

## Specialized Medical Equipment, Supplies and Assistive Technology

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### Definition

Specialized Medical Equipment, Supplies and Assistive Technology includes devices, controls, or appliances, specified in the Support Plan, which enable participants to increase their abilities to perform activities of daily living, or to perceive control, or communicate with the environment in which they live. This service also include items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under State Plan Medicaid. Items funded by the waiver shall be in addition to any medical equipment and supplies furnished under State Plan and shall exclude those items which are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design, and installation.

1. Medical Supplies are those non-durable supplies that are not available through the Medicaid State Plan and that are of direct medical benefit to the participant. This may include liquid nutrition. Liquid nutrition is defined as macronutrients (i.e., proteins, fats and carbohydrates) and micronutrients (i.e., vitamins, minerals and trace elements) delivered primarily in the form of an all-in-one liquid compound. ***Liquid nutrition for waiver participants who use a feeding tube is provided by State Plan Medicaid and is not covered by the waiver.*** Liquid nutrition is not age restricted and is limited to waiver participants who do not use a feeding tube. Liquid nutrition must be medically necessary and prescribed by a physician. The Physician's Order for Liquid Nutrition form must be completed prior to the initial request of the service and annually during plan development. This form must be submitted with the Support Plan or Plan Change Request prior to authorization. The Physician's Order for Liquid Nutrition form is located on Business Tools >Forms>HASCI Waiver. If the liquid nutrition comes in other forms (e.g. pudding, powder or shakes), it can be covered by the waiver as long as it is ordered by a physician. The HASCI waiver does not cover traditional food, drinks, or nutritional supplements. Nutritional supplements include (but not limited to) vitamins, minerals, herbs, sports nutrition/electrolyte replacement products, and/or other related products used to boost the nutritional content of the diet or to aid in the digestion/absorption of food/supplements/nutrients or to reduce or eliminate side effects of medications/supplements.
2. Medical Equipment is any durable or non-durable equipment item that is not covered by the Medicaid State Plan and that is of direct medical or remedial benefit to the participant. Even when an item serves a useful medical purpose, one must also consider to what extent, if any, it would be reasonable for the HASCI Waiver to pay for the item prescribed. The service may also include temporary rental of an item, follow up inspection after items are received, training in use of equipment/assistive technology, repairs not covered by warranty, and batteries/replacement parts for equipment or AT devices not covered by warranty or any other funding source.

3. Assistive Technology includes items that are assistive in nature, such as large button telephones, strobe light fire alarms, and flashing light alarm clocks. These items must provide a specific benefit to the participant (i.e. enable him/her to overcome a barrier clearly linked to his/her disability) and eliminate/reduce the need for either Personal Care or another direct care service.
4. Repair Assessment: When an item funded by the waiver requires a repair, and the item cannot be transported to the provider for assessment, an assessment to determine the scope of the repairs needed can be funded by the waiver. Reimbursement for the assessment covers travel time, mileage, and labor costs and may not exceed \$75. The Repair Assessment must be submitted to the Waiver Case Manager, and must include a summary of the work completed, findings from the assessment and a determination of the repairs needed. The determination of the repairs needed must be detailed and include all necessary steps to complete the repair. The assessment must include the specific parts needed and cost.
5. Remote Supports is a form of assistive technology which includes a person-centered electronic network of devices enabling waiver participants to live more independently through support and monitoring while exercising more control over their own lives. Remote Supports are limited to: medication dispensers; door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS tracking watches, and the remote monitoring equipment necessary to operate the remote support technology. This service includes the cost for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the remote supports equipment. Remote Supports can be customized based on the assessed need of the participant and will notify a designated responder when the established alert parameters are met. Notifications can be customized to make this service person-centric and can also be delivered to the responder using various methods (email, text, and phone).

Remote Supports are limited to participants requiring extensive routine supervision which may be reduced or replaced by Remote Supports. Remote Supports are available to participants who have existing natural supports willing to be identified as designated responders.

Remote Supports cannot be used to provide the basic physical requirements for service delivery (internet access, electricity, etc.). Remote Supports must be used directly by the waiver participant and is not intended for the convenience of the caregiver.

Remote Supports cannot be provided in DDSN licensed residential facilities.

