

## **Durable Medical Equipment and Supplies**

### **Description**

Durable medical equipment (DME) includes specified, prescriptive equipment that is required by the recipient. Durable medical equipment generally meets all of the following requirements:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Is generally not useful to a recipient in the absence of a disability; and
- Is appropriate for use in the home.

### **Limitations**

Durable medical equipment and supplies cannot duplicate items that are provided through the Medicaid State Plan. Refer to the Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook for additional information on Medicaid State Plan coverage. DME and medical supplies that are not available under the Medicaid State Plan or are available in insufficient quantity to meet the needs of the recipient may be purchased by the waiver. All DME and medical supplies must have direct medical or remedial benefit to the recipient and is related to the recipient's disability. The FSL waiver covers the DME and medical supplies listed in this section. Some items have specific requirements or limitations.

### **Van Adaptations**

The FSL waiver covers van adaptations, including lifts, tie downs, raised roof or doors in a family-owned or individually owned full-size van. The conversion of minivans is limited to the same modifications, but exclude the cost to modify the frame (e.g., lower the floor) to accommodate a lift. Van modifications must be necessary to ensure accessibility of the recipient with mobility impairments when the vehicle is the recipient's primary mode of transportation. Only one set of modifications per vehicle is allowed, and will be approved in a five-year period. No adaptations will be approved for an additional vehicle if APD has paid for adaptations to another vehicle during the preceding five-year period. The vehicle modified must have a life expectancy of at least five years. This must be documented with an inspection by an Automotive Service Excellence (ASE) certified mechanic. The lift that is approved cannot exceed 2 ½ times the NADA (blue book) value for the make, model and mileage on the van. Purchase of a vehicle and any repairs or routine maintenance to the vehicle are the responsibility of the recipient or family. Payments for repair to adaptations after the warranty expires may be approved by the APD prior service authorization agent.

Many automobile manufacturers offer a rebate of up to \$1,000 to recipients purchasing a new vehicle requiring modifications for accessibility. To obtain the rebate the recipient or family is required to submit documented expenditures of modifications to the manufacturer. If the rebate is available it must be applied to the cost of the modifications. If a recipient or a family purchases a used vehicle with adaptive equipment already installed, the waiver may not be used to fund the vehicle purchase or any portion of the purchase related to the adaptive equipment already installed.

A rehabilitation engineer or other certified professional may be reimbursed under home accessibility assessment to assess the appropriateness of any van conversion, including identification of an appropriate lift system, if no vendor is available within a reasonable distance to provide the assessment.

### **Wheelchair Carrier**

The FSL waiver covers wheelchair carriers for the back of the car. Wheelchair carriers are limited to one carrier for a five-year period.

## **Wheelchairs**

The FSL waiver covers wheelchairs that are medically necessary and not covered by the Medicaid State Plan. A physician must prescribe the specific item. Wheelchairs are reimbursable when all the following criteria are met:

- a. The recipient has a customized power wheelchair funded through Medicare or Medicaid, which is used as his primary mode of ambulation; or the recipient is ambulatory, but has a documented medical condition that prevents walking for sufficient lengths of time to go about his daily activities, for example cardiac insufficiency or emphysema. This condition must be documented by a physician and include a statement addressing how the recipient is limited in normal daily activities by the condition.
- b. The recipient needs a manual wheelchair to facilitate movement within his own home and to enable the recipient to be safely transported in an automobile. It must be documented that the vehicle does not have a lift or that the recipient's primary chair, if applicable, cannot be collapsed to fit into a trunk or on a wheelchair carrier.
- c. The requested wheelchair is the most cost-beneficial device that meets the needs of the recipient.
- d. The wheelchair covered by this service is a standard (manual) wheelchair and not intended for a recipient who cannot use a standard chair for any length of time without adaptation.

If the recipient usually uses a customized wheelchair, but needs a standard wheelchair to transfer to an automobile that does not have a lift or around the home to avoid the need for accessibility adaptations, an additional second (standard) wheelchair should be considered. Adaptive wheelchairs, including customized power wheelchairs are covered through the Medicaid State Plan. Payments for repair to wheelchairs after the warranty expires may be approved by the APD prior service authorization agent. Only one manual wheelchair may be purchased in a five-year period. The waiver will not fund the purchase of both a manual wheelchair and a stroller in a five-year period. Excluded from coverage are wheelchairs requested to facilitate recreational activities such as beach wheelchairs, sports wheelchairs or wheelchairs that are not the most cost-beneficial way to meet the needs of the recipient. Waiver services are not used to cover any copayments, with the exception of patient responsibility for Medicare-funded wheelchairs.

