



COMMISSIONER
Chris Traylor

January 21, 2010

To: Community Based Alternatives (CBA) Home and Community Support Services Agencies (HCSSAs)
Integrated Care Management Waiver (ICMW) HCSSAs

Subject: Information Letter No. 10-12
Verification of Third Party Resources for Adaptive Aids and Medical Supplies

DADS requires HCSSAs to attempt to purchase all items listed on the individual service plan (ISP) from Medicare, Medicaid, or other third-party resources before requesting authorization for these items through the CBA and ICMW programs. To streamline the authorization process for certain adaptive aids and medical supplies, DADS will no longer require CBA and ICMW HCSSAs to provide proof of denial (as defined in the next paragraph) from the Texas Medicaid & Healthcare Partnership (TMHP) for adaptive aids and medical supplies that acute care Medicaid would never approve. Please see the attachment for a list of these items.

Effective with the posting date of this letter, CBA and ICMW HCSSAs may request items on the attached list that are marked with an "N" without having to provide proof of denial from TMHP. Proof of denial may be a TMHP denial letter, a statement on [Form 3672, Medicare/Medicaid/Third-Party Resources Utilization Report](#), or any other written documentation. HCSSAs should ensure that items designated on the list as "Y" have been submitted to TMHP for consideration of coverage before submitting to DADS. DADS case managers may still consult with the DADS regional nurse regarding the adequacy of the documentation submitted or in making the decision as to whether an adaptive aid or medical supply is needed and related to the consumer's condition, based on the documentation submitted by the HCSSA.

CBA and ICMW HCSSAs are still required to work with the waiver consumer's case manager to ensure that, if the individual is eligible for Medicare (Title XVIII) or Medicaid (Title XIX) home health services or any other third-party resource, those resources are still used to meet the consumer's need for services. For example, DADS case managers and HCSSAs may explore the [Texas Technology Access Program](#) as a resource for assistive technology (e.g., communication and computer access devices). Federal regulations still require waiver consumers to access third party resources before the State will provide CBA and ICMW services. HCSSAs are still responsible to know when to access Medicare and Title XIX Medicaid.

For all adaptive aids and medical supplies, CBA and ICMW HCSSAs must submit [Form 3671-E, Adaptive Aids and Medical Supplies](#), to request approval. If an item has been denied by a third-party resource, the CBA and ICMW HCSSA must submit the proof of denial with the request. CBA and ICMW HCSSAs must also use either Form [3671-F, Rationale for Adaptive Aids, Medical Supplies, Dental Services and Minor Home Modifications](#) or an alternate documentation source to verify that an item is needed and related to the consumer's condition.

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Community Services will revise CBA Provider Manual section [4424, Adaptive Aids and Medical Supplies](#), to reflect the policy changes identified in this information letter and will notify you upon completion of the revision.

If you have questions regarding this letter, please contact the Community Services policy line at (512) 438-3015.

Sincerely,

[signature on file]

Tommy Ford
Director, Community Services

TF:ss

Attachment

| Description | Covered by Acute Medicaid? | HHSC and TMHP Comments |
|--|----------------------------|---|
| Adaptive Aids (Including repair and maintenance (to include batteries) not covered by the warranty) | | |
| wheelchair lifts | N | |
| porch or stair lifts | N | |
| electric lift | Y | Prior authorization for an electric lift may be considered when the client meets criteria for a hydraulic lift and additional documentation explains why a hydraulic lift will not meet the client's needs. |
| hydraulic lift | Y | Prior authorization for a hydraulic lift may be considered based on documentation supporting the medical necessity and other factors. Please refer to the Texas Medicaid Provider Procedures Manual (TMPPM), Section 24.4.27.12 (Hydraulic Lift), for documentation requirements. |
| manual lift | Y | Since current TMHP policies do not distinguish between a manual lift and a hydraulic lift, TMHP would require more information for this item. Depending on the current medical policies in place, this item may be payable. At this time, without further information, TMHP will identify this as non-payable item. A client lift will not be prior authorized for the convenience of a caregiver. |
| stairway lifts | N | |
| bathtub seat lifts | N | |
| ceiling lifts with tracks | N | |
| transfer bench | Y | |
| Mobility aids (Including batteries and charges) | | |
| manual/electric wheelchairs and necessary accessories | Y | |
| three-wheel scooters | Y | Scooters may be approved for a short-term rental or initial three-month trial period based on documentation supporting the medical necessity and appropriateness of the device. Please refer to TMPPM, Section 24.4.27.10 (Scooters), for documentation requirements. |
| mobility bases for customized chairs | Y | |
| braces, crutches, walkers, and canes | Y | |

