Understanding the Medicaid Waiver Request for Approval (RFA) Process

Ruth Roberts, RFA Specialist, IPMG
Learning Objectives

At the end of this training, learners will be able to:

✓ Gain knowledge about the waiver services; environmental modifications, vehicle modifications and specialized medical equipment.

✓ Understand what items are allowable and not allowable services for each waiver.

✓ Learn the steps required to obtain waiver services using the Request for Authorization (RFA) process.
<table>
<thead>
<tr>
<th>Community Integration and Habilitation Waiver (CIH)</th>
<th>Family Support Waiver (FSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Vehicle Modifications</td>
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</tr>
<tr>
<td>✓ Specialized Medical Equipment and Supplies</td>
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</tr>
<tr>
<td>✓ Environmental Modifications</td>
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</tr>
</tbody>
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Environmental Modification

**Waiver Definition:**
Those physical adaptations to the home, required by the individual’s plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which the individual would require institutionalization.

*Waiver Services must approve all environmental modifications prior to service being rendered.*
Examples of Allowable Environmental Modification
Environmental Modifications: Covered Items

- Fence – Limited to 200 Linear Feet with past documented history of elopement (Must have an Incident Report to document the elopement history)
- Ramp – Limited to 1 per house
- Door widening
- Walk-in Tub
- Automatic Door Opener
- Roll-in shower / Bathroom Modifications
Environmental Modifications: Covered Items

- Anti-Scald Devices
- Grab Bars
- Stair Lift
- Single Room Air Conditioner
- Shatterproof window coverings

- Portable Ramps (considered for rental properties only).
- Door Alarms
- Maintenance to modifications previously covered through waiver - $500 yearly cap
Grab Bars

Hinged Arm Support
Stair lift
Environmental Modifications: Items Not Covered

- Ceiling Track Lift Systems
- Elevators
- Home Security Systems (including window alarms)
- Adaptations which are not of direct medical or remedial benefit to the individual (such as carpeting, roof repair, central air conditioning)
- Adaptations which add to the total square footage of the home
Environmental Modifications:
Items Not Covered (cont’d)

- Modifications that duplicate existing accessibility (2nd ramp)

- Adaptations to service provider owned housing. Home accessibility modifications as a service under the waiver may **not** be furnished to individuals who receive residential habilitation and support services except when such services are furnished in the participant’s own home.
Environmental Modifications:
Items Not Covered (cont’d)

- Modifications on new home construction
- Modifications to add a non-ADA item i.e. a bathtub or vanity (A roll-in shower or wall hung sink could be added to meet ADA requirements.)
Vehicle Modifications (VMOD): What’s Covered

- Wheelchair Lifts
- Wheelchair tie-downs
- Wheelchair / scooter hoists
- Wheelchair / scooter carrier for roof or back of vehicle
Vehicle Modifications (VMOD): What’s Covered (cont’d)

- Raised Roof and Raised Door Openings
- Power Transfer Seat (Excludes Mobility Base)
- Maintenance to items previously funded through waiver – $500 yearly cap
Vehicle Modifications (VMOD): What’s Not Covered

- Lowered Floor Mini-Van Conversions
- Routine maintenance and repairs related to the vehicle
- Repair or replacement of modified equipment damaged or destroyed in an accident
- Repairs to modifications that were not paid for through Waiver funds
Vehicle Modifications: Additional Information

- Only one vehicle per individual household may be modified at one time.
- Vehicle must be less than 10 years old or have less than 100,000 miles.
- PA denial is not required.
- If older than 5 years, a mechanic must provide written verification that the vehicle is in sound condition.
- Client or primary caregiver must purchase the vehicle prior to adding modifications.
Specialized Medical Equipment and Supplies

Reimbursable Activities:
- Items necessary for life support
- Adaptive equipment and supplies
- Ancillary supplies and equipment needed for the proper functioning of specialized medical equipment and supplies
- Durable medical equipment not available under Medicaid State Plan
- Non-durable medical equipment not available under Medicaid State Plan
- Communications devices
- Interpreter services
Specialized Medical Equipment and Supplies

**Waiver Definition:**
Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live and without which the individual would require institutionalization.

*Any ATCH item submitted through waiver must have a PA denial included with the request.*
Specialized Medical Equipment and Supplies

- Communication Devices
- Generators (portable)
- Interpreter Service
- Self Help Devices (Bed tables, reachers, eating utensils, Weighted Vest, Weighted Blanket, Noise Reducing Headphones)
- Strollers
- Manual wheelchairs
- Posture chairs & feeding chairs
- Lift Chair
- Maintenance for items previously funded through waiver - $500 yearly cap
### Specialized Medical Equipment: What’s Not Allowed (Examples)

<table>
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<tr>
<th>Computers &amp; Software</th>
<th>Therapy Mats</th>
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<tr>
<td>Exercise equipment such as treadmills or exercise bikes</td>
<td>Scales</td>
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<tr>
<td>Play equipment such as adaptive tricycles</td>
<td>Therapy Balls</td>
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<tr>
<td>Items normally covered by Medicaid PA (i.e. standard shower chairs, bedside commode, raised toilet seat, power wheelchairs, walkers, incontinence supplies, hospital beds, standers, etc.)</td>
<td>Bathtub lifts</td>
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<tr>
<td>Motorized Scooters</td>
<td>Medication Dispensers</td>
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Specialized Medical Equipment: Activities Not Allowed

