1250-F MEDICAL SUPPLIES, EQUIPMENT, APPLIANCES, & CUSTOMIZED DURABLE MEDICAL EQUIPMENT

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Adaptive Aids (Acute Care Services)

Certain medically necessary adaptive aids qualify as a covered service if prescribed by a specialist physician, practitioner, or dentist upon referral by a Primary Care Provider (PCP).

Documentation from therapists who have treated the member may be required. That documentation must establish the need for equipment and a comprehensive explanation of how the member will benefit from the equipment. It is important to remember that this service is based on "assessed need" and not a person's or the family's stated desires regarding specific services.

Covered adaptive aids are limited to:

A. Traction equipment

B. Feeding aids (including trays for wheelchairs)

C. Helmets

D. Standers, prone, and upright

E. Toileting aids

F. Wedges (positioning)

G. Transfer aids

H. Augmentative communication devices

I. Medically necessary car seats

J. Other items as determined medically necessary by joint consultation of the Medical Directors of the health plan and the Division.

Augmentative Communication Devices

Service Description and Goals (Augmentative Communication Devices)

Augmentative communication devices are those devices that enhance a member's ability to communicate with others at his/her highest level of independence.

Service Settings (Augmentative Communication Devices)

Augmentative communication devices are appropriate for use in all settings.

Service Requirements (Augmentative Communication Devices)

The member and their Individual Support Plan/Individualized Family Services Plan/Person Centered (Planning Team) team must identify the need for an augmentative/alternative communication evaluation. This determination shall be made by using the Pre-Admission Screening (PAS) tool, the Inventory for Client and Agency Planning (ICAP) tool and any other available information to assess whether there may be a functional gap between the member's receptive and expressive language skills, and/or the member demonstrates communicative intent as determined by the Communicative Intent Checklist. The Support Coordinator must prepare a packet of information and forward it to Health Care Services in Central Office within 15 working days of the Individual Support Plan/Individualized Family Services Plan/Person Centered Plan meeting (Planning Meeting). The packet must include all of the following:

A. The completed Augmentative Communication Referral Checklist

B. The current Individual Support Plan/Individualized Family Services Plan/Person Centered Plan (Planning Documents) that includes long-term communication goals

C. A prescription for the augmentative/alternative communication evaluation and equipment as needed dated within the past 12 months.

D. A speech and language evaluation dated within the past 12 months

E. The current Individualized Education Plan (IEP) if school age

F. Documentation of previous use of low technology devices such as picture boards or dial scanners.

G. Occupational therapy evaluation dated within the past 12 months if the member has fine/sensory motor problems that may impact the ability to touch a small target square, to push hard enough to operate a switch or if there are limitations in the member range of motion or head control.

H. Physical therapy evaluation dated within the past 12 months if the member has seating, positioning, and/or mobility needs related to augmentative/alternative communication device use.

I. Formal or functional hearing test within the past 12 months

J. Formal or functional vision test within the past 12 months

K. Therapy progress reports, if therapy has been provided during the past 12 months

L. Third-Party Liability (TPL) insurance information

M. Any previous or current augmentative communication evaluation reports, if available.

N. Any other reports relating to the acquisition of the skills and/or abilities necessary to operate an augmentative/alternative communication device, if available, e.g., a current psychological/psychoeducational evaluation, wheelchair/seating clinic evaluations.

An evaluation conducted by the school system is acceptable for school age members.

Health Care Services will either refer for further evaluation or order the device, as appropriate within 15 working days of receipt of the complete packet. Further evaluations may include referral to the contracted Augmentative/Alternative Communication Evaluation Team, Rehabilitation Engineering for access assessment or medical review.

Once the device is obtained, it will be sent to the Support Coordinator. The Support Coordinator delivers the device and obtains the responsible person's signature on the Acknowledgment of Receipt of Durable Medical Equipment form. This form is to be retained in the member's case record, with a copy sent to Health Care Services. Training on the use of the device will be arranged per case.

Target Population (Augmentative Communication Devices)

Members who are potentially eligible for communication systems are those who show communicative intent but whose expressive skills are currently below their receptive language skills and are not adequately meeting their day to day functional communication needs. For example, members may attempt to communicate through non-verbal approaches such as pointing, gesturing, signing, vocalizing sounds, or eye gazing. Receptive language refers to understanding of spoken language, while expressive language refers to language output (traditionally speech). Such members may be candidates for an intervention strategy that includes the use of alternative forms of expressive communication. For such a strategy to be effective, other factors must be considered to ultimately guarantee benefit to the member, e.g., the long term goal, appropriate outcomes, valuation methods, mode of learning, follow up training, and overall quality of life.

Exclusions (Augmentative Communication Devices)

Augmentative communication devices will not be provided under the following circumstances:

A. The member has received appropriate teaching and therapeutic strategies and the prognosis for developing effective oral communication is poor.

B. The member does not demonstrate the ability to make choices independently.

C. The member will use the device solely in an educational setting.

D. The member has used light/high technology communication systems and has not demonstrated the intent to communicate.

E. The member has a history of destructive behavior and a plan of intervention has not been identified.

F. The Planning Team outcomes and goals do not indicate a commitment to usethe device in all settings.

Service Provision Guidelines (Augmentative Communication Devices)

The following service provision guidelines apply to augmentative/alternative communication devices:

A. Devices will not be provided if not medically necessary and prescribed by the Primary Care Provider (PCP).

B. One (1) device and the medically necessary accessories for operation will be provided.

C. Only one (1) option will be provided (other options must be furnished by an alternative resource) if a device can be equipped with both voice and print capabilities.

D. One (1) mount will be provided unless a second is medically necessary.

E. Children under the age of 3 (who are referred as possible candidates for a device) will have their needs reviewed on a member basis. Toys are not a covered item.

F. Replacement of equipment is covered in the following situations:

1. Loss or irreparable damage or wear not caused by carelessness or abuse

2. Equipment replacement is recommended by an authorized re-evaluation. Re-evaluations for the purpose of upgrading the device will not be authorized for 6 months after the receipt of the current device.

Re-evaluations may be obtained if the current device is not meeting the member's needs despite adequate training of at least 3 months, there is a change in the member's medical condition, or communication goals were met or exceeded with the current system. Re-evaluations must include the same requirements as noted in this Chapter.

Evaluation (Augmentative Communication Devices)

The Support Coordinator must perform a review of the Individual Support Plan/Individualized Family Service Plan/Person Centered Plan (Planning Documents) as noted in this Policy Manual.

Service Closure (Augmentative Communication Devices)

All devices and accessories will be returned to the Division when no longer medically necessary as determined by the Individual Support Plan, Individualized Family Services Plan, or Person Centered Plan (Planning Documents). The Support Coordinator is responsible for picking up the device and accessories and returning them to Health Care

Services. Health Care Services will then arrange for the device to be refurbished and reused. However, if the member moves out of state, the member will retain the device and does not return it to the Division.