## **Strollers**

The FSL waiver covers strollers. Strollers are subject to the same criteria and limitations for wheelchairs, as stated above, except reimbursement for a stroller will be limited to **\$2000.00**. Only one stroller or manual wheelchair can be purchased in any five-year period. As a cost-effective alternative, the base unit for an adaptive car seat could be covered in lieu of a stand-alone stroller unit.

Payments for repair to strollers after the warranty expires may be approved by the APD prior service authorization agent if not covered by Medicare or the Medicaid State Plan.

## **Portable Ramps**

The FSL waiver covers portable ramps, when the recipient requires access to more than one non-accessible structure.

## **Patient Lift**

The FSL waiver covers patient lifts, hydraulic or electric with seat or sling, when The recipient requires the assistance of more than one person to transfer between a bed, a chair, wheelchair or commode. Reimbursement is limited to adults and to one lift every eight years. The cost cannot to exceed \$2,000. Payments for repair to lifts after the warranty expires may be approved by the APD prior service

authorization agent, if not covered by Medicare or the Medicaid State Plan.

**Ceiling Lift**

The FSL waiver covers ceiling lifts. A ceiling lift requires a home accessibility assessment by a rehabilitation engineer or appropriate professional to insure the structural integrity of the home to support the ceiling lift and track system. When a ceiling lift is requested, it must be documented that it is the most cost effective means of meeting the recipient's need and that the specific item selected does not exceed the medically-necessary needs of the recipient.

Medical necessity is usually limited to necessary access to an individual bedroom and bath. Only one system will be reimbursed for a recipient. If after at least five years the recipient moves, it will be determined if the most cost-efficient means to meet the recipient's need is by moving the current system or purchasing a new system if a ceiling lift is still required by the recipient. A new assessment and determination must be made. The cost of a ceiling lift may not exceed \$10,000.

Payments for repair to ceiling lifts after the warranty expires may be approved by the APD prior service authorization agent, if not covered by Medicare or the Medicaid State Plan.

**Adaptive Car Seat**

The FSL waiver covers adaptive car seats for recipients who are transported in the family vehicle and who cannot use the standard restraint system or can no longer fit into a standard child's car seat. The seat must be prescribed by a physical therapist who determines that the recipient cannot use standard restraint devices or car seats. The physical therapist must identify appropriate equipment for the recipient. Adaptive car seats are limited to one per recipient every three years and must cost no more than \$1,200. A harness system may also be purchased in lieu of a car seat for older children or children who are unable to sit in a care seat, so long as the device is used for safety purposes and not as a behavioral restraint.

**Bidet**

The FSL waiver covers bidets. Bidets are limited to recipients who are able to transfer onto commodes independently, but whose physical disability limits or prevents thorough cleaning. A bidet requires a prescription by a physician and an assessment by a physical or occupational therapist to determine that the recipient can use the item independently. The bidet and installation must cost no more than \$1,000.

**Air Conditioner**

The FSL waiver covers a single room air conditioner, when there is a documented medical reason for the recipient's need to maintain a constant external temperature. Conditions for which a single room air conditioner may be congestive heart failure, severe cardiac disease, COPD (emphysema), or damage or disease of the hypothalamus. Only one single room air conditioner, maximum of 250 square feet capacity, will be approved per recipient for a five-year period. The air conditioning unit must cost no more than \$300.

**Single Room Air Purifier**

The FSL waiver covers a single room air purifier when there is documented medical reason for the equipment. The documentation necessary for this equipment would be a prescription from a pulmonologist along with a medical statement explaining the medical diagnosis, the reason why the equipment is necessary and the expected outcome of the treatment. Conditions for which a single room air purifier may be appropriate include severe asthma with documented sensitivity to indoor airborne particles, chronic obstructive pulmonary disease, emphysema or pulmonary dysplasia. The air purifier unit must cost no

more than \$250. Only one air purifier unit will be approved per recipient for a five-year period.

