**Guidelines for Specialized Medical Equipment and Supplies (Section 21)**

**Mainecare Benefits Manual, 10-144 C.M.R. Ch.II, 21.05-21:**

**21.05-21 Specialized Medical Equipment and Supplies** include devices, controls, or appliances specified in the plan of care that enable members to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This benefit also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and nondurable medical equipment not available under the MaineCare Benefits Manual.

Items reimbursed under this waiver benefit are in addition to any medical equipment and supplies furnished under the MaineCare Benefits Manual. All items must meet applicable standards of manufacture, design and installation. If used in vehicle modification, this benefit applies to member owned or a member’s family owned vehicle only; it is not available in provider owned, leased or operated vehicles. All items shall be considered the property of the member and must remain at the member’s disposal at all times regardless of where the member resides.

Medically necessary adaptive aids that cannot be obtained as a covered service under any other MaineCare benefit may be reimbursed under this section if they meet all the requirements of this Section.

Examples of this benefit may include but are not limited to the following:

1. lifts such as van lifts/adaptations for vehicles used by members who are unable to access transportation services covered in this Section or in Chapter II, Section 113, Transportation Services of the MaineCare Benefits Manual; lift devices, standing boards, frames, and standard wheelchairs, including those with removable arms and leg rests, pediatric "hemi" chairs, tilt-in-space and reclining wheelchairs;
2. control switches/pneumatic switches and devices such as sip and puff controls, and adaptive switches or devices that increase the member’s ability to perform activities of daily living;
3. environmental control units such as locks, electronic control units and safety restraints;
4. other devices necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment that are not otherwise covered for reimbursement in the MaineCare Benefits Manual.

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**\*\*\* Requests for SME must be made to third party insurance (ex. Aetna, Harvard Pilgrim, Cigna, etc.), Maine Care Section 60, as well as Medicare if applicable. Waiver funds are to be the last payment source considered. \*\*\***

**Procedure**:

1. The Member’s planning team must discuss and document the medical or behavioral necessity, expected use and duration of any request for Specialized Medical Equipment (SME) within the PCP. Documentation should reflect how equipment/device will either:
2. enable member to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live, or,
3. is an item necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items.

All items in excess of five hundred dollars ($500) require documentation from physician or other appropriate professional such as OT, PT or Speech therapist that the purchase is appropriate to meet the member’s need.

Documentation must meet the following criteria:

* Signed, dated orders, less than 6 months for the requested equipment.
* Diagnoses with statement of medical necessity.
* Estimated duration of equipment use (e.g., 3 months, 1 year, lifetime)
* Supporting medical records, IF NECESSARY. Please note that a prescription with a diagnosis is not sufficient clinical documentation to support medical necessity.

1. The Case Manager must submit the following to the CRT:

* Authorization Request Form that includes the items/devices being requested and total cost.
* Denial letters from third party insurance, Medicare, and/or Medicaid
* At least one estimate for the requested item, device, appliance; preferably 3.
* Any supporting documentation
* Invoice Form (if available)
* Copy of any relevant Behavior Management Plan or Safety Plan.
* Authorized Payment Information Form- The form should indicate who will be purchasing or providing payment for the Specialized Medical Equipment. Please include itemized list with individual prices of each item.
* A copy of the manufacturer’s invoice must be provided to support the “Manufacturer’s Suggested Retail” price that you enter on the form.

1. A written decision will be sent to the Member and/or Guardian within twenty (20) working days of receipt of all required documentation
2. The Case Manager will receive a copy of the decision letter via email and postal mail.
3. A copy of the Authorization Payment Information Form and the decision letter will be emailed to the DHHS/OADS Resource Coordination Team regarding Specialized Medical Equipment and the Resource Coordination Team will complete all applicable authorizations accordingly. A copy of the email correspondence is put in the Member File.
4. When additional information is required by the CRT, a request for information will be submitted to the Member/Guardian and Case Manager.
5. Upon receipt of the required information, the CRT will issue a decision letter within ten (10) working days.

Please submit applications by mail, password protected email, or fax:

The Clinical Review Team

41 Anthony Avenue SHS #11

Augusta, Maine 04330

[CRT-OADS.DHHS@maine.gov](mailto:CRT-OADS.DHHS@maine.gov)

Fax: 207-287-4229

Phone: 207-287-8303

Should you have any questions or comments, please contact the CRT Program Supervisor at:

[CRT-OADS.DHHS@maine.gov](mailto:CRT-OADS.DHHS@maine.gov)

For more information, please refer to the MaineCare Benefits Manual, 10-144 C.M.R. Ch.II, 21.05-21

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