Lateral Sclerosis
  - Multiple Sclerosis
  - Cerebral Palsy, Unspecified
  - Congenital and Progressive Hereditary Muscular Dystrophy
  - Fracture of Vertebral Column with Spinal Cord Injury (cervical and dorsal)
- Replacement of pail or pan for use with commode chair (frequency rules apply).

PA is required for the following:

- Medical need beyond the Standards of Coverage.
- Non-standard commodes or non-standard combination shower/commode chairs/transfer benches or tilt/recline shower/commode chairs.
- Commodes with footrests and/or seat mechanisms.
- Continued coverage after the three-month rental following hospital discharge for a diagnosis not removed from PA.

- Replacement is required within two years of purchase.

#### Non-Covered

- Back-up/secondary commodes.
- Potty chairs or other potty-training devices.

#### Payment Rules

A **standard commode** may be considered a **capped rental or purchase** item. Reimbursement for all **standard** commodes includes the pail/pan and all accessories (except footrest).

If unit is billed as a capped rental, the rental payment would be inclusive of the following:

- Education on the proper use and care of the equipment.
- Routine servicing and all necessary repairs or replacement to make the unit functional.

**Non-standard** commodes, combination shower/commode and tilt/recline shower/commode chairs are **purchase only** items and include all accessories necessary to use the commode (except footrests).