

# MEMORANDUM

## TEXAS DEPARTMENT OF HUMAN SERVICES

**SUBJECT:** Community Care Policy Clarification CBA/HCSS 99-14, CCAD 99018

**TO:** Regional Directors  
Aged & Disabled Services

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

**DATE:** June 24, 1999

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This policy clarification pertains to the adaptive aids and should be added to the Community Based Alternatives (CBA) Manual section 4424.3.

**Policy Question 1:**

If a participant contacts a durable medical equipment (DME) supplier and has a lift chair or any adaptive aid delivered without consulting the Home and Community Support Services (HCSS), should the lift chair or adaptive aid be approved on the Individual Service Plan (ISP)?

**Clarification:**

No. If the participant independently contacts a durable medical equipment (DME) vendor for payment of any adaptive aid through private insurance, Medicare or Medicaid then the purchase of the adaptive aid is between the Medicaid participant and the DME vendor. In this situation, the adaptive aid is not added to the participant's waiver ISP.

**Policy Question 2:**

If the HCSS agency has an adaptive aid or DME delivered to a participant's home without prior approval from the case manager during the process of trying to determine what Medicare and Medicaid will pay, would the item be approved on the ISP?

**Clarification:**

Not until a denial is received from Medicare/Medicaid. When that happens, the HCSS agency RN can submit a service plan change requesting authorization for payment of the item through CBA.

**Policy Question 3:**

If Medicare pays only 80% of the lift mechanism for a lift chair and Medicaid pays the 20% for the lift mechanism, can the cost of the chair be requested through CBA? If so, when can the chair be requested? Is there any stipulation when the chair can be placed in the home and have it paid by Medicare?

**Clarification:**

Yes, the cost of the chair can be requested through CBA if Medicare and Medicaid won't pay for the chair. The chair should not be incorporated into an individual's CBA waiver ISP until approval is obtained from Medicare and Medicaid for the cost of the lift mechanism. Medicare does not care how long the chair has been in the individual's home or if a new chair will be purchased to contain the lift mechanism.

**Policy Question 4:**

Should a Form 3848 be completed on an adaptive aid that is totally covered by Medicare/Medicaid, or only on those which CBA pays a portion of the cost?

**Clarification:**

A form 3848 is completed for every adaptive aid and minor home modification where CBA pays all of the cost. In instances where CBA would pay only a portion of the cost, such as the copay, CBA does not monitor for the completion of purchase, participant's satisfaction, or the need for any training/orientation.

**Policy Question 5:**

Should a Form 3848 be completed on items where only the 20% copay is requested as an adaptive aid?

**Clarification 5 :**

See response for Question #3

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

[signature on file]

Becky Beechinor

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