



PURCHASE OF SERVICE GUIDELINE

10/04/2018	MEDICAL EQUIPMENT	FINAL
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I. DEFINITION

Medical equipment includes, but is not limited to, wheelchairs, adaptive devices, lifts, medical machines and monitors. Medical equipment must be prescribed by an appropriately licensed professional.

II. CRITERIA

ELARC may assist consumers with the purchase of medical equipment related to the developmental disability when it is deemed necessary to maintain the consumer's health/physical status or allow the individual greater independence. Appropriate evaluations must be done, and results and recommendations reviewed, prior to considering the purchase of equipment.

The purchase of medical equipment may be considered when all alternative funding sources have been exhausted WIC section 4648, subd. (a)(8)].

Should the medical equipment be a medical necessity, ELARC will consider purchasing the product once the regional center is provided with the documentation of a Medi-Cal, private insurance or health care service plan denial and that the regional center determines that an appeal by the consumer or family of the denial does not have merit.

The regional center may pay for medical equipment during the following periods:

1. While coverage is being pursued, but before a denial is made.
2. Pending a final administrative decision on the administrative appeal if the family provides proof that an appeal is being pursued.
3. Until the commencement of services by Medi-Cal, private insurance, or a health care service plan WIC section 4659, subd. (d)(1)(A)(B)(C)].

If a service or support provided pursuant to a consumer's IPP/IFSP is paid for, in whole or in part, by the health care service plan or health insurance policy of the consumer's parent, guardian, or caregiver, the regional center may, when necessary to ensure that the consumer receives the service or support, pay any applicable copayment, coinsurance, or deductible associated with the service or support for which the parent, guardian, or caregiver is responsible if all of the following conditions are met:

(1) The consumer is covered by his or her parent's, guardian's, or caregiver's health care service plan or health insurance policy.

(2) The family has an annual gross income that does not exceed 400 percent of the federal poverty level.

(3) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10).

(b) If a service or support provided to a consumer 18 years of age or older, pursuant to his or her IPP, is paid for in whole or in part by the consumer's health care service plan or health insurance policy, the regional center may, when necessary to ensure that the consumer receives the service or support, pay any applicable copayment, coinsurance, or deductible associated with the service or support for which the consumer is responsible if both of the following conditions are met:

(1) The consumer has an annual gross income that does not exceed 400 percent of the federal poverty level.

(2) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10).

A regional center may pay a copayment, coinsurance, or deductible associated with the health care service plan or health insurance policy for a service or support provided pursuant to a consumer's IPP/IFSP if the family's or consumer's income exceeds 400 percent of the federal poverty level, the service or support is necessary to successfully maintain the child at home or the adult consumer in the least-restrictive setting, and the parents or consumer demonstrate one or more of the following:

(1) The existence of an extraordinary event that impacts the ability of the parent, guardian, or caregiver to meet the care and supervision needs of the child or impacts the ability of the parent, guardian, or caregiver, or adult consumer with a health care service plan or health insurance policy, to pay the copayment, coinsurance, or deductible.

(2) The existence of catastrophic loss that temporarily limits the ability to pay of the parent, guardian, or caregiver, or adult consumer with a health care service plan or health insurance policy and creates a direct economic impact on the family or adult consumer. For purposes of this paragraph, catastrophic loss may include, but is not limited to, natural disasters and accidents involving major injuries to an immediate family member.

(3) Significant unreimbursed medical costs associated with the care of the consumer or another child who is also a regional center consumer.

(d) The parent, guardian, or caregiver of a consumer or an adult consumer with a health care service plan or health insurance policy shall self-certify the family's gross annual income to the regional center by providing copies of W-2 Wage Earners Statements, payroll stubs, a copy of the prior year's state income tax return, or other documents and proof of other income.

(e) The parent, guardian, or caregiver of a consumer or an adult consumer with a health care service plan or health insurance policy is responsible for notifying the regional center when a change in income occurs that would result in a change in eligibility for coverage of the health care service plan or health insurance policy copayments, coinsurance, or deductibles.

(f) Documentation submitted pursuant to this section shall be considered records obtained in the course of providing intake, assessment, and services and shall be confidential pursuant to Section 4514.

(g) This section shall not be implemented in a manner that is inconsistent with the requirements of Part C of the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1431 et seq.).

ELARC will consider co-pays, co-insurance, and/or deductible, only up to the Schedule of Maximum Allowance (SMA) Rate for the actual service.

Effective July 1, 2009, WIC 4648(a)(15), prohibits Regional centers from purchasing experimental devices that have not been clinically determined or scientifically proven to be effective or safe or for which risks and complications are unknown.

III. AMOUNT OF SERVICE

The amount of service will be based on a per-item basis. In some cases, more than one estimate or alternative types of equipment may be explored. The service shall be reviewed by the appropriate clinical consultant.

IV. ALTERNATIVE FUNDING RESOURCES

Per WIC 4659, the regional center shall identify and pursue all possible sources of funding for consumers receiving regional center services. These sources shall include, but not be limited to, both of the following:

(1) Governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal supplemental security

income and the state supplementary program, California Children's Services, EPSDT, CHAMPUS, private health plans, HMOs, Veteran's Benefits, Department of Rehabilitation, Ability to Pay programs at county medical facilities, the Convalescent Aid Society and clinics, etc.

(2) Private entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer.

(b) Any revenues collected by a regional center pursuant to this section shall be applied against the cost of services prior to use of regional center funds for those services. This revenue shall not result in a reduction in the regional center's purchase of services budget, except as it relates to federal supplemental security income and the state supplementary program.

V. PROCESS FOR PURCHASE OF SERVICE

- A. After discussion with the consumer or legally authorized representative regarding a request for purchase of medical equipment as part of the planning team process, the Service Coordinator completes a R1-11 with as much detail as possible, signs it, obtains his/her supervisor's signature and submits it with the chart to the Special Services Secretary, along with any exploratory information regarding equipment model, make and quotes. Documentation from consumer's health service providers should be current within 6 months, and written denials/ documentation should be provided that all other resources for payment have been exhausted. All R1-11 requests should be submitted to the Special Services Secretary at least four weeks in advance of the expected date of service, agreed to by the planning team, as no retroactive funding requests will be considered for purchase of service.
- B. The request will be reviewed by the appropriate clinical consultant for input and recommendations on whether the request for purchase of medical equipment is clinically indicated and the submitted documentation is adequate to support this request. If so, the appropriate clinical consultant will sign the R1-11 and it will be returned to the Service Coordinator through the Special Services Secretary, for processing by the respective unit office assistant.

If the appropriate clinical consultant has concerns and recommends changes in the request, this will be reflected in an I.D. Note/Memo/Record Review Form which will be returned along with the R1-11 to the Service Coordinator to share with the planning team.

- C. Upon planning team agreement to proceed with the changes to purchase of the medical equipment as recommended by the appropriate clinical consultant, the service coordinator will note this on a memo, attach the R1-11 and a copy of the I.D. Note/Memo/Record Review Form originally completed by the clinician and route through the Special Services Secretary, for signature. The R1-11 will be returned to the service coordinator for processing by the respective unit office assistant.
- D. Any purchase item over \$500.00 Dollars will be reviewed by the Chief of Consumer Services.

VI. EVALUATION OF SERVICE EFFECTIVENESS

The planning team, therapist reports, review by the appropriate consultant, and consumer/family feedback will serve as the mechanism for evaluating the effectiveness of the service or support.