

DBHDS
OFFICE OF DEVELOPMENTAL SERVICES
COMMUNITY BULLETIN #3
DECEMBER 2009

This is the third in a series of question and answer communications from the Office of Developmental Services (ODS) aimed at keeping MR/ID Waiver and Targeted Case Management providers (CSBs and private providers) current regarding the multiple initiatives in which we are all engaged.

1. Why am I being asked to send in more information with preauthorization requests for MR/ID Waiver Assistive Technology and Environmental Modifications? What exactly do I need to send?

Due to a significant increase in the numbers of requests (and therefore approvals and Medicaid funds disbursed) for Assistive Technology and Environmental Modifications under the MR/ID Waiver, requests for approval are now being scrutinized more carefully. Requests for items/modifications funded through these two services must now be accompanied by the following information:

- Drawings or pictures of the items being requested
- An itemized invoice/estimate
- The Durable Medical Equipment (DME) denial for Assistive Technology items otherwise covered by DME (see page 31 of the 7/1/09 version of the “MR Community Services Manual”). All equipment/supplies that can be covered under DME are listed in Appendix B of the DME Manual located at <http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx>. Case managers are encouraged to familiarize themselves with Chapter IV of the DME manual as well, as that gives vital information regarding DME covered items and related parameters.
- A description of the individual requiring the item/modification to include age and pertinent disability(ies) beyond ID (e.g., some items are appropriate for children with autism, which would not be appropriate for adults with solely an ID diagnosis)
- A clearly stated “reason for request” on the ISAR. Attach another sheet if more space is required for the explanation.
- A professional assessment/recommendation for Assistive Technology items, per pp. 31 - 32 of the 7/1/09 version of the “MR Community Services Manual.”

It goes without saying that all requests for AT or EM must conform to the allowable activities for these services in the 7/1/09 manual. Preauthorization staff have received requests recently for the purchase of vehicles and/or ongoing vehicular maintenance costs. Please inform families that neither of these is allowable.

It has also come to ODS's attention that some DME companies have been charging an additional fee (up to 30% of the cost of the device/modification). While this is permitted under DME, it is NOT permitted under the MR/ID Waiver. Please ensure that those DME providers with whom you work are aware of this distinction.

Assistive Technology for Children

Another Assistive Technology-related issue is that service coordinators for children (all those under 21) on the Waiver who require items not funded through DME or the MR/ID Waiver should seek funding through **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)**. This is detailed on p. 49 of Chapter IV of the DME manual (http://websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/DME/chapterIV_dme.pdf) and includes the following:

“When the service needs of a child are such that current Medicaid programs do not provide the relevant treatment service, then the service request will be sent directly to the DMAS Maternal and Child Health Division for consideration under the EPSDT program.”

In addition, if the child needs an AT item that costs more than the \$5,000.00 Waiver limit or has exhausted that limit for the year, but requires additional AT, funding through EPSDT should be pursued, as it does not include a similar financial cap.

To meet the EPSDT definition of Assistive Technology, requested items must meet all of the following requirements, which are slightly different from MR/ID Waiver limits (see EPSDT manual Supplement B at http://websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/General/epsdt_supplement_gen.pdf):

"The item must:

- be able to withstand repeated use;*
- be primarily and customarily used to serve a medical purpose and be medically necessary and reasonable for the treatment of the individual's disability or to improve a physical or mental condition;*
- generally be not useful to a person in the absence of a disability, physical or mental condition; and*
- be appropriate for use in both the home and community.*

Only Assistive Technology items that are determined to be medically necessary may be covered for reimbursement by DMAS [under EPSDT]. The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS. Assistive Technology must be:

- Ordered by a physician to correct or ameliorate physical or mental conditions identified during EPSDT screening services;*
- A reasonable and medically necessary part of a treatment plan;*
- Consistent with the recipient's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the recipient;*

- *Not furnished solely for the convenience of the family, attending physician, or other practitioner or supplier;*
- *Consistent with generally accepted professional medical standards (i.e., not experimental or investigational); and*
- *Provided at a safe, effective, and cost-effective level that is suitable for use by the enrollee.*

Assistive Technology must involve direct patient care and be for the express purpose of diagnosing, treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health. Therefore, services that do not involve direct patient care or environmental services dealing exclusively with an individual's surroundings rather than the individual are not covered. Further, even if the requested service does involve some direct contact with the individual, it cannot be covered unless the device is related to the diagnosis reason for the service request."

As indicated above, all EPSDT requests, including requests for Assistive Technology, must be authorized by a physician. This should be accomplished on the DMAS 352 form (downloaded at <http://www.dmas.virginia.gov/formslist.asp?Category=0&UserID=99&Type=0&Page=&Number=352&Name=Title&btnGetForms=Search>). The completed form and any supporting documentation should be faxed to the DMAS/Maternal and Child Health Division at 804-612-0043 or mailed to:

EPSDT Prior Authorization Coordinator
 Maternal and Child Health Division/11th Floor
 600 E. Broad St., Ste 1300
 Richmond VA, 23219

NOTE: EPSDT will **not** cover Environmental Modifications.

2. In the recent state budget cuts my CSB/BHA identified OBRA funding as one area to cut. Are we still obligated to serve those individuals?

Yes. Individuals residing in nursing facilities who have been found in need of "specialized services" through a Preadmission Screening and Resident Review (PASRR) MUST receive those needed services in order to remain eligible to reside in the nursing facility. This is a federal as well as state expectation. A June 12, 2008 CMS State Medicaid Directors letter states, "Medicaid certified nursing facilities [may] neither admit nor retain any individual with serious mental illness or mental retardation unless a thorough evaluation indicates that such placement is appropriate **and that adequate services will be provided.**"

Another possibility for some of these individuals is to explore MR/ID Waiver services via a MFP slot. CSBs/BHAs are urged to review the possibility of utilizing MFP as a means of returning to the community as many individuals residing in nursing facilities as possible.

3. There are a lot of changes that are either anticipated or talked about as a result of the JLARC study and the comprehensive plan that is being developed for presentation to the Governor and the General Assembly in November of 2010, as well as budget cuts and changes in our ID waiver. As a result, there are statements made by people periodically that are presented as factual information about a change or an impending change that that may or may not have merit. Where can I go to get factual information when I hear statements about significant changes that I have not seen as a part of a public policy statement from DBHDS or DMAS?

Changes that may be made or recommended as a result of the JLARC study of ASD will most likely all be part of the detailed action plan that will be submitted in November, 2010. This plan will be developed over the next several months with large stakeholder involvement. Any shift in public policy as a result of these recommendations will be well publicized and most likely will not occur without a lot of advanced notice. Likewise, changes in the Waivers due to budget considerations or movement toward more person-centered practices will be made known through written communications. Please feel free to contact the Office of Developmental Services if you hear that a change has occurred or is about to occur that you do not understand or want to clarify. You may contact Lee Price, Director of ODS, directly at lee.price@dbhds.virginia.gov or call (804) 786-5850.