

## MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Lisa Trumbell

**Phone Number:** 517-284-1226

Initial ☐

Public Comment ☒

Final ☒

### Brief description of policy:

This policy announces corrections to the bulletin MMP 24-18 - Children's/Adolescent Products. These corrections are specific to the parental/legal guardian agreement/consent.

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

MMP 24-18 incorrectly stated the evaluation of the child and trial of equipment must be completed in the home. Evaluation of the child and trial of equipment is not limited to the home setting. The option of a digitally drawn signed and dated parental/legal guardian agreement/consent was inadvertently removed from the final bulletin.

### 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:** 2457-DMEPOS

**Date:** February 13, 2025

**Comments Due:** March 20, 2025

**Proposed Effective Date:** As Indicated

**Direct Comments To:** Lisa Trumbell

**Address:**

**E-Mail Address:** [trumbelll@michigan.gov](mailto:trumbelll@michigan.gov)

**Phone:** 517-284-1226

**Fax:**

**Policy Subject:** Corrections to Children's/Adolescent Products Parental/Legal Guardian Agreement/Consent

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

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

**Summary:** This policy announces corrections to the bulletin MMP 24-18 - Children's/Adolescent Products. These corrections are specific to the parental/legal guardian agreement/consent.

**Purpose:** MMP 24-18 incorrectly stated the evaluation of the child and trial of equipment must be completed in the home. Evaluation of the child and trial of equipment is not limited to the home setting. The option of a digitally drawn signed and dated parental/legal guardian agreement/consent was inadvertently removed from the final bulletin.

**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**

# BULLETIN

**Bulletin Number:** MMP 25-05

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

**Issued:** February 13, 2025

**Subject:** Corrections to Children's/Adolescent Products Parental/Legal Guardian Agreement/Consent

**Effective:** As Indicated

**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.

The purpose of this bulletin is to inform providers of corrections made to bulletin [MMP 24-18](#) - Revisions to Children's/Adolescent Products concerning the parental/legal guardian agreement/consent. The corrections in this bulletin are effective upon receipt.

## **Corrections: Parent(s)/Legal Guardian Agreement/Consent**

Bulletin MMP 24-18 incorrectly states the parental/legal guardian agreement/consent must be obtained following the **evaluation and trial in the home** and further indicates that the Michigan Department of Health and Human Services (MDHHS) will only accept **handwritten** signed and dated parental/legal guardian agreement/consents. While providers must ensure that the equipment is appropriate for the child and can fit in the intended space, an evaluation/trial (e.g., MSA-1656) is not required for all children's products (refer to the [MDHHS Medicaid Provider Manual](#), Medical Supplier chapter, Children's/Adolescent Products subsection for specific product documentation and evaluation requirements). The evaluation and trial of equipment (if required) may be performed in the home or other appropriate setting (e.g., clinic, school, etc.). The reference to "evaluation and trial in the home," will be removed from the parental/legal guardian agreement/consent portion of the Children's/Adolescent Products policy. Further, MDHHS accepts signed and dated **handwritten or digitally drawn** parental/legal guardian agreement/consents. The following will appear in the next quarterly Medicaid Provider Manual:

The DME provider must obtain the parental/legal guardian's agreement/consent for each piece of equipment prior to delivery. If prior authorization (PA) is required, the agreement/consent must be submitted with the PA request. The signed and dated parental/legal guardian agreement/consent may be either handwritten or digitally drawn. Providers must ensure that 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). Providers are reminded that they must accept beneficiary returns of substandard, defective or unsuitable items (Refer to the MDHHS Medicaid Provider Manual, Medical Supplier chapter, Provider Enrollment subsection). If the delivered equipment does not fit in the intended space, the child is unable to use the equipment, or it does not properly fit the child, the item is considered unsuitable and the DME provider must accept return of the item(s).

All other policy standards of coverage, documentation, prior authorization and payment rules remain unchanged.

### **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Lisa Trumbell at [TrumbellL@michigan.gov](mailto:TrumbellL@michigan.gov).

Please include "Correction to Children's/Adolescent Products Parental/Legal Guardian Agreement/Consent" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >>  
Policy, Letters & Forms.

**Approved**

A handwritten signature in black ink, reading "Meghan E. Groen". The signature is written in a cursive, flowing style.

Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration