

BSW 733 Services: Specialized Medical Equipment, Supplies, and Technology

February 39, 2021

DEFINITION

Specialized medical equipment includes devices, controls, or appliances ~~specified in the service and support plan which increases enable members' to increase their abilityabilities~~ to perform activities of daily living (ADLs), or to perceive, control, or communicate with the environment, ~~and without which the member would require institutionalization. This service includes the provision of service animals.~~

Commented [KS1]: Needed? Maybe, I guess animals don't feel like equipment...

~~This service also includes items necessary for life support, ancillary supplies, and equipment necessary to for the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. Items reimbursed with Big Sky Waiver funds may be in addition to any medical equipment and supplies furnished under the Medicaid State Plan or Early Periodic Screening Diagnosis and Treatment (EPSDT) and may exclude those items, which are not of direct medical or remedial benefit to the individual. All items must meet applicable standards of manufacture, design, and installation.~~

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PROVIDER REQUIREMENTS

~~Providers of specialized medical equipment and supplies must be enrolled in the Montana Medicaid program as a Big Sky Waiver provider. All payments for Big Sky Waiver covered services must be made to the authorized provider of service. Any exceptions must be prior authorized by the Department.~~

Commented [KS2]: This is more focused on limitations/exclusions, which are usually their own policy subsection – so remove from definition.

Commented [KS3]: Is this where we add language that balances best price and best fit for consumer – e.g. aligning with existing equipment?

GENERAL SERVICE REQUIREMENTS

The following is a list of service requirements for ~~s~~Specialized medical equipment and supplies:

- ~~1. Must not be reimbursable under private health insurance, Medicaid State Plan (including Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Medicare Part B Medical Equipment (DME) benefit, Home Health, or other third party payers. Big Sky Waiver is the payer of last resort. Documentation that needed items are not coverable by another payer source must be present in the member's case record;~~

NOTE:

~~Big Sky Waiver may not be used to pay any member co-pays for equipment or supplies. If the durable medical equipment vendor does not accept Medicare or State Plan Medicaid fee assignments, Big Sky Waiver may not reimburse the difference.~~

Commented [KS4]: Maybe move to limitations section?

- ~~2.1. Must be medically-functionally necessary and relate specifically to the member's medical diagnosisneeds. This must be documented in the member's service plan;~~

3. ~~Must provide a direct medical or remedial benefit to the member;~~
4. ~~Must be an approved service listed in the Big Sky Waiver Application (01-01-2018);~~
5. ~~Must be such that without the service the recipient would require institutionalization;~~
6. ~~May require a consultation by a licensed or certified professional (see BSW 733-1 for consultation requirements);~~
- 7.2. ~~Must promote increased accessibility, independence with ADLs and ~~Independent Instrumental~~ Activities of Daily Living (IADLs), and ~~ensure~~ increase health and safety in the home and community;~~
- 8.3. ~~Must be based on a reasonable expectation that the item will improve the member's functional abilities. May support the ability of a caregiver or service provider to support the member living successfully in the home and community and without such the member would require institutionalization;~~
4. ~~May require a consultation by a licensed or certified professional (see BSW 733-1 for consultation requirements).~~
- 9.5. ~~Must include specific documentation supporting that the service is ~~balance being the most a~~ cost-effective option ~~to~~ and meeting member needs, ensuring equipment additions align with existing equipment (i.e. adding a lift to a wheelchair of the same manufacturer to ensure functionality), ~~the needs of the member;~~~~
- 10.6. ~~May include extended warranty coverage if cost effective.~~
- 11.7. ~~Must be limited to a one-time purchase or rental with the exception of non-durable supplies not covered under Medicaid State Plan. Supplies that exceed Medicaid State Plan service limits may be approved if the coverage limit does not adequately meet the assessed medical need of the member and medical documentation supports this need; Must meet applicable standards of manufacture, design, and installation.~~

Commented [K55]: Also in home mods – not sure what this means. Delete?

SERVICE LIMITATIONS

Specialized Medical Equipment NOTE:

must not be reimbursable under private health insurance, Medicaid State Plan (including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)), Medicare Part B Medical Equipment (DME) benefit, Home Health, or other third-party payors.