Determination will be made based on assessed need and the potential to increase the waiver participant's independence and reduce the need for supervision. The amount of technology approved will be determined through a combination of assessment by the Remote Support provider as well as the annual assessment and other relevant documentation.

If the participant is receiving Behavioral Supports, the technology must be consistent with the participant's behavior support plan.

Remote Supports are fully integrated into the participant's overall system of support. Prior to purchasing and installing remote monitoring equipment, the Remote Support provider is responsible for completing the following:

- An evaluation plan that includes: the need(s) of the participant that will be met by the technology; how the technology will ensure the participant's health, welfare and independence; the training needed to successfully utilize the technology; and the back-up plan to be implemented should there be a problem with technology.
- An outcome monitoring plan that outlines the outcomes the participant is to achieve by using remote supports; how the outcomes will be measured and the frequency that the monitoring will be completed which must be at least quarterly or more frequently is needed.
- Informing the participant, and anyone identified by the participant, of the impact Remote Supports may have on the participant's privacy. This information must be provided to the participant in a form of communication understood by the participant.

After this has been completed, the Remote Supports provider must obtain either the participant's consent in writing or the written consent of legally responsible party for the participant. See *Remote Supports Consent Form and Waiver of Liability* form in business tools. This process must be completed prior to the utilization of Remote Supports and any time there is a change to the devices or services. This information will be provided to the participant and service plan team for discussion and inclusion of Remote Supports in the support plan.

Items funded by the HASCI Waiver may be in addition to supplies and equipment furnished under the Medicaid State Plan or which are not available under the Medicaid State Plan.

### **Service Unit**

The unit for Specialized Medical Equipment, Supplies and Assistive Technology is the specific item or service authorized (supply, product, piece of equipment, AT device, follow-up review, training, repair, replacement part, etc.).

There is no set rate for Specialized Medical Equipment, Supplies and Assistive Technology, as the item or service must be individually priced.

### **Service Limit / Restrictions**

There are no specific limits for Specialized Medical Equipment, Supplies and Assistive Technology. The item or service must be justified by the participant's documented need for it and lack of other funding sources. The most economical alternative to adequately meet the participant's need must be identified.

Luxury and/or experimental items cannot be funded by the HASCI Waiver.

Where there are lower tech equipment or assistive technology options for meeting a need, those options must be ruled out prior to pursuing higher tech equipment or assistive technology.

Exercise/Rehabilitation Equipment and high-tech wheelchair components such as wheelchair standing mechanisms are excluded from this service.

Specialized Medical Equipment, Supplies and Assistive Technology must meet applicable standards of the manufacturer, design, installation, and use.

The HASCI Waiver is not responsible to fund the **repair of and/or replacement parts (including batteries) for equipment or AT devices obtained through other funding sources or privately purchased** by or for the participant. Such a request will be considered only if there is documentation that all of the following conditions are met:

- a participant's safety is in jeopardy because the item requires repair/replacement part(s), and/or
- the item is medically necessary for the participant's health/personal care or is otherwise justified as essential, and
- there is no other alternative to address the participant's need for the item or to pay for its repair and/or replacement part(s), and
- it is more cost-effective to fund repair of the item and/or replacement part(s) than to replace the item through the HASCI Waiver (if this would be allowed).

In accordance with the South Carolina Consolidated Procurement Code, SCDDSN directive 250-08-DD, *Procurement Requirements for Local DSN Boards*, applies to all procurement activities supported in whole or in part by SCDDSN funding, including Specialized Medical Equipment, Supplies and Assistive Technology funded by HASCI Waiver. Providers contracted with SCDDSN must establish and follow procurement policies and procedures with requirements at least as restrictive as those contained in this

directive. Directive 250-08-DD can be accessed on the SCDDSN website: [www.ddsn.sc.gov](http://www.ddsn.sc.gov) >About DDSN >Directives and Standards >Current DDSN Directives

**Note:** For waiver participants under the age of 21, all requests for Specialized Medical Equipment, Supplies and Assistive Technology must be reviewed for State Plan Medicaid funding under Early Periodic Screening, Diagnostic, and Treatment (EPSDT). If the request is determined to not meet EPSDT guidelines, but does provide a specific, direct benefit to the participant (i.e. enable him/her to overcome a barrier clearly linked to his/her disability) and eliminate/reduce the need for either Children's Personal Care or another direct care service, the request can be reviewed for waiver funding.

### **Providers**

- All providers of Specialized Medical Equipment, Supplies and Assistive Technology must be enrolled with SCDHHS as either a Durable Medical Equipment (DME) provider or DDSN Waiver provider prior to service provision.

### **Conflict Free Case Management (effective June 1, 2021):**

**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**

After a need has been identified and documented in the participant's Support Plan, the Waiver Case Manager must first determine if the needed supplies, equipment, or AT device can be obtained through the participant's private insurance, Worker's Compensation, Medicare, or Medicaid State Plan. The Waiver Case Manager must document in a Case Note efforts to obtain the item(s) through other funding sources available to the participant. If not available from these sources, Specialized Medical Equipment, Supplies and Assistive Technology funded by HASCI Waiver can be pursued.

Examples of items covered under DME are hospital beds, manual and power wheelchairs, walkers, shower chairs, braces, respiratory equipment, oxygen, catheters, urine collection bags, tube feeding supplies and liquid nutrition, wound care supplies, etc.

For some equipment and assistive technology requests, it may be necessary or preferable to get a participant assessment through Occupational Therapy and/or Physical Therapy

funded by the HASCI Waiver instead of a Specialized Medical Equipment, Supplies and Assistive Technology provider.

Medicaid State Plan includes Durable Medical Equipment (DME) available to all Medicaid recipients and covers some types of supplies and equipment when ordered by a physician. The Waiver Case Manager must document attempts to determine if the needed items are covered by State Plan Medicaid.

To determine if a supply or item is covered by Medicaid State Plan, the Waiver Case Manager must consult the *SCDHHS Durable Medical Equipment Manual Medicaid* <https://www.scdhhs.gov/provider-type/durable-medical-equipment-manual-120104-edition-posted-111905> and *DME Fee Schedule* <https://www.scdhhs.gov/resource/fee-schedules>. Equipment and supplies are listed in Section 4, “Procedure Codes”. If a procedure code is not listed in either the manual or fee schedule, the item is not covered by State plan.

*(A DME provider can assist in identifying the appropriate procedure code to be researched).*

There may be a limit on the amount/frequency of specific supplies and other DME items funded by Medicaid State Plan. In most circumstances, a DME provider can obtain special authorization from SCDHHS to exceed DME amount/frequency limits if justified by medical necessity. This must be pursued before Specialized Medical Equipment, Supplies and Assistive Technology funded by HASCI Waiver can be authorized to augment DME supplies and items.

If a participant’s private insurance/Workers Compensation/Medicare/ Medicaid State Plan covers only part of the cost of supplies, equipment, or assistive technology, HASCI Waiver cannot fund the remainder of the cost or a required co-payment.

If a service covered though State Plan Medicaid is **denied\***, the DME provider must go through the SCDHHS appeal process for adjudication. The waiver will only consider **non-covered\*** items. DME providers can find the SCDHHS appeal process in Section 1 of the SCDHHS Durable Medical Equipment Manual located on the SCDHHS website (see link above).

**\*Denied** is defined as an item that **is listed** on the DME manual or fee schedule as covered by State Plan Medicaid but is not considered justified or medically necessary.

**\*Non-covered** is defined as an item **not listed** in the DME manual or fee schedule or if the item does not meet the State Plan’s definition of durable medical equipment or supply.

Most HASCI Waiver participants can access a suitable manual or power wheelchair through private insurance/Workers Compensation/Medicare/ Medicaid State Plan. If a discrete wheelchair feature or accessory is needed by the participant but not funded by other sources, it can be pursued through the HASCI Waiver.

If a conventional manual or power wheelchair cannot be obtained from any other source(s), it can be pursued through the HASCI Waiver. Super “high tech” wheelchairs, including wheelchairs with standing components, cannot be funded by the HASCI Waiver, as there are less-costly alternatives to meet mobility needs.

When justified to assure health and safety, a back-up manual wheelchair may be funded through the HASCI Waiver if it cannot be obtained through any other funding source(s).

