

MEMORANDUM

SUBJECT: Community Care Policy Clarification CCAD 03001, CBA/HCSS 03001, CLASS 03001, CWP 03001, DB-MD 03001

TO: Regional Administrators
Regional Directors
Long Term Care Services

FROM: Becky Beechinor
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Long Term Care
State Office W-511

DATE: April 8, 2003

Policy Question 1:

Is there a comprehensive list of items that will no longer be provided through Medicaid Home Health or Durable Medical Equipment (DME)? We have the understanding that Medicaid through National Heritage Insurance Company (NHIC) DME will no longer pay for gloves for universal precautions. We are anticipating that agencies will begin to request that Community Based Alternatives (CBA) pay for gloves and other items no longer covered by Medicaid Home Health or DME.

Policy Clarification 1:

There will be a policy statement issued by Health and Human Services Commission (HHSC) in early May 2003 to clarify that gloves will not be purchased through Medicaid for use by caregivers. A list of all items that will not be covered by Medicaid is not available at this time.

Per the CBA Case Managers Handbook

"The cost for medical supplies used in the nurse assessment process or in the delivery of nursing services, such as thermometers, thermometer covers, gloves for universal precautions, and alcohol swabs, should be reported on the cost area, per cost report instructions. Home and Community Support Service (HCSS) agencies are responsible for providing these items on a routine basis.

If a participant has a condition requiring frequent use of such medical supplies, the requested items may be authorized for purchase by the case manager as a medical supply. The requested items must be left in the participant's home to be used by his family, informal support, or attendant in providing care."

Community Care Policy Clarification CCAD 01006, CBA/HCSS 01002, dated May 30, 2001, states gloves and other supplies should be authorized and billed under medical supplies instead of under adaptive aids.

Case managers may **not** give routine approval for gloves as a medical supply or for use by the attendant as a universal precaution. If the client has a condition requiring frequent use of gloves, the case manager must get approval from the Texas Department of Human Services regional nurse before including gloves as an ongoing medical supply on the Individual Service Plan. When the provider submits the request for gloves as a medical supply, there should be sufficient documentation to support the need of the gloves to be left at the residence. For instance, an attendant should not be using the gloves for bathing the client or providing routine personal care related to the activities of daily living. Gloves for these uses should be provided for the attendant by the agency and reported on the agency's cost report.

Policy Question 2:

Is a biohazard container or a sharps container an approved item for CBA? Is a biohazard container or a sharp container approved for CBA under diabetic supplies?

Policy Clarification 2:

A sharps container or other biohazard container should not be automatically approved for an insulin dependent diabetic. Although it is perhaps a more convenient method of disposing of used needles, it is not a requirement for all insulin-dependant diabetics to use this type of container and thus would not be considered a medically necessary item.

The purpose of a sharps container is to ensure that there is a puncture resistant container to prevent needle sticks and to prevent someone from retrieving a used needle. Individuals who do not have the funds to purchase this type of item may use a plastic laundry detergent container or coffee can. If a coffee can is used, the lid should be replaced and then taped (duct tape or electrical tape works well) prior to disposal.

The HCSS agency taking care of the client has the responsibility, as part of their rules, to dispose of waste generated during the treatment of their client.

The HCSS agency licensing rules state in 97.286(b) "An agency that generates special or medical waste according to the requirements in 25 TAC 1.131-1.137 (relating to Definition, Treatment, and Disposition of Special Waste from Health Care-Related Facilities). An agency must provide both verbal and written instructions to the agency's clients regarding the proper procedure for disposing of sharps."

As this item is not on the list of items to approve without regional nurse approval, submit these requests to the regional nurse for review. Regional nurses will review for medical necessity based on the information submitted on the 3671.

Policy Question 3:

Can CBA pay for the cost of the replacement of the shock absorbers?

Policy Clarification 3:

Shock absorbers and other vehicle maintenance items are not adaptive aids or a repair and maintenance of an adaptive aid and would not be covered by the CBA waiver program.

Vehicle maintenance items include items or services such as tune-ups, replace or repair brakes, replace batteries, oil changes, replace windshield wipers, repair or replace broken windshields and replace tires.

Adaptive aids, including repair and maintenance (to include batteries) not covered by any third-party resources including Medicare and Medicaid Home Health, are covered by the CBA waiver program. Refer to the CBA Case Managers Handbook, Section 4141 b. 11 for the list of allowed modifications to primary transportation vehicles.

Policy Question 4:

A HCSS agency is currently conducting monthly nursing visits for all of their CBA clients, even if Medicare or Medicaid skilled nursing is also provided. Should an agency conduct and bill for a monthly nursing visit when Medicare or Medicaid nursing is also seeing the client?

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Policy Clarification 4:

If the CBA nurse is providing skilled services and the client is also receiving Medicare or Medicaid skilled nursing services, this may constitute a duplication of services. The 3671 C, Nursing Assessment Form, should clearly indicate what services are being provided.

Questions or other considerations include:

- What best meets the needs of the client?
- Are there delegated nursing tasks?
- What coordination is done between the two agencies providing services?
- Does the individualized service plan include nursing visits and the skilled services that would be provided?
- If the client is not receiving services through Medicare/Medicaid home health, there may be a need for more frequent CBA nursing visits based on the individual's needs.

If you have any questions, please contact your regional contact person.

Signature on file

Becky Beechinor

BB:ck

c: CMGRS
LEAD RNs
PMs
REG & SO LTC Trainers
SO STAFF