**Adaptive Switches and Door Openers**

The FSL waiver covers adaptive switches and buttons to operate equipment, communication devices, environmental controls, such as heat, air conditioning, and lights, for a recipient living alone or who is alone without a caregiver for a major portion of the day. Excluded are adaptive switches or buttons to control devices intended for entertainment, employment, or education. The FSL waiver may reimburse adaptive door openers and locks for a recipient living alone or who is alone substantial portions of the day or night and has a need to be able to open, close or lock the door and cannot do so without special adaptation.

**Environmental Safety Devices**

The FSL waiver covers environmental safety devices. Reimbursement is limited to door alarms, anti-scald devices, and grab bars for the bathroom.

**Bath or Shower Chairs**

The FSL waiver covers bath or shower chairs when medically indicated and not covered through the Medicaid State Plan. Coverage is limited to the most cost beneficial item necessary to meet the recipient's need for bathing. Items that exceed the basic needs of the recipient are not covered.

**Adaptive Eating Devices and Bathing Aids**

The FSL waiver covers adaptive eating devices, including adaptive plates, bowls, cups, drinking glasses, and eating utensils, that are prescribed by a physical therapist, occupational therapist or Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) certified provider. The FSL waiver covers adaptive bathing aids to facilitate independence, as prescribed by a physical, occupational therapist, or RESNA certified provider.

**Communication Boards**

The FSL waiver covers picture communication boards and pocket charts that are selected and prescribed by a speech therapist.

**Gait Belts**

The FSL waiver covers gait belts for safety during transfers and ambulation and also covers transfer boards.

**Special Bedding, Bolsters, Pillows and Wedges**

The FSL waiver covers egg crate padding for a bed when medically indicated and prescribed by a physician. The FSL waiver covers hypoallergenic covers for mattress and pillows when ordered by a physician, who documents necessity based upon severe allergic reaction to airborne irritants. The FSL waiver covers bolsters, pillows, or wedges, necessary for positioning, when prescribed by a physical or occupational therapist.

**Generators**

The FSL waiver covers generators for recipients who meets one of the following conditions:

- a. Is ventilator-dependent;
- b. Requires daily use of oxygen via a concentrator;
- c. Requires continuous, 24-hour total parenteral nutrition via an electric pump;
- d. Requires continuous, 24-hour infusion of total nutritional formula through a jejunostomy or gastrostomy tube via an electric pump; or
- e. Requires continuous, 24-hour infusion of medication via an electric pump.

The size of the generator is limited to the wattage necessary to provide power to the essential life-sustaining equipment. When a generator is requested, it must be documented that the specific model identified is the

most cost-beneficial and meets, but does not exceed the recipient's need. One generator per recipient may be purchased per ten-year period. Payments for repair to generators after the warranty expires may be approved by the APD prior service authorization agent, if no other funding is available.

**Therapy Mat**

The FSL waiver covers therapy mats prescribed by a physical therapist, when a recipient is involved in a home-therapy program designed by a therapist and carried out by the family or caregiver in the recipient's own or family home.

**Pulse Oximeters**

The FSL waiver covers reimburse pulse oximeters for recipients with respiratory or cardiac disease, who use supplemental oxygen on a continuous or intermittent basis. The pulse oximeter must be prescribed by the recipient's pulmonologist, cardiologist, or primary care physician.

**Services Exceptions**

Items that not listed above that meet the definition of durable medical equipment may be approved through exception by APD. To request an exception, a physician must prescribe the item. The statement from the physician must delineate how the item is medically necessary; how it is directly related to the recipient's developmental disability; and that without the item, the recipient cannot continue to reside in his own home or the family home. The request will be reviewed by an appropriate, qualified professional to determine whether the standards for medical necessity set forth in Chapter 59G-1.010(166), F.A.C., are met, and to determine whether the requested item fairly meets the service definition. The APD prior service authorization agent's Medical Director may also review the request, for the same purpose.

**Choice of Vendor**

If multiple vendors are enrolled to provide this service, the recipient shall select from among all eligible vendors based on the item's availability, quality and best price.

**Service Limitation**

No more than five items per day may be purchased.

