

MEMORANDUM

TEXAS DEPARTMENT OF HUMAN SERVICES

SUBJECT: Community Care Policy Clarification CCAD 99004, CBA/HCSS 99008

TO:
Regional Directors
Aged & Disabled Services

FROM:
Becky Beechinor
Assistant Deputy Commissioner
Long Term Care Services
State Office W-511

DATE: April 19, 1999

This policy clarification is in response to questions from regional staff seeking clarification dealing with client choice and licensure issues. This policy will be incorporated into the CBA Provider Manual, Sections 4424 and 4443.2, in a future manual revision.

Question 1:

A Community Based Alternatives (CBA) client receives diapers from Medicaid through a durable medical equipment (DME) vendor but prefers a more expensive brand. Can the client pay an extra amount to the DME vendor to get the brand they prefer?

Response:

No. The Medicaid vendor has agreed to accept Medicaid payment in full for covered services.

Question 2:

Can the DME vendor bill Title XIX, Medicaid Home Health, for the remaining cost?

Response:

No, Title XIX is paying for the diapers that the DME vendor is supplying for the client. The DME vendor must accept Medicaid payment as payment in full. However, if a more expensive brand is medically necessary, Medicaid will consider payment of the more expensive brand of diapers with supporting documentation.

Question 3:

Can we not go through the DME vendor and just purchase diapers through CBA?

Response:

No. All third party resources must be accessed before CBA funds are utilized.

Question 4:

A client meets the medical necessity for a recliner authorized through CBA and purchased through a DME vendor. The DME company is authorized to deliver a model that costs \$650.00. The client wants a model that costs \$1000.00. Can the client pay the difference, and if so, who would be responsible for the repairs if something goes wrong with the chair?

Response:

Yes, the client can pay the difference since it was authorized through CBA and not Medicaid. The manufacturer would be responsible for providing a warranty on the recliner.

Question 5:

Along the same lines as the above question, a client is requesting an adaptive aid. She does not meet the medical necessity for this item to be paid through Medicaid/Medicare. Can CBA pay for this adaptive aid? If so, is the medical necessity criteria more lenient through CBA than Medicaid Home Health?

Response:

Yes, if the adaptive aid meets the CBA requirements for authorization. We don't know if CBA is more lenient or not as different criteria is used.

Question 6:

If CBA is more lenient than Medicaid Home Health on establishing a medical necessity for an item, should we be going through our regional nurses to make the decision on these items?

Response:

If the case manager is told that Medicare/Medicaid denied the item because of no medical necessity, then it is recommended that the case manager consult with the regional nurse on the determination of medical necessity based on CBA policy and the documentation provided by the HCSS agency with the request.

If there are questions on this policy clarification, staff should contact their CBA contact person and HCSS agencies should contact their contract manager.

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Becky Beechinor

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