- Equipment and services that is available under the Medicaid State Plan
- Equipment and services that are not of direct medical or remedial benefit to the individual
- Equipment and services that have not been approved on a Request for Approval to Authorize services (RFA)
- Equipment and services that are not reflected in the Individualized Support Plan
- Equipment and services that do not address needs identified in the person centered planning process
Bath Lifts

Bath lifts are covered through Medicaid Prior Authorization PA with a corresponding diagnosis.
Medicaid State Plan: Prior Authorization

Examples of Equipment and Services available under the Medicaid State Plan, using Prior Authorization:

- Incontinence Supplies
- Diabetic Supplies
- Wheelchairs (Mobility aids)
- Hospital beds
- Bath lifts
- Shower Chairs
- Hearing Aids
- Communication Devices
- Occupational, speech, and physical therapy
- Home Health aide and Skilled Nursing Services
- Quarterly Respite Nursing Home Stay
Miscellaneous Items

- If the costs are below $1,000, only 1 bid is required. However, the state can request additional bids if the costs appear to be excessive.
- A prescription is required for all services (except maintenance requests).
- For bath mods, the Support Team needs to obtain pictures of all existing bathrooms in the home. Pictures need to show a full view of the bathroom.
- For ramps, the Support Team needs to obtain pictures of all exits to the home.
Steps:
Initiate the Referral Process

- Individual served or someone on support team will request need.

- Case Managers working with IPMG will notify the IPMG RFA Specialist. A referral form may be needed for IPMG Case Managers.

- Bids are required from the approved waiver providers.
Steps: 
Initiate the Referral Process (cont’d)

Additional steps the CM will need to complete:

- Obtain Medicaid PA for required services prior to using waiver funding.

- Obtain physician’s order script.

- Obtain pictures for selected items.

- Obtain a letter of permission from the landlord (for rental properties).
Steps:
Submit an RFA Request

(For IPMG Case Managers, RFA specialist will assist with all steps of this process).

- Bids will be obtained and reviewed by the Case Manager. Three bids are required for items over $1,000.
- CM will share bids with family
- Lowest bid must be used unless supporting documentation exists
- Once bid has been selected, the RFA, CCB Update, and the ISP Update must be completed.
Steps:
Submit to Medicaid Waiver Unit

- When CCB, RFA, and ISP work has been completed, notification and bid information is sent to the Waiver State Reviewer through INsite.

- Additional information may be requested by the Waiver State Reviewer. IPMG CMs will contact the RFA specialist to complete these steps.
Steps: Obtain RFA Approval
For IPMG CMs

- Approved RFA is emailed to RFA Specialist
  - Will forward to Provider & CM
- Provider will schedule modification with the family
- Once modification is complete, CM will verify satisfaction with Individual / family and notify RFA Specialist.
- RFA Specialist will enter completion information into INsite.
Steps: Obtain RFA Approval
For IPMG CMs (cont’d)

- RFA will export back to the state for final approval.
- Final RFA approval will export back automatically. (For medical model waivers, the approval is not automatic and may take up to a week.)
  - The provider will be able to bill within 2 days of this final approval.
  - RFA specialist will notify provider that they can bill.
Steps: Obtain RFA Approval
For Non-IPMG CMs

- Case Manager will receive approval Notice of Action and RFA.
- Case Manager will notify family and provider of approval.
- Provider will schedule modification.
- Case Manager will complete inspection upon notification of job being completed.
- Case Manager will enter completion information into INsite.
- Upon billing approval, RFA will email back to the case manager who can notify the provider that it will be billable in 2 business days.
Lifetime Caps: Environmental Modifications

- CIH, Medical Model - $15,000
- Not a service under FSW
- Yearly Maintenance - $500
Lifetime Caps:
Vehicle Modifications

- CIH, Medical Model - $15,000
- FSW - $7,500
- Yearly Maintenance - $500
Lifetime Caps: Specialized Medical Equipment/Assistive Devices (ATCH)

- FSW - $7,500
- VMOD & ATCH have a combined cap of $7,500 under FSW. (Note – This service must also fit within the yearly service cap for all services for FSW. They may have to reduce other services to fit this within their yearly service cap.)
- No Cap for all other waivers including CIH and Medical Model
RFA Screen in Insite:
Viewing Funding Available
This screen shows totals for the services that have been previously approved.
References

RFA information from DDRS Manual:

Waiver Information:
http://www.in.gov/fssa/ddrs/2639.htm

Home & Community Based Medicaid Waivers (CIH and FSW)

- Community Integration and Habilitation Waiver (CIH) Effective February 1, 2014
- Family Supports Waiver (FSW) Effective January 1, 2014
Questions?

- For providers or Case Managers working with IPMG: Contact RFA Specialist, Ruth Roberts, (317) 947-4970 or email at r.roberts@gotoipmg.com

- If you need assistance locating providers who may bid on different projects, approved providers are available on the Medicaid Waiver pick list. Your Case Manager can provide a list of the providers certified within each county.
Thanks for your Attendance!

- This training has been recorded and will be available on IPMG’s website. A link to the recording will be sent within 48 hours to everyone that registered and attended today's training.
- IPMG will email a confirmation of attendance (within 48 hours) for proof of attendance. If you do not receive this email contact: customerservice@gotoipmg.com
- Q&A guide based upon today’s questions will be posted on IPMG’s website.