



**Special Medical Equipment
Policy 0399.15.02**

Special Medical Equipment and supplies to include Ceiling or Wall Mounted Patient Lift, Track System, tub slider system, rolling shower chair and/or Automatic Door Opener, which enable members to increase their ability to perform activities of daily living, including such other durable and non-durable medical equipment not available under the Medicaid-funded primary and acute care system that is necessary to address member functional limitations. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the Medicaid-funded primary and acute care system and exclude those items that are not of direct medical or remedial benefit to the member. Medical equipment funded under the primary and acute care system includes items such as wheelchairs, prosthetics, and orthotics. These are services that were provided under the authority of the Rhode Island Medicaid State Plan prior to the 1115 Waiver approval. These items are still available under the 1115 Waiver and are described at:

<http://www.dhs.ri.gov/ForProvidersVendors/ServicesforProviders/ProviderManuals/DME/tabid/459/Default.aspx> All items shall meet applicable standards of manufacture, design and installation.

Provision of Special Medical Equipment requires prior approval on an individual basis by EOHHS, Office of Long Term Services and Supports and a home assessment completed by a specially trained and certified rehabilitation professional. Items should be of a nature that they are transferable if a member moves from his/her place of residence. Excluded are any re-modeling, construction, or structural changes to the home, (i.e. changes in load bearing walls or structures) that would require a structural engineer, architect and /or certification by a building inspector.)

A. Limitations:

- * Ceiling or Wall Mounted Patient Lifts and Track Systems
 - Must be documented as the most cost-effective method to meet the member's needs.
 - A Patient Lift will be considered for use in one bedroom and/or one bathroom.
 - A Track System is limited to connecting one bedroom and one bathroom.
 - Excluded are any re-modeling, construction, or structural changes to the home, (i.e. changes in load bearing walls or structures) that would require a structural engineer, architect and /or certification by a building inspector.

- * Rolling shower chair/Tub Slider System
 - Item must have a functional expectancy of a minimum of five (5) years.
 - Must be documented as the most cost-effective method to meet the member's needs.

- * Automatic Door Openers, adapted switches and buttons to operate equipment, and environmental controls, such as heat, air conditioning and lights may be approved for a member who lives alone or is without a caregiver for a major portion of the day.
- * All items require Prior Authorization by EOHHS, Office of Long Term Services and Supports and do not require a physician's order.
- * Repairs or Modifications to equipment purchased under this definition are an allowable expense.
- * Items not listed above may be acquired subject to Prior Authorization from EOHHS, Office of Long Term Services and Supports. Determinations will be based on the individual's unique circumstances as they apply to the current service definitions, policies and regulations. Please refer to RI Global Consumer Choice Compact 1115 Waiver Demonstration Attachment B, Core and Preventive Home and Community Based Service definitions.

B. Special Considerations:

An Assessment for Special Medical Equipment is required to determine the most appropriate and cost-effective service requested.

This assessment must be completed by a specially trained and certified rehabilitation professional. Individuals conducting such assessments may include:

- * Licensed Physical, Occupational Therapists experienced in Home and Community Based services
- * Assistive Technology Professionals (ATP), certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA - An assistive technology professional is a service provider who analyzes the needs of individuals with disabilities, assists in the selection of the appropriate equipment, and trains the consumer on how to properly use the specific equipment.)

C. Limitation on Service(s):

Each Medicaid member requiring Special Medical Equipment and/or Home Modifications totaling more than \$20,000 combined over a five-year period will be subject to second level EOHHS review. Five-year period is determined from the date of delivery of the initial funded service.

This is only available to Medicaid members on Core HCBS.

- * This service is billable under HCPCS Code T2029.