

Supplies, Equipment and Assistive Technology

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Definition

Supplies, Equipment and Assistive Technology means medical supplies and equipment and specialized appliances, devices, or controls necessary for the personal care of a HASCI Waiver participant or to increase his or her ability to perform activities of daily living or interact with others. It includes items needed for life support and ancillary supplies and equipment necessary for the proper functioning of such items. Excluded are items not of direct medical or remedial benefit to the participant.

1. Medical Supplies (T2028) 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 (when the participant does not have a feeding tube).
2. Medical Equipment (T2029) 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 (authorized as Medical Equipment – T2029) 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 (T2029): 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 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.

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 Supplies, Equipment 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 Supplies, Equipment and Assistive Technology, as the item or service must be individually priced.

Service Limit / Restrictions

There are no specific limits for Supplies, Equipment 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.

Supplies, Equipment 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 Supplies, Equipment 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 >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

Supplies, Equipment and Assistive Technology may be provided by the following:

- Provider enrolled with SCDHHS as a Durable Medical Equipment (DME) provider
A DME provider enrolled with SCDHHS must directly bill SCDHHS; it cannot bill to a participant’s SCDDSN Financial Manager agency
- DSN Board or DDSN-contracted provider. The provider may employ or contract with the following, but is responsible to verify and document licensure:
 - Contractor licensed by the South Carolina Department of Labor, Licensing and Regulation (LLR) that is not enrolled with SCDHHS as a DME provider
 - Provider with a retail or wholesale business license that is not enrolled with SCDHHS as a DME provider

The provider may employ or contract with the following for follow-up inspection or training for use of medical equipment and assistive technology; the provider is responsible to verify and document licensure or certification:

- Licensed Occupational Therapist
- Licensed Physical Therapist
- Rehabilitation Engineering Technologist (RET) certified by Rehabilitation Engineering Society of North American (RESNA)
- Assistive Technology Practitioner (ATP) certified by Rehabilitation Engineering Society of North American (RESNA)
- ATP Supplier certified by Rehabilitation Engineering Society of North American (RESNA)
- Environmental Access Consultant/contractor certified by Professional Resources in Management (PRIME)

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, Supplies, Equipment, and Assistive Technology funded by HASCI Waiver can be pursued.

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 Supplies, Equipment 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. DME must be obtained through a provider enrolled with SCDHHS as a DME Provider, which must initiate the SCDHHS Medicaid Certificate of Medical Necessity (CMN) form and obtain justification from the participant's physician. The CMN is valid for up to 12 months.

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.

To determine if a supply or item is covered by Medicaid State Plan, the Waiver Case Manager must consult the *Medicaid Provider Manual for Durable Medical Equipment*, which can be accessed on the SCDHHS website: www.scdhhs.gov. Equipment and supplies are listed in Section 4, "Procedure Codes". If a procedure code is not listed, the item is not covered.

(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 Supplies, Equipment 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.

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).

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.

Billing

If the authorized provider is enrolled with SCDHHS as a DME provider, the item or service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

If the authorized provider is a DSN Board or other DDSN-contracted provider, the service must be Board-billed to the participant's SCDDSN Financial Manager agency. This must be indicated on the authorization. If the provider of a Board Billed service is not directly enrolled as a Medicaid Provider and is not on the DDSN QPL but will be invoicing the financial manager for services, the "non-shareable" indicator should be selected when authorizing the service and the authorization can be printed and faxed to the provider.

- The Financial Manager agency is responsible for maintaining documentation that service was rendered as billed.
- The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.*

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:

- Did the participant receive the item(s)?
- 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?
- 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?

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.