

DBHDS
OFFICE OF DEVELOPMENTAL SERVICES
COMMUNITY BULLETIN #7
MAY 2011

This is the seventh in a series of question and answer communications from the Office of Developmental Services (ODS) aimed at keeping MR/ID Waiver and Targeted Case Management providers (CSBs and private providers) current regarding the multiple initiatives in which we are all engaged.

TOPIC: EPSDT + ID Waiver UPDATE

Good News!

Support Coordinators/Case Managers received training late last year regarding CMS required changes to certain ID Waiver services for children that involved a review under EPSDT criteria prior to consideration under the ID Waiver. This interpretation has recently been reversed by CMS.

From this point forward, children in the ID Waiver will receive authorization for all services available under the ID Waiver, as before, **prior to** authorization under EPSDT. These children will remain eligible for services under EPSDT that are not available to the child under the ID Waiver.

For children who have already transitioned onto EPSDT, they may be transitioned back to the ID Waiver following their next annual Individual Support Plan meeting. For those children who may have a waiver slot on hold due to a lack of a waiver service, please transition them back to the ID waiver immediately.

The ISARs have been revised to their “pre-EPSDT” state and will be disseminated with this Bulletin, as well as placed on the DBHDS website.

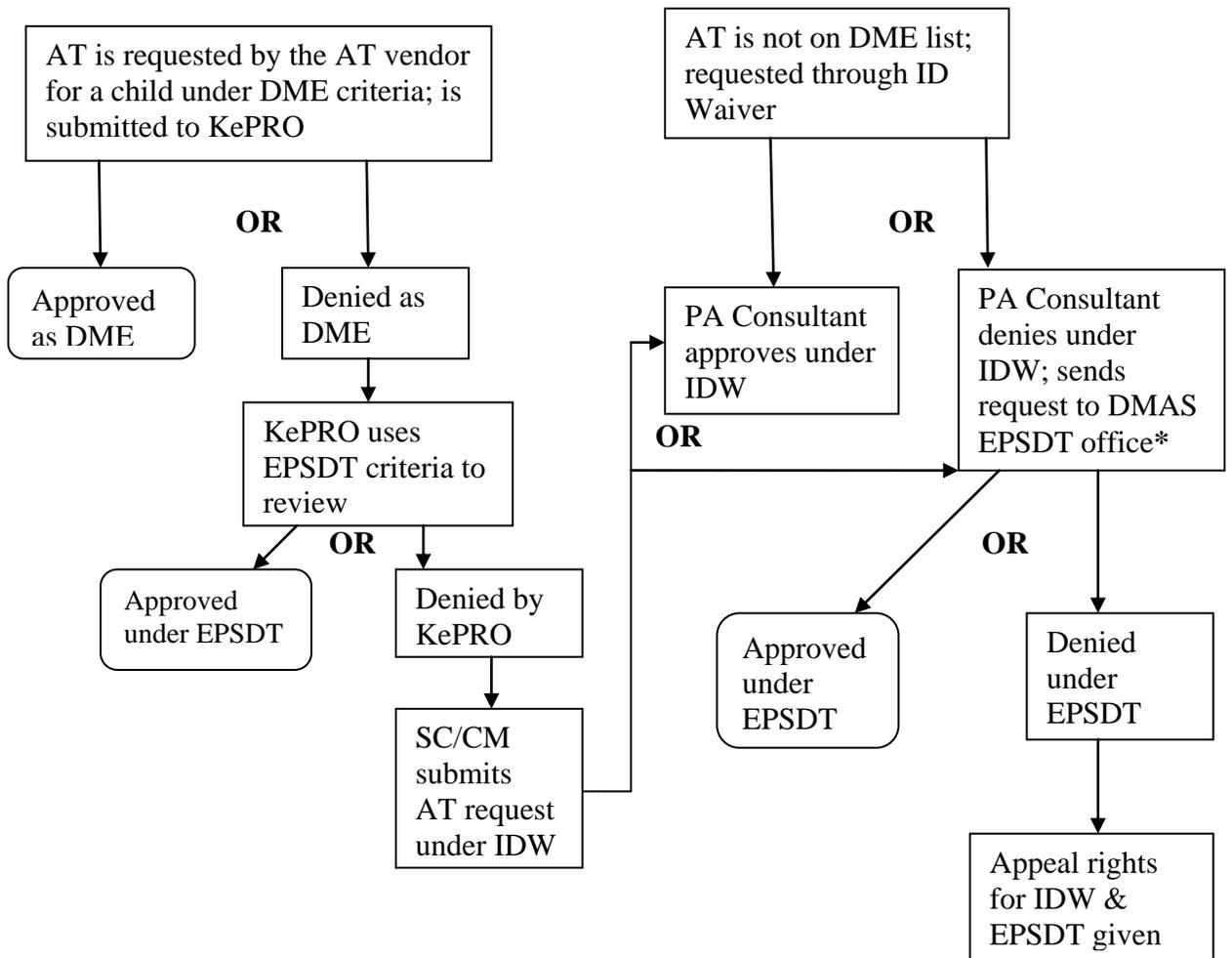
Assistive Technology Requests

The following steps should be taken by AT providers and support coordinators/case managers when requesting AT for a child in the ID Waiver:

- Appendix B of the Durable Medical Equipment (DME) manual must be reviewed by the AT provider to determine if the needed item is a covered item under DME. If it is, the provider must request approval through KePRO. If KePRO cannot approve the item using the DME criteria, KePRO will review the DME covered item using the general EPSDT medical necessity criteria (i.e., “correct or ameliorate” – this requires the DMAS 355 or physician’s letter of recommendation) and approve or deny the item.

- If the item is denied under the DME program by KePRO, the provider must inform the support coordinator/case manager, who will then submit an AT request to DBHDS for review under the ID waiver.
- If the item cannot be approved by DBHDS under the ID waiver criteria, it will be forwarded to DMAS for review under EPSDT AT criteria. The support coordinator/case manager will not have to resubmit the request to DMAS; this will be accomplished by the DBHDS PA Consultant.
- If denied under EPSDT AT criteria, a denial notification is sent out for both ID Waiver and EPSDT.

The following flowchart illustrates the above process for Assistive Technology requests.



*Will require the submission of a DMAS-355 or letter from physician, if not already submitted.