

# **Specialized Medical Equipment, Supplies and Assistive Technology Assessment/Consultation**

Revised September 2024

## **Definition**

Specialized Medical Equipment, Supplies and Assistive Technology Assessment/Consultation may be provided to determine specific equipment and assistive technology needs related to the participant's disability for which equipment and assistive technology will assist the participant to function more independently. The Assessment/Consultation will determine the scope of the work and specifications for the recommended Equipment/Assistive Technology.

Assessment/Consultation cannot be used to determine the need for supplies, only equipment and assistive technology items.

## **Service Unit**

Assessment/Consultation: One-time fee, not to exceed \$300

## **Service Limit / Restrictions**

Specialized Medical Equipment, Supplies and Assistive Technology Assessment/Consultation may only be provided if not covered by State Plan Medicaid.

Assessment/Consultation cannot be used to determine the need for supplies, only equipment and assistive technology items.

**The reimbursement for the Assessment/Consultation may not exceed \$300**

## **Providers**

All Providers of Specialized Medical Equipment, Supplies and Assistive Technology Assessments/Consultations must be qualified by SCDDSN and enrolled with SCDHHS as either a Durable Medical Equipment (DME) provider or DDSN Waiver provider prior to service provision. The following may be considered for the provision of this service:

- Licensed Occupational or Physical Therapists,
- Rehabilitation Engineering Technologists,
- Assistive Technology Practitioners and Assistive Technology Suppliers,
- Environmental Access/Consultants/Contractors
- Durable Medical Equipment Company

### **Conflict Free Case Management**

**In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.**

### **Arranging and Authorizing the Service**

If the Waiver Case Manager determines that a participant is in need of a Specialized Medical Equipment, Supplies or Assistive Technology Assessment/Consultation, this must be clearly documented in the participant's Support Plan. The participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division. Upon approval, service information must be entered into the Service Tracking System (STS) by the Waiver Case Manager.

Following Support Plan approval, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in Case Notes.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. A description of the consultation needed and the cost must be included in the comments section of the authorization. *For example, "Specialized Medical Equipment Consultation to determine equipment needs for the bathroom. Cost/consultation: \$200."*

### **Billing**

Specialized Medical Equipment, Supplies and Assistive Technology Assessment/Consultation must be direct-billed to SCDHHS. The provider is responsible for following SCDHHS billing procedures.

### **Monitorship**

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of

provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations'
- the participant/representative is satisfied with their chosen provider(s).

**The Waiver Case Manager must monitor the assessment/consultation within two (2) weeks of completed to verify satisfaction.**

Some questions to consider during monitorship include:

- Was the assessment/consultation completed as originally authorized?
- Is the participant satisfied with the end result of the assessment/consultation?
- Was he/she satisfied with the provider of service?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

### **Service Denial, Reduction, Suspension, and Termination**

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. The Process for Reconsideration of SCDHHS Decisions must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. The Process for Reconsideration of SCDHHS Decisions must also be provided. The Waiver Case Manager will end the electronic authorization(s), sending notification to the affected service provider.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

*These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

When the action becomes effective, the participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.