Big Sky Waiver may not be used to pay any member co-pays for equipment or supplies. If the durable medical equipment vendor does not accept Medicare or State Plan Medicaid fee assignments, Big Sky Waiver may not reimburse the difference.

Specialized Medical Equipment must be limited to a one-time purchase or rental with the exception of non-durable supplies not covered under Medicaid State Plan. The Department may authorize exceptions to this through prior authorization.

Excluded items include, but are not limited to:

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1. Items used for leisure, recreation, education and vocational purposes only and not determined to be necessary for the member to remain in their home or community.
2. Items of clothing.
3. Basic household furniture (e.g., beds for non-medical purposes).
4. Non-medical supplies (e.g., cleaning products, routine personal care items).
5. Educational items including computers, software, and books unless such items are purchased in conjunction with and required for assistive technology or are required to promote social connection.
6. Televisions, stereos, radios, or DVDs.
7. Cable, Internet Service, or cell phone plans.
8. Groceries (except specialized products or supplements such as adult nutritional drink products required to maintain nutrition). ~~The CMT must pursue all other potential third-party sources of coverage (including, but not limited to: natural supports, Medicare, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Community First Choice (CFC) and Medicaid State Plan). All third-party sources must be evaluated and exhausted prior to the authorization of services; documentation that needed items are not coverable by another payer source must be present in the member's case record, and~~

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Specialized Medical Equipment and Supplies must be received after the client's enrollment into Big Sky Waiver and prior to termination from Big Sky Waiver. Payment will not be made for services rendered after the effective date of termination. Services that are incurred before the prior authorization request will not be approved and are subject to repayment.

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NOTE:

~~All Specialized Equipment and Supplies denied by EPSDT require additional evaluation for appropriateness under Big Sky Waiver.~~

13. ~~The service must be received after the client's enrollment into BSW and prior to termination from BSW. Payment will not be made for services rendered after the effective date of termination. Services that are incurred prior to the Prior Authorization request will not be approved and are subject to repayment. Services that are expected to be received or consumed over a period that exceeds the member's BSW enrollment period such as dietary supplements purchased in bulk which are expected to be consumed after the client's BSW termination date; those services do not meet BSW service or Prior Authorization criteria.~~

NOTE:

~~The Department, at its discretion, may authorize an exception to this policy. Any exception must be prior authorized by the Department and documented in member's case record.~~

~~Refer to <http://medicaidprovider.mt.gov/20> for additional information on Medicaid State Plan coverage.~~

~~Resources on Medicare coverage are found at: <https://www.medicare.gov/coverage/durable-medical-equipment-coverage.html> and <https://med.noridianmedicare.com/web/jddme>.~~

~~COMMONLY APPROVED SPECIALIZED MEDICAL EQUIPMENT – ADULTS~~

~~A table of commonly approved specialized medical equipment under Big Sky Waiver for adults is found at BSW 733-2. Case Managers must reference this policy prior to purchasing equipment under the Big Sky Waiver program. For items not referenced in the table, contact the Regional Program Officer for assistance. <http://dphhs.mt.gov/SLTC/csb/RPO>~~

~~Refer to <http://medicaidprovider.mt.gov/20> for additional information on Medicaid State Plan coverage.~~

~~Resources on Medicare coverage are found at: <https://www.medicare.gov/coverage/durable-medical-equipment-coverage.html> and <https://med.noridianmedicare.com/web/jddme>.~~

~~EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)~~

~~The CMT must pursue all other potential third party sources of coverage (including, but not limited to: natural supports, Medicare, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Community First Choice (CFC) and Medicaid State Plan). All third party sources must be evaluated and exhausted prior to the authorization of services; documentation that needed items are not coverable by another payer source must be present in the member's case record; and~~

NOTE:

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All Specialized Equipment and Supplies denied by EPSDT require additional evaluation for appropriateness under Big Sky Waiver.

EPSDT is the federally sponsored, comprehensive healthcare benefits package for Medicaid-enrolled children under age 21. EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services that include coverage for medical equipment, supplies and appliances.

Children enrolled in Big Sky Waiver are also entitled to all EPSDT services. Prior to reimbursement of specialized medical equipment or supplies for children under 21, a Medicaid State Plan denial must be obtained and kept as part of the member's case record. A copy of the EPSDT denial must be included in the member's case file and submitted with all prior authorization requests submitted to the Community Services Bureau (Refer to BSW 403).