**Excluded Items**

The FSL waiver does not reimburse for equipment that has general utility or is generally used for physical fitness or personal recreational choice. That fact that the item may be prescribed does not change the character of the equipment for purposes of coverage in this category. For example, a physical therapist, occupational therapist or physician recommending or prescribing a stationary bicycle or hot tub does not convert that item from personal fitness or recreational choice equipment to durable medical equipment covered under the waiver. Items that the FSL waiver reimburses in this category generally include those specifically designed for a medical purpose; and that are not used by the general public for physical fitness purposes, recreational purposes, or other general utility uses. It is the general character and not the specific use of the equipment that determines its purpose for coverage under this category. The FSL waiver does not reimburse items usually found or used in a physician's office, therapist's office, hospitals, rehabilitation centers, clinics or treatment centers, or for items designed for use by a physician or trained medical personnel. This includes items such as prone or supine standers, gait trainers, activity streamers, vestibular equipment, paraffin machines or baths, therapy balls, etc. The FSL waiver does not reimburse experimental equipment, weighted vests and other weighted items used for the treatment of autism, facilitated communication, hearing and vision systems, institutional type equipment, investigational equipment, items used for cosmetic purposes, personal comfort, convenience or general

sanitation items, or routine and first aid items. The FSL waiver does not reimburse items for diversional or entertainment purposes. Items that would normally be available to any child or adult, and that would ordinarily be provided by families are also excluded. Such items include, but are not limited to, crayons, coloring books, other books, games, toys, videotapes, CD players, radios, cassette players, tape recorders, television, VCRs, cameras, film, computers and software; exercise equipment (i.e., treadmill, exercise bike), indoor and outdoor play equipment (i.e., swing sets, slides, bicycles, tricycles—including adaptive types), trampolines, play houses, merry-go-rounds, etc; and furniture or appliances. Items that are considered family recreational choices are also not covered (i.e., air conditioning for campers, swimming pools, decks, spas, patios, hot tubs, etc.). The above examples do not represent an exhaustive list of all items not covered through the waiver.

### **Restraints**

In accordance with Chapter 393.13, F.S., totally enclosed cribs and barred enclosures are considered restraints and are not covered under the waiver. Strollers and wheelchairs when used for restraint are also not covered.

### **Special Considerations**

Recipients and their family members cannot be reimbursed for equipment they purchase. Any durable medical equipment must be determined to be cost beneficial. Once the most reasonable alternative has been identified and specifications developed, three competitive bids must be obtained for all items \$1,000 and over to determine the most economical option. If three bids cannot be obtained it must be documented to show what efforts were made to secure the three bids and explain why less were obtained. For items under \$1,000, one bid is required as long as it can be demonstrated that the bid is consistent with local market value. The FSL waiver cannot provide durable medical equipment that is available for purchase through the Medicaid State Plan. Medicaid often covers like equipment, but not the specific brand requested. When this occurs, the recipient is limited to the Medicaid-covered device. The lack of coverage for a specific brand name is not a medically necessary justification for waiver purchase. Only the equipment that is not covered through the Medicaid State Plan or in a sufficient quantity to meet the recipient's needs may be purchased through the FSL waiver, and then only when it is consistent with service requirements in this handbook. All equipment must have direct medical or remedial benefit to the recipient, be related to the recipient's developmental disability, and be necessary to prevent institutionalization. Assessment and recommendation of appropriateness by a licensed physician, physical therapist or occupational therapist may be required.

### **Documentation Requirements**

Prior to the provider submitting the claim for payment, the recipient's waiver support coordinator must document that the equipment was received and it works according to the manufacturer's description, either by conducting a site visit or obtaining verbal verification from the recipient or family. The provider must maintain the following reimbursement and monitoring documentation:

1. \*Copy of the pre-approved claim(s) form submitted for payment; and
2. Original prescription for the medical equipment, if prescribed by a physician.

Note: See General Documentation Requirements in this chapter for additional information and documentation descriptions. \*Indicates reimbursement documentation.

**Documentation for the  
Waiver Support  
Coordinator**

The provider must submit the following documentation to the waiver support coordinator:

1. \*Service log listing equipment provided and documenting waiver support coordinator verification that equipment was received and works per manufacturer's description, prior to submission of claim for payment; and
2. Copy of original prescription, if prescribed by physician.

\*Indicates reimbursement documentation.