In order for medical equipment and assistive technology to be considered through the HASCI Waiver, it must be reasonable and medically necessary. The following should be considered to determine if the request is reasonable:

1. Is the item cost effective compared to other potential methods of meeting the need?
2. Does the item serve essentially the same purpose as equipment already available to the participant?
3. Does the request include “deluxe” features or features for added convenience?

Requests must include the lowest cost item that provides the intended medical benefit. “Deluxe” features or upgrades added solely for convenience will not be considered.

### **Quick Reference Guide:**

In order to obtain Specialized Medical Equipment, Supplies and Assistive Technology through the HASCI Waiver the following steps must be followed (see above narrative):

- Determine the item needed and the direct medical benefit to the participant.
- Determine if the item is cost effective.
- Determine if the item is covered by State Plan Medicaid. If yes, the DME provider will directly bill Medicaid for the item
- If no, is there a comparable item that will need the need that is covered by State Plan Medicaid? If yes, the DME provider will directly bill Medicaid for the item.
- If there are no comparable items covered by State Plan Medicaid, obtain necessary documentation to verify medical necessity.

**State procurement policy must be followed as appropriate:**

#### **A. \$10,000 or less NO COMPETITION:**

Small purchases not exceeding \$10,000 may be accomplished without securing competitive quotations if the prices are considered reasonable. The purchasing office must annotate the purchase requisition "Price is fair and reasonable" and sign. The purchases must be distributed equitably among qualified suppliers. When practical, a quotation must be solicited from a provider other than the previous supplier before placing a repeat order. The administrative cost of verifying the reasonableness of the price of purchase "not in excess of" may more than offset potential savings in detecting instances of overpricing. Action to verify the reasonableness of the price

need be taken only when the procurement officer of the governmental body suspects that the price may not be reasonable, comparison to previous price paid, or personal knowledge of the item involved.

**B. \$10,001 to \$25,000 THREE WRITTEN QUOTES:**

Written request for written quotes from a minimum of three (3) qualified sources of supply may be made and, unless adequate public notice is provided in the South Carolina Business Opportunities, documentation of at least three (3) bona fide, responsive, and responsible quotes must be attached to the purchase requisition for a small purchase not in excess of \$25,000. The award must be made to the lowest responsive and responsible sources. The request for quotes must include a purchase description. Requests must be distributed equitably among qualified suppliers unless advertised as provided above.

**C. \$25,000.01-\$100,000 ADVERTISED SMALL PURCHASE:**

Written solicitation of written quotes, bids, or proposals may be made for a small purchase not in excess of \$100,000. The procurement 250-08-DD, February 20, 2020, Page 4 must be advertised at least once in the South Carolina Business Opportunities publication. A copy of the written solicitation and written quotes must be attached to the purchase requisition. The award must be made to the lowest responsive and responsible source or, when a request for proposal process is used, to the highest ranking offeror.

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 the provider type. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division. **Copies of the price quotes or bids (or other documentation) must be forwarded to the Waiver Administration Division along with the request.**

Upon approval, the Waiver Case Manager must enter the service into the Service Tracking System (STS).

Following approval of the service by the Waiver Administration Division, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

To initiate the service following approval from the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. Ongoing services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year. The name of the item being authorized, the cost authorized per item and the frequency must be specified in the comments section of the authorization. Authorizations should only include one item. There must not be multiple items listed on one authorization.

## **Billing**

All services must be direct-billed to SCDHHS. The provider is responsible to determine and follow 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).

**Monitoring should be conducted within two (2) weeks of receipt of one-time items.**

Some questions to consider during monitorship include:

### **One-Time Items**

- Did the participant receive the item?
- What is the benefit of the item to the participant?
- Is the item being used as prescribed?
- Is the participant satisfied with the provider?
- Is the provider responsive to the participant's needs?

### **On-going items**

- Has the participant's health status changed since the last monitoring? If so, do all authorized supplies need to continue at their current amounts and frequencies?
- Are the specific brands appropriate for the participant's needs, or does a change need to be made?
- Are additional supplies needed at this time? Are there any new needs?
- Does the participant receive his/her monthly supplies in a timely manner?

- What is the benefit of the item to the participant?
- Are the items being used as prescribed?
- Is the participant satisfied with the provider?
- Is the provider responsive to the participant's needs?

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. The service must be updated in the Service Tracking System (STS) by the Waiver Case Manager as necessary.