For more information on EPSDT go to

The following products are not covered by EPSDT; an EPSDT denial is not required for the following:

1. Environmental Accessibility Adaptions;
2. Vehicle Modifications; and
3. Service Animals.

NOTE:

All Specialized Equipment and Supplies denied by EPSDT require additional evaluation for appropriateness under Big Sky Waiver.

LIMITATIONS

Excluded items include but are not limited to:

1. Items used for leisure, recreation, education and vocational purposes only and not determined to be necessary for the member to remain in their home or community;
2. Items of clothing;
3. Basic household furniture (e.g. beds for non-medical purposes);

4. ~~Non-medical supplies (e.g. cleaning products, routine personal care items);~~
5. ~~Educational items including computers, software, and books unless such items are purchased in conjunction with and required for assistive technology;~~
6. ~~Televisions, stereos, radios, VCRs or DVDs;~~
7. ~~Cable, Internet Service, or cell phone plans;~~
8. ~~Vehicles including partial purchase of vehicles; and~~
9. ~~Groceries (except special foods or products such as adult nutritional drink products required to maintain nutrition).~~

PRIOR AUTHORIZATION AND TWO BID -REQUIREMENTS

~~Regional Program Officers must prior authorize Specialized Medical Equipment and supplies. Supplies in excess of costing \$2,5,000 must be prior authorized by the Regional Program Officer; refer to BSW 403 or more.~~ The prior authorization must include at least two estimates or bids when the Specialized Medical Equipment and Supplies exceed \$5,000. All bids must include an estimate of the costs to include a detailed list of the amount of materials, the amount of labor (number of hours to complete the project and amount charged per hour) and other miscellaneous costs; ~~and~~ These estimates must accompany the prior authorization.

Provider costs of submitting an estimate or bid are not payable by the Big Sky Waiver program. In general, the lowest bid must be accepted. ~~However, a member may choose~~ a bid that is within 10% difference of the lowest bid ~~may be accepted at the member's choice.~~ If two bids cannot be obtained, documentation must be present to show what efforts were made to secure multiple bids. ~~Situations involving one bid require review and approval by the Regional Program Officer.~~

~~A prior authorization for service cannot be authorized or given to the provider prior to the member receiving the service; the service must be received by the member prior to payment by Big Sky Waiver. Services that are incurred before the prior authorization request will not be approved and are subject to repayment.~~

~~Services that are expected to be received or consumed over a period that exceeds the member's Big Sky Waiver enrollment period such as dietary supplements purchased in bulk which are expected to be consumed after the client's Big Sky Waiver termination date; those services do not meet Big Sky Waiver service or prior authorization criteria. The Department, at its discretion, may authorize an exception to this policy. Any exception must be prior authorized by the Department and documented in the member's case record.~~

Commented [KS6]: Same comment as with env mods – isn't RPO already involved?

DENIALS

Refer to Big Sky Waiver Policy 733-2 for a list of items that require a formal denial. A formal denial is documentation from Medicare or Medicaid State Plan that an item is non-coverable or written documentation from the DME provider, which includes the following:

1. Reason for the denial;
2. HCPC code(s); and
3. The Local Coverage Determination reference.

NOTE:

A vendor refusal to bill Medicare or Medicaid State Plan or a refusal to accept Medicare or Medicaid State Plan reimbursement is not an allowable denial.

EQUIPMENT RENTAL

Specialized Medical Equipment may be rented if not covered by Medicare, Medicaid State Plan or another third party based upon the member's functional need and circumstances. In certain situations, the need for equipment may be time limited (e.g., a member is scheduled to undergo surgery and will need a shower chair during recovery). Case managers should base their decision to rent or purchase equipment on the most cost-effective option available for the anticipated period of need.

EQUIPMENT REPAIR, MAINTENANCE, AND REPLACEMENT

Equipment repairs and replacement of parts, not covered by warranty, Medicare, Medicaid State Plan, or another third party may be reimbursed if the equipment continues to meet the criteria as outlined in the services requirements section of the policy.

