# NEW MEXICO DEPARTMENT OF HEALTH DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION MEDICALLY FRAGILE WAIVER (MFW)

## SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES

#### Effective October 1, 2018

Specialized Medical Equipment and Supplies reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the New Mexico Medicaid State Plan and exclude those items that are not of direct medical or remedial benefit to the participant/person. The costs of maintenance and upkeep of equipment are included in the cost of equipment and supplies. All items shall meet applicable standards of manufacture, design, and installation. This service does not include nutritional or dietary supplements, disposable diapers or bed pads, or disposable wipes.

#### I. <u>SCOPE OF SERVICES</u>

- A. Specialized Medical Equipment and Supplies (SME) are for the participant and are available to all qualified persons receiving MFW services. SME are required to be delivered as specified in the participant's ISP. This equipment will augment the New Mexico Medicaid State Plan. This equipment is necessary for life support and enhances the participant's quality of life. SME is as follows:
  - 1. Devices, controls or appliances specified in the plan of care that enable medically fragile participants to increase their ability to perform activities of daily living;
  - 2. Devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live;
  - 3. Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items;
  - 4. Such other durable and nondurable medical equipment not available under the New Mexico Medicaid State Plan that is necessary to address the person's functional limitations.
  - 5. All items shall meet applicable standards of manufacture, design, and installation.
- B. Items purchased, or services delivered shall meet at least one of the following criteria:
  - 1. The item or service would increase the participant's functioning related to the medically fragile condition or disability;

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- 2. The item or service would increase the participant's safety in the home or community environment;
- 3. The item or service would decrease dependence on other Medicaid funded services; or
- 4. No other public funds are available to cover the items(s)/service(s).
- C. SME may be provided in any location specified in the ISP.
- D. The scope of SME may include, but is not limited to, the following:
  - 1. Purchasing SME must be authorized and placed on the budget by the case manager (CM) and identified in the Individual Service Plan (ISP) with the appropriate rationale, scope, duration and expected outcome.
  - 2. SME will not exceed \$1,000.00 per ISP cycle year.
  - 3. The CM may determine if an evaluation of the participant's need is necessary for assistive technology, Augmentative and Alternative Communication systems, environmental controls, voice output communication aides, Low/Medium/High Tech Assistive Technology (AT) devices and other equipment related to the medically fragile condition and/or disability to assist with:
    - a. Helping to select and obtain appropriate devices;
    - b. Designing, fitting and customizing those devices;
    - c. Purchasing, repairing or replacing the devices; and
    - d. Training the participant and/or family to use the devices effectively will need to be included in the SME capped dollar amount for an ISP cycle year. This evaluation and training will be provided by the appropriate discipline, such as Occupational Therapy (OT), Physical Therapy (PT), and Speech and Language Pathology (SLP).
  - 4. The ISP will identify who is responsible for monitoring the effectiveness of the service and documenting effectiveness of service at least once during the first calendar year after delivery of service.
  - 5. For a computer to be considered SME, the medically fragile participant must be the sole user of the computer system. The participant must be able to independently use the computer system with or without standard assistive technology devices. The fund will not be used to obtain software for recreational or leisure purposes but will be allowed for assistive technology to increase access to the community. This does not include access to intranet or other access ports.
- E. Restrictions:

Purchases of SME are subject to the following limitations:

1. SME may not be used when items are covered by the New Mexico Medicaid State Plan, Division of Vocational Rehabilitation (DVR), and Individuals with Disabilities Education Act (IDEA) or Medically Fragile Waiver (MFW).

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- 2. The purchase must meet the participant's non-covered functional, medical or social needs and must promote the desired outcomes of the person's ISP.
- 3. The purchase of items or services must not be prohibited by federal, state or local statutes and standards.
- 4. Nutritional or dietary supplements, disposable diapers or bed pads, or disposable wipes are not covered.
- 5. Recreational or leisure devices, such as stereo equipment, MP3 players, Wii, IPod, etc., are not covered.
- 6. SME funds may not be used for maintenance or repair of equipment not purchased with SME funds.
- 7. The CM will determine if SME is appropriate for ongoing maintenance or repair of equipment purchased with SME funds.

### II. <u>AGENCY/PROVIDER REQUIREMENTS</u>

- A. All SME Provider Agency(s) must be an approved provider through the Provider Enrollment Unit of the Department of Health (DOH).
- B. The SME Provider Agency will maintain a complete accounting of all finances used for each person served. Complete accounting shall include a primary financial file for each participant that contains the following information:
  - 1. Written documentation of the service or equipment purchased that includes description.
  - 2. Receipts for service or equipment purchased.
  - 3. Written documentation of rationale, scope, duration and expected outcome.
  - 4. Date of delivery to individual will be recorded by the SME Provider Agency.
- C. The SME Provider Agency is required to provide quarterly reports of expenditures year to date to the CM and MFW Manager.

#### III. <u>REIMBURSEMENT</u>

All SME and supplies provided, claimed and billed must have documentation and be covered by the MFW and authorized by the approved budget.

- A. Purchase only equipment or services approved on the budget (MAD 046).
- B. Purchase only equipment and services consistent with scope of services subject to limitations.
- C. Payment for SME services through the Medicaid Waiver is considered payment in full.

- D. The agency must abide by all federal, state, Human Services Department and DOH policies and procedures regarding billable and non-billable items.
- F. Claims for services must be received within 90 calendar days of the date of service in accordance with 8.302.2.11 NMAC.
- E. All billed SME services must not exceed \$1,000.00 per ISP cycle.
- F. When submitting for reimbursement, provider agencies delivering SME may include a service fee for up to ten percent (10%) of the cost of the goods or services purchased to cover administrative costs. Provider service fees must be included as part of the budgeted cap of \$1,000 per ISP cycle year.
- G. If the item(s) exceeds the \$1,000.00 minus Agency Administrative Fee, the SME Provider Agency is responsible for collecting any additional money prior to purchase. The MFW will not be responsible for money more than \$1,000.00 per person's annual ISP cycle.
- H. SME funds may not be used to pay for previously purchased durable items.
- I. SME funds may not rollover and be combined with SME funds from future or prior ISP cycles.

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