



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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To: All 1915(c) Waiver Providers

From: Pam Smith
Director, Division of Community Alternatives

Date: October 31, 2018

RE: Goods and Services

The Department for Medicaid Services (DMS) is providing additional guidance on goods and services for participants in 1915(c) waiver programs due to recent questions regarding the coverage of certain items.

The 1915(c) waiver programs are the payers of last resort for goods and services. Providers should not request equipment, supplies, and services from the waiver programs when they are available through any of the funding sources below.

- Items on the Durable Medical Equipment (DME) Fee Schedule
- Goods or services covered by the Medicaid State Plan

For waiver participants younger than 21, all goods and service requests should go through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. If you have questions about requesting goods and services through EPSDT, please contact the DMS Division of Program Quality and Outcomes at (502) 564-9444.

Each waiver participant has a limited budget for goods and services. This is why DMS asks providers to make requests through other available funding sources first.

DMS allows providers to request some items through the waiver programs even when they are available through other funding sources. Below are the items for which DMS most frequently receives questions.

- Transfer Benches
 - Waivers will cover transfer benches not included under code E0247 on the DME Fee Schedule.

- Handheld showers
- Grab bars
- Disposable chuxs
- Incontinence supplies
- Enteral supplements, such as Ensure or Jevity, that are **not the participant's sole source of nutrition**. Please check individual waiver regulations to verify whether supplements are covered.
- Thick It
 - Waiver programs will cover this when there is no willing provider.
- iPads for Communication
 - The following criteria must be met:
 - A professional must recommend the iPad.
 - The iPad must be the waiver participant's **primary** source of communication.
 - The iPad must have a communication app on it.
- Accessories essential to maintaining an assistive technology device, such as batteries, protective cases, or screen protectors.
- Glasses or dentures
 - The services must be reasonable and cost effective.

If the Medicaid State Plan denies a request, providers can then make it through the 1915(c) waiver programs. Providers must upload the request to the Medicaid Waiver Management Application (MWMA) and include any denial letters. DMS will evaluate and approve requests on a case-by-case basis. If DMS denies a request, the participant receives appeal rights.

Providers should not request the following items through the 1915(c) waiver programs as they are covered through the DME Fee Schedule:

- Wheelchairs
- Hospital beds
- Orthotics, including shoes, braces, or inserts
- Catheter or ostomy supplies
- Tube feeding supplies
- Enteral supplements that **are a participant's sole source of nutrition**
- Syringes or irrigation supplies
- Blood glucose monitors or supplies

The waiver programs will not cover the following items:

- Experimental goods and services
- Items which are social or recreational in nature
- Vacation expenses
- Clothing
- TVs, radios, or DVDs
- Items that are illegal

If you have questions, you can contact the Division of Community Alternatives at (502) 564-7540.

All goods or services must benefit the waiver participant exclusively, be the least costly alternative to meet the participant's assessed need, enhance health, safety, and welfare, and advance outcomes in the person-centered plan of care designed to increase independence. We thank you for your cooperation in ensuring this waiver service is used in the most appropriate and cost effective manner for our participants.