



STATE OF MARYLAND

**DHMH**

Office of Health Services  
Medical Care Programs

PT30-03

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor - Michael S. Steele, Lt. Governor - Nelson J. Sabatini, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**Waiver for Older Adults Transmittal No. 5**

**June 5, 2003**

Area Agencies on Aging  
Case Managers for Waiver for Older Adults  
Assisted Living Providers

FROM: Susan J. Tucker, *Susan J. Tucker*  
Executive Director  
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Case Manager preauthorization of waiver services

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On June 4, 2003 the Department of Health and Mental Hygiene (DHMH) instructed Waiver for Older Adults providers to obtain written preauthorization from a client's Case Manager prior to submitting claims for services requiring medical review. We have attached the Waiver for Older Adults Transmittal No. 4 for your convenience. This process, discussed below, must be followed for Waiver for Older Adults providers to receive payment for the following services:

- Environmental Accessibility Adaptations (G0207)
- Assistive Devices (G0214)
- Environmental Modifications (G0218)
- Assistive Equipment (G0219)

A preauthorization template is attached for your use.

**\*Please note that it is very important for Case Managers to track the amount authorized for those services that have a lifetime or 12-month expenditure cap. If the Case Manager authorizes a provider to render services which exceed the regulatory limitations, Medicaid funds may not be used to reimburse these services. Such costs may become the financial responsibility of the Area Agency on Aging.**

**Environmental Accessibility Adaptations (G0207):**

1. If the client's plan of care requires Environmental Adaptations that will cost over \$500, the Case Manager must contact providers to receive at least two bids for the cost of the service. Documentation of the bids received must be included in the client's record.
2. a. The Case Manager will authorize the provider with the lowest bid to provide the service and send a copy of the completed preauthorization form to that provider.  
b. For Adaptations that cost under \$500, the Case Manager must contact the provider that will render services and send a copy of the completed preauthorization form to the provider.
3. The provider must attach the signed preauthorization form to their DHMH 248 claim to receive reimbursement. The claim can only be submitted on paper and must be sent to DHMH for payment.

*Please Note:* Environmental Accessibility Adaptations are limited to \$3000 over the participant's lifetime. The Case Manager may not give preauthorization for services over \$3000. It is the Case Manager's responsibility to track the total amount authorized for Environmental Accessibility Adaptation services provided to each client to ensure that the \$3000 limitation is observed.

**Environmental Modifications in Assisted Living Facilities (G0218):**

1. If the client's plan of care requires Environmental Modifications to an Assisted Living Facility (ALF) that cost over \$500, the ALF must:
  - a. Obtain at least two bids from licensed contractors.
  - b. Contact the client's Case Manager with the information on the lowest bid and obtain preauthorization for the service.
2. For Modifications that cost under \$500, the ALF must contact the client's Case Manager with the licensed contractor's price and obtain preauthorization.
3. The Case Manager will verify that the service is in accordance with the client's plan of care and does not exceed the lifetime cap. If determined appropriate, the Case Manager will authorize the service by sending a copy of the completed preauthorization form to the ALF. Documentation of the bids must be included in the client's record.
4. The ALF must attach the signed preauthorization form to the DHMH 248 claim to receive reimbursement. The claim can only be submitted on paper and must be sent to DHMH for payment.

*Please Note:* Environmental Modifications are limited to \$3000 per participant over a lifetime. The Case Manager may not give preauthorization to an ALF for services over \$3000 for each waiver participant living in the facility. It is the Case Manager's responsibility to track the total amount authorized for Environmental Modification services provided to each client to ensure that the \$3000 limitation is observed.

**Assistive Devices (G0214):**

1. It is important for Case Managers to ensure that requests for Assistive Devices aren't actually Disposable Medical Supplies and Durable Medical Equipment (DMS/DME) and covered under the State Plan program. Prior to authorization of equipment purchases, the Case Manager is to refer to the listing of items categorically recognized as covered DMS/DME to ensure that the requested item is not listed. If it is, then the item cannot be

authorized as an Assistive Device. A listing of covered DMS/DME is enclosed for use by Case Managers. Updated lists will be provided periodically through the transmittal process. The enclosed list is not exhaustive. Therefore, if there is any question as to whether a requested item is covered under DMS or DME, the Case Manager should call the staff specialist at DHMH's Division of Community Support Services (410-767-1739).

2. If the client's plan of care requires Assistive Devices, the Case Manager must contact the provider to arrange for this service and send a copy of the completed preauthorization form to the provider.
3. The provider must attach the preauthorization form to their HCFA 1500 claim to receive reimbursement. The claim can only be submitted on paper and must be sent to DHMH for payment.

*Examples:* Assistive Devices that may be reimbursed under the waiver include, but are not limited to, special eating instruments or extenders to assist with reaching or dressing.

