Definition of Assistive Devices and Medical Supplies

- Specialized medical equipment and supplies which include devices, controls, appliances, or nutritional supplements specified in the Plan of Care (POC) enabling a participant to increase their ability to perform activities of daily living, to perceive, control or communicate with the environment in which they live or provide emergency response services.

- Items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of assistive devices, and medical equipment.

**Note:** May be used for routine maintenance or repair of specialized equipment.
Examples of Assistive Devices and Medical Supplies

▶ May Include but are not limited to:
  ▣ Hearing Aids,
  ▣ Rubber replacement tips for walker/cane,
  ▣ Wheelchair repair,
  ▣ Specialized batteries for medical equipment or assistive devices,
  ▣ Adult briefs, incontinence supplies and/or
  ▣ Nutritional shakes (i.e., Ensure, Glucerna).

▶ Waiver is always the payer of last resort.
  ▣ Explore primary payer sources such as Medicare, Medicaid, private insurance, Healthy Louisiana plans before utilizing Waiver funds.
Assistive Devices and Medical Supplies Purchaser

The assistive device and medical supply service is available to Community Choices Waiver participants.

Requested items may be purchased by:

- Participant,
- Responsible Representative (RR),
- Direct Service Provider (DSP),
- Support Coordination Agency (SCA),
- Assistive Devices and Medical Supplies provider (provider type 17), or
- Any other source.

Note: Only SCA or provider type 17 can bill and be reimbursed for these services.
Assistive Devices and Medical Supplies Procedure

Once a need or request is made by participant, the Support Coordinator (SC) needs to determine if the requested item(s) are needed and approvable.

If the item is approvable, SC shall obtain an estimate or quote for the item.

If the item cost exceeds $500, SC will submit item request along with estimate or quote to Regional Office (RO) for review.

RO will review and notify SC via email whether to proceed with the purchase.

Once the email to proceed is received, SC will proceed with completing the Assistive Devices and Medical Supplies form (OAAS-PF-16-001).
Completing the form (OAAS-PF-16-001)

- Fill in demographic information each time form is completed.
- Section I. Completed **ONLY** if the item will be billed by the SCA.
  - Complete Assistive Devices and Medical Supplies Expenses billed by SCA.
- Section II. Completed **ONLY** if the item will be billed by the Assistive Devices provider (provider Type 17).
  - Complete Assistance Devices and Medical Supplies Expenses billed by Assistive Devices provider (Provider Type 17).
Completing Sections I. and/or II. (OAAS-PF-16-001)

Procedure codes:
- **Z0624** - Assistive Devices.
- **Z0645** - Medical Supplies.

**Note**: If more than two items are purchased at one time, SC will use more than one form to include all requested items.
Completing Section III. (OAAS-PF-16-001)

- Complete the applicable section:
  - Designated Purchaser (DP) Information or
  - Assistive Devices and Medical Supplies Provider Information.
- Obtain signature from the purchaser.

Completing Section IV. (OAAS-PF-16-001)

- This section is to be completed AFTER item(s) have been purchased and verified.
Plan of Care and POC Revision

- Include Assistive Devices and/or Medical Supplies in the POC/POC revision CAPS sections including the procedure codes (Z0624 or Z0645) in the POC/POC revision budget page.

- For reoccurring medical supplies (Z0645), all purchases until the end of the POC year must be budget and included on the POC/POC revision.

- SC will submit POC packet, including RO email (if applicable) and OAAS-PF-16-001 form to SC Supervisor (SCS) for approval.
Support Coordinator Supervisor Pre-Approval Process

- SCS will review and pre-approve the Assistive devices and medical supplies form as well as the POC/POC revision.
  - Be sure the updated CAPS are included and
  - SCS does not complete section IV. at this time.
- Submit approved packet including the RO email to proceed with purchase (if applicable) to DMC and RO.
- SCS will submit approved POC packet to the participant and providers.
Support Coordinator Procedure Following Approval

- Assist with obtaining requested item(s).
- Verify item(s) purchased are listed on the Assistive Devices and Medical Supplies form.
- Collect and submit original receipts along with the Assistive Devices and Medical Supplies form to SCS for verification and final approval.

Note: If there are discrepancies between the estimated cost and actual cost, SC will submit revised POC budget to SCS reflecting actual total.
Support Coordinator Supervisor Final Approval Process

- Utilize the pre-approved Assistive Devices and Medical Supplies form to ensure the *only* items listed are reimbursed to DP.
- Complete Section IV. of Assistive Devices and Medical Supplies form.
- Submit the approved form and any POC revision to DMC and RO.
Support Coordination Agency (SCA) Billing

- Must bill Medicaid fiscal intermediary contractor within sixty (60) calendar days from the purchase date.
- Reimburse the DP, if other than SCA, within ten (10) calendar days of receipt of reimbursement.
- Maintain documentation including each Assistive devices and medical supplies form along with original receipts and copies of cancelled checks as a record of payment to the DP.
Example of Completed form

Assistive Devices and Medical Supplies Form

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Item</th>
<th># of Items Requested</th>
<th>Cost per Item</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult Briefs</td>
<td>12</td>
<td>$32.88</td>
<td>$394.56</td>
</tr>
</tbody>
</table>

Tota$: $394.56

II. Assistive Devices and Medical Supplies Expenses billed by Assistive Devices provider

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Item</th>
<th># of Items Requested</th>
<th>Cost per Item</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Tota$: $0.00

III. Designated Purchaser (DP) Information (if applicable)

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>John Doe</td>
<td>125 Jolly Lane Baton Rouge, LA 70801</td>
<td>555-555-5555</td>
</tr>
</tbody>
</table>

Assistive Devices and Medical Supplies Provider Information (if applicable)

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. Final Approval

By signing, I verify that I have reviewed this form and the item(s) receipt(s) for actual expenditure.

Total Final Cost Authorized: $394.56

SC Signature: Mary Lou Date: 12/28/2017
SC Supervisor Final Determination Signature: Jack Smith Date: 12/28/2017

Reissued December 18, 2017
Replaces May 6, 2016 issuance