Medicare and Medicaid State Plan payment may be available for repair, maintenance and replacement of medically required DME including equipment previously purchased by Big Sky Waiver or other third party/parties.

The Case Manager should contact the vendor where the equipment was originally purchased to determine if the equipment is covered under warranty. Travel and time spent by the vendor to evaluate equipment is not reimbursable. Copies of warranties or rental agreements should be kept in the case record.

Repair and/or replacement of equipment may be denied if it is determined there was misuse of the equipment. Repairs of rental equipment are the responsibility of the rental provider.

EXPEDITED REQUESTS

A request for prior authorization of specialized medical equipment may be expedited if the member's health and safety are at risk. In such instances, the ~~Case Manager~~ case manager should contact the Regional Program Officer for assistance.

USED/ REFURBISHED EQUIPMENT

Used/Refurbished Equipment must be certified by a DME provider as being safe and performing within the manufacturer's specifications. All medical equipment should meet or exceed existing safety and performance specifications provided by the manufacturer.

Equipment that is subject to manufacturer recall or hazard alerts should be updated to the new requirements or not donated. An operational verification procedure (found in most operating manuals) should be performed and all software necessary (if

applicable) for equipment operation should be included as well as training aids.

A "hold harmless" agreement should be obtained from the DME provider that relieves the purchaser of the responsibility for product defects. ~~Case Management~~ management Teams ~~teams~~ should make a special effort to ascertain the DME's provider competence (i.e. through references) and determine whether they are covered by adequate liability insurance.

PROVIDER REQUIREMENTS

~~Providers of specialized medical equipment and supplies must be enrolled in the Montana Medicaid program as a Medicaid provider. All payments for Big Sky Waiver covered services must be made to the authorized service provider. Any exceptions must be prior authorized by the Department.~~ PROVIDER

REQUIREMENTS

~~Providers of specialized medical equipment and supplies must be enrolled in the Montana Medicaid program as a Big Sky Waiver provider. All payments for Big Sky Waiver covered services must be made to the authorized provider of service. Any exceptions must be prior authorized by the Department.~~

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SERVICE ANIMALS

A service animal is trained to do work or perform particular tasks, which benefit an individual with a disability or an individual who is aged. Examples of these tasks may include guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, pulling a wheelchair or fetching dropped items or other tasks specific to the individual. This service animal is intended to increase autonomy, to decrease functional limitations, to access the home or public environment, to provide for safety, and to reduce the risk of institutionalization.

To be a qualified provider of service animals, a provider must:

1. Be an enrolled Medicaid Waiver Provider; and
2. Complete the Provider Assurance form (DPHHS-SLTC 142) for each service animal contract. A signed copy of this form must be maintained in the member case file. Refer to BSW 899-23.

The service may include:

1. Supplies if specifically related to the performance of the service animal to meet the specific needs of the member. If not provided by the training organization, these supplies may include leashes, harness, backpack and mobility cart; and
2. Care for the service animal if specially related to the health and maintenance of that animal. These services may include veterinarian care, transportation for veterinarian care, license and/or registration. Grooming may also be included only if member or their caregiver are unable to provide this maintenance.

LIMITATIONS

Service animal supplies do not include:

1. Food to maintain the animal; and
2. Any supplies for the following:

3. ~~Pets, companion animals, social therapy animals;~~
4. ~~Guard, police, rescue, sled, tracking or any other animal not specifically designated as a service animal; and~~
5. ~~Wild, exotic or any other animals not specifically supplied by a training program on the approved provider list.~~

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PROCESS

The process and responsibilities on obtaining a service animal is listed in the following sections of the manual:

- ~~Big Sky Waiver Policy 799-3 Service Animals/Case Management Team's Process and Responsibilities;~~
- ~~Big Sky Waiver Policy 799-4 Member Responsibilities for a Service Animal; and~~
- ~~Big Sky Waiver Policy 799-5 Service Animal Acquisition Procedure.~~

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The following forms are required:

- ~~Big Sky Waiver Policy 403 Prior Authorization (SLTC-149);~~
- ~~Big Sky Waiver Policy 899-23 Service Animal Provider Assurance Form (SLTC-142); and~~
- ~~Big Sky Waiver Policy 899-24 Service Animal Instructions for Stewardship Agreement for members (SLTC 147).~~

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