| Description | Covered by Acute Medicaid? | HHSC and TMHP Comments |
|---|----------------------------|--|
| forearm platform attachments for walkers and motorized/electric wheelchairs | Y | |
| prescribed prosthetic devices | Y | <21 years of age only. |
| prescribed orthotic devices, orthopedic shoes, and other prescribed footwear | Y | <21 years of age only. |
| prescribed exercise equipment and therapy aids | N | |
| portable ramps | Y | |
| | | |
| Respiratory Aids | | |
| ventilators/respirators | Y | |
| back-up generators | Y | |
| | | |
| Positioning Devices | | |
| standing boards, frames, and customized seating systems | Y | |
| electric or manual hospital beds, tilt frame beds, and necessary accessories | Y | |
| egg crate mattresses, sheepskin, and other medically-related padding | Y | |
| trapeze bars | Y | |
| lift recliners | N | |
| | | |
| Communications Aids (Including repair, maintenance, and batteries) | | |
| | | |
| Augmentative Communication Devices (As listed below) | | |
| <i>direct selection communicators</i> | Y | |
| <i>alphanumeric communicators</i> | Y | |
| <i>scanning communicators</i> | N | TMHP would require more information for this item. Depending on the current medical policies in place, this item may be payable. At this time, without further information, TMHP will identify this as non-payable item. |
| <i>encoding communicators</i> | N | |
| <i>speaker and cordless phones for persons who cannot use conventional telephones</i> | N | |
| <i>speech amplifiers, aids, and assistive devices</i> | N | |

| Description | Covered by Acute Medicaid? | HHSC and TMHP Comments |
|--|----------------------------|---|
| <i>interpreters</i> | Y | |
| | | |
| Control Switches/pneumatic switches and devices | | |
| sip and pull controls | Y | |
| adaptive switches/devices | Y | |
| | | |
| Environmental Control Units | | |
| locks | N | |
| electronic devices | N | |
| voice activated, light activated, and motion activated devices | N | |
| | | |
| Medically necessary durable medical equipment not covered in the state plan for the Texas Medicaid Program | Y | <21 years of age only. |
| | | |
| Temporary lease/rental of medically necessary durable medical equipment to allow for repair, purchase, replacement of essential equipment or temporary usage of the equipment | Y | |
| | | |
| Payment of premium deductibles and co-insurance (for items not covered under the waiver), including rentals for Medicare or Third Party Health Insurance, in not covered under the Qualified Medicare Beneficiary (QMB) or the Medicaid Qualified Medicare Beneficiary (MQMB) | Y | For the purpose of coinsurance/deductibles. MQMB clients may be eligible for Medicaid services not covered by Medicaid. |
| | | |
| Modifications/additions to primary transportation vehicles | | |
| van lifts | N | |
| driving controls (as listed below) | N | |
| <i>brake/accelerator hand controls</i> | N | |
| <i>dimmer relays/switches</i> | N | |
| <i>horn buttons</i> | N | |
| <i>wrists supports</i> | N | |

