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SERVICES

(CMS-...)

Health Care Financing Administration

Region III
P.O. Box 7760, 3535 Market St.
Philadelphia, PA 19101

6 1993

Medicaid Letter No. 93-97

Subject: Medicaid Coverage of Assistive Devices and Technology

The purpose of this letter is to outline the Medicaid coverage for assistive devices and technology such as blood glucose monitors, apnea monitors, and specialized wheelchairs.

Medicaid reimbursement may be available for some assistive devices under some service categories when the device has been determined to be medical or remedial in nature and coverable under a Medicaid benefit category, such as the medical equipment benefit under home health services at 42 CFR 440.70. In addition, assistive devices meeting the definition of "prosthetic devices" under regulations at 42 CFR 440.120(c), could be covered under Medicaid, as well as any devices that are considered supplies or equipment under the therapy benefits at 42 CFR 440.110.

Regulations at 42 CFR 440.130(d) describe rehabilitative services as being medical or remedial services recommended by a physician or licensed practitioner and provided for the maximum reduction of physical or mental disability and the restoration of a recipient to his best possible functional level. HCFA recognizes that the rehabilitation benefit option is inclusive of other rehabilitative services covered under Medicaid and can therefore be used by States to cover services provided for under other Medicaid regulatory authorities as well. Although there is nothing in the rehabilitation regulation that explicitly provides for coverage of supplies or equipment, if a State chooses to provide coverage of a specific service under the rehabilitation option that allows for the provision of supplies or equipment under its own regulatory authority, then coverage of that service, including any necessary supplies or equipment, may be permitted under the rehabilitation benefit.

Coverage of Assistive Devices and Technology in Intermediate Care Facilities for the Mentally Retarded or Persons with Related Conditions (ICFs/MR)

Regulations at 42 CFR 440.150(c) stipulate that the primary purpose of an ICF/MR is to provide health or rehabilitative services for mentally retarded recipients or persons with related conditions, and that the recipients for whom payment is requested must be receiving active treatment. Each client must have an individual program plan developed by an interdisciplinary team that identifies the client's specific developmental and behavioral management needs without regard to actual availability of the services needed.

ATTACHMENT H

MA # 226

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If the interdisciplinary team determines that a client needs assistive technology as part of the individual program plan, that technology should be provided as part of the ICF/MR benefit. A facility is responsible for ensuring that the individual's needs are met even if the ICF/MR arranges for provision of the services or equipment to be provided through community health care providers. It does not matter that the equipment or services that Medicaid eligible individuals in ICFs/MR may need are not otherwise covered for Medicaid recipients in the community. The State is still obligated to provide the services under the ICF/MR benefit.

The payment mechanisms used by States may vary. Payment for assistive devices which the State finds are part of the ICF/MR benefit may be made to the ICF/MR as an addition to the overall rate, or the State may include the assistive devices among the items and services included in that overall rate. The ICF/MR could provide the assistive device directly or under contract with a community health care provider. In either case, State payments would be made to the ICF/MR. In addition, if the service was also covered under another service category, the State may make payment directly to the community health care provider under the other benefit, as long as its payments to the ICF/MR do not include amounts for the assistive devices. The latter payment mechanism can be used only where the community health care providers enter into provider agreement with the State.

Please contact your Medicaid State Representative if you have any questions about this matter.

Diane C. Mosical /dp

Diane C. Mosical
Deputy Regional Administrator

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