*Please Note:* If the equipment is covered under DMS/DME, the provider must bill under the Medicaid State Plan using their DMS/DME provider number.

There is a \$100 limit for each item and a \$1000 limit for the total amount spent on Assistive Devices every 12 months for each client. This 12-month period will start on the date the client's first provider renders the client's first service. The Medicaid billing system tracks claims to ensure they do not exceed the regulatory limitations. The Case Manager may not give preauthorization to a provider for Assistive Devices that will cost more than \$100 per item or that exceed \$1000 over a 12-month period. It is the Case Manager's responsibility to track the total amount authorized for Assistive Devices for the client during each 12-month period as defined above to ensure the limitation is observed.

#### **Assistive Equipment in Assisted Living Facilities (G0219):**

1. It is important for Case Managers to ensure that requests for Assistive Equipment aren't actually DMS/DME and covered under the State Plan program. Prior to authorization of equipment, the Case Manager is to refer to the listing of items categorically recognized as covered under DMS/DME to ensure that the requested item is not listed. If it is, then the item cannot be authorized as Assistive Equipment. A listing of covered DMS/DME is enclosed for use by Case Managers. Updated lists will be provided periodically through the transmittal process. The enclosed list is not exhaustive. Therefore, if there is any question as to whether a requested item is covered under DMS or DME, the Case Manager should call the staff specialist at DHMH's Division of Community Support Services (410-767-1739).
2. If the client's plan of care requires Assistive Equipment in an ALF that is covered under DMS/DME, the Case Manager must contact a DMS/DME provider to arrange for this service.
3. If the client's plan of care requires Assistive Equipment in an ALF that is not covered under DMS/DME, the ALF assumes responsibility for purchasing the Assistive Equipment and for paying the vendor or store.
4. Before purchasing the equipment, the ALF must contact the Case Manager with the cost of the equipment and request a preauthorization.

5. The Case Manager will verify that the service is in accordance with the client's plan of care, does not exceed the 12-month cap, and send a copy of the completed preauthorization form to the ALF.
6. The ALF must attach the signed preauthorization form to their DHMH 248 claim to receive reimbursement. The claim can only be submitted on paper and must be sent to DHMH for payment.

Examples: Assistive Equipment may include, but is not limited to, such items as a door alarm, portable "help" button, and geriatric chair. Assistive Equipment may not include eyeglasses, a hearing aid, or dentures because they are covered under State Plan services.

Please Note: If the equipment requested is covered under DMS/DME, it may not be approved as Assistive Equipment. Instead the provider must bill under the Medicaid State Plan using their DMS/DME provider number.

There is a \$100 limit for each item and a \$1000 limit for the total amount spent on Assistive Equipment every 12 months. This 12-month period will start on the date the client's first provider renders the client's first service. The Case Manager may not give preauthorization to an ALF for Assistive Equipment that will cost more than \$100 per item or exceed the 12-month limitation. It is the Case Manager's responsibility to track the total amount authorized for Assistive Equipment each 12-month period as defined above for the waiver client in the ALF to ensure that the limitation is observed.

Questions regarding this transmittal may be directed to Ms. Pamela Greene, Waiver for Older Adults Supervisor, at 410-767-5220.

Attachments: Waiver for Older Adults Transmittal No. 4  
Preauthorization Form  
DMS/DME Approved List of Items

MDoA

Maryland Medicaid Home and Community-Based Services Waiver for Older Adults  
Medical Review Claims

Preauthorization Form

**Provider Instructions:** Please attach this completed form to your claim and send to  
DHMH – P.O. Box 1935 – Baltimore, MD 21203

Date of Request: \_\_\_\_\_

\_\_\_\_\_  
(Provider Name)

\_\_\_\_\_  
(Client Name)

\_\_\_\_\_  
(Provider #)

\_\_\_\_\_  
(Client MA #)

\_\_\_\_\_  
(Provider Telephone #)

**SERVICE REQUESTED:**

- |   |  |
|---|--|
| <input type="checkbox"/> Environmental Adaptations (G0207)    | <input type="checkbox"/> Assistive Devices (G0214)   |
| <input type="checkbox"/> Environmental Modifications (G0218)  | <input type="checkbox"/> Assistive Equipment (G0219) |
| <input type="checkbox"/> Home Health Medical Supplies (G0227) |  |

BRIEFLY DESCRIBE REQUEST:

Service Cost: Accepted bid/price\*: \$ \_\_\_\_\_  
Second bid/price (if required): \$ \_\_\_\_\_

\*This price does not exceed the client's lifetime or 12-month expenditure cap.

**REQUEST APPROVED**

**REQUEST DENIED, REASON:**

\_\_\_\_\_  
(SIGNATURE OF CASE MANAGER)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(AAA JURISDICTION)

\_\_\_\_\_  
(TELEPHONE #)