| Description | Covered by Acute Medicaid? | HHSC and TMHP Comments |
|---|----------------------------|------------------------|
| <i>hand extensions</i> | N | |
| <i>left-foot gas pedals</i> | N | |
| <i>right turn levers</i> | N | |
| <i>gear shift levers</i> | N | |
| <i>steering spinners</i> | N | |
| Medically necessary air conditioning unit prescribed by a physician for individuals with respiratory or cardiac problems or people who can't regulate temperature | N | |
| Removal or placement of seats to accommodate a wheelchair | N | |
| Installation, adjustment or placement of mirrors to overcome visual obstruction of wheelchair in vehicle | N | |
| Raising the roof of the vehicle to accommodate a participant riding in a wheelchair | N | |
| Installation of frames, carriers, lifts, for transporting mobility aids | N | |
| | | |
| Sensory Adaptations | | |
| eyeglasses | Y | |
| hearing aids | Y | |
| auditory adaptations to mobility devices | N | |
| | | |
| Adaptive Equipment for Activities of Daily Living | | |
| A. Assistive Devices (As listed below) | | |
| reachers | N | |
| stabilizing devices | N | |
| weighted equipment | N | |
| holders | N | |
| feeding devices (As listed below) | | |
| <i>electric self-feeders</i> | N | |
| <i>food processors and blenders - only for individuals with muscular weakness in upper body or who lack manual dexterity and are unable to use manual conventional kitchen appliances</i> | N | |

| Description | Covered by Acute Medicaid? | HHSC and TMHP Comments |
|---|----------------------------|---|
| variations of everyday utensils (as listed below) | N | |
| <i>shaped, bent, built-up utensils</i> | N | |
| <i>long-handled equipment</i> | N | |
| <i>addition of friction covering</i> | N | |
| <i>coated feeding equipment</i> | N | |
| count-a-dose medicating systems | N | |
| walking belts and physical fitness aids | N | |
| specially adapted kitchen appliances | N | |
| toilet seat reducer rings unless participant resides in an AL/RC facility | N | |
| hand-held shower sprays unless participant resides in AL/RC facility | Y | A hand-held shower/shower wand with attachments may be considered for prior authorization only if the client currently owns or meets the criteria for a bath/shower chair, tub stool/bench, or tub transfer bench. |
| shower chairs unless participant resides in AL/RC facility | Y | A bath/shower chair, may be considered for those clients who cannot safely use a regular bath tub or shower. Please refer to TMPPM, Section 24.4.17 (Bath and Bathroom Equipment), for documentation requirements and additional information. |
| electric razors | N | |
| electric toothbrushes | N | |
| water piks | N | |
| service animals | N | |
| overbed tray tables unless participant resides in an AL/RC facility | Y | The purchase of an over-bed table may be considered for reimbursement if the client is bed bound and needs the equipment for treatments. Please refer to TMPPM, Section 24.4.24.1 (Equipment), for documentation requirements and additional information. |
| B. Safety Restraints and Safety Devices (As listed below) | | |
| bed rails | Y | |
| safety padding | N | |
| helmets | Y | <21 years of age only. |
| safety restraints | N | |
| flutter board | N | |

| Description | Covered by Acute Medicaid? | HHSC and TMHP Comments |
|---|----------------------------|---|
| life jackets | N | |
| elbow and knee pads | N | |
| visual alert systems | N | |
| | | |
| Prescribed medications beyond the three-per-month limit under the Texas Medicaid Program | Y | <21 years of age only. |
| | | |
| Medically necessary heating and cooling equipment for individuals with respiratory or cardiac problems, people who cannot regulate temperature, or people who have conditions affected by temperature. | N | |
| | | |
| Medical supplies, necessary for therapeutic or diagnostic benefits | | |
| tracheotomy care | Y | |
| decubitus care | Y | |
| ostomy care | Y | |
| pulmonary, respirator/ventilator care | Y | |
| catheterization | Y | |
| | | |
| Others | | |
| diapers, linens and other incontinence supplies | Y | |
| enteral feeding formulas and supplies | Y | |
| diabetic supplies (strips, lancelets, syringes) | Y | |
| Transcutaneous Electrical Nerve Stimulations (TENS) | Y | |
| blood pressure monitors for home use | Y | |
| stethoscopes and thermometers for home use | N | |
| blood glucose monitors | Y | |
| nutritional supplements, such as liquid Ensure, Sustecal, liquids, or puddings | Y | These products are payable only as sole source w/G tube for adults. Children under 21 are based on medical necessity. |
| bedside commodes | Y | |
| | | |