

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**ADMINISTRATIVE PROCEDURE**

Date Issued **07/24**

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<b>CHAPTER</b> Fiscal Management	<b>CHAPTER</b> 07	<b>SECTION</b> 003	<b>SUBJECT</b> 0065
<b>SECTION</b> Reimbursement	<b>SUBJECT</b> Specialized/Enhanced Medical Equipment and Supplies, Environmental Modifications, and/or Enhanced Pharmacy		
<b>WRITTEN BY</b> Diana McShane-Farr	<b>REVISED BY</b> Danielle Hazlewood		<b>AUTHORIZED BY</b> Telly Delor

I. **APPLICATION:**

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. **PURPOSE STATEMENT:**

St. Clair County Community Mental Health (SCCCMH) shall ensure that individuals, who are not covered by any other funding source, may submit requests for funds for specialized and enhanced medical equipment and supplies and/or environmental modifications and enhanced pharmacy.

III. **DEFINITIONS:**

- A. **Specialized and Enhanced Medical Equipment and Supplies:** Includes devices, supplies, controls, or appliances that are not available under regular Medicaid coverage or through other insurances.
- B. **Environmental Modifications:** Physical adaptations to the home and/or workplace, due to medical necessity, and addressed in the individual's IPOS to ensure the health, safety and welfare of the recipient, or enable the individual to function with greater independence within the environment and without which the individual would require more restrictive living arrangements.
- C. **Enhanced Pharmacy:** Physician-ordered, nonprescription "medicine chest" items as specified in the individual's support plan. Items that are not of direct medical or remedial benefit to the individual are not allowed.

IV. **STANDARDS:**

- A. Individuals in need of specialized and enhanced medical equipment and/or environmental modifications and/or enhanced pharmacy will have the request(s) assessed on a uniform basis by SCCCMH.

- B. Requests for these items will be prioritized based upon:
1. The urgency of need with supporting evidence.
  2. The availability of funds for each individual item.
- C. Requests will be reviewed on an individual basis, taking into account all information and materials presented to justify the request.
- D. SCCCMH is the payer of last resort. All other sources of funding must be exhausted, then documented.
- E. Financial documentation must be submitted with the Prior Review and Approval request on [Form #0091 Specialized/Enhanced Medical Equipment and Supplies, Environmental Modifications, and/or Enhanced Pharmacy](#).
- F. Form [#0091](#) pertaining to prescriptions is effective for six months. All other requests for supplies, etc., is effective for 3 months.

V. PROCEDURES:

**PART I:**

**Primary Caseholder/Requestor**

1. Identifies, with assistance from the individual and their planning team, as appropriate, the need for specialized and enhanced medical equipment and supplies and/or environmental modifications and/or enhanced pharmacy.
2. Agrees that as a result of treatment and associated equipment or modifications, a more restrictive placement will be prevented and/or the identified item(s) will enable the individual to perform activities of daily living with a greater degree of independence than without them.
3. Agrees to move forward with the request by initiating Part I on Form [#0091](#) after consulting with appropriate staff (OT, RN, etc.) to justify medical necessity and completing certification order triggering professional assessment, if needed.

**PART II:**

**Primary Caseholder/Requestor**

4. Provides Financial Documentation Request Letter to responsible party and forwards Form [#0091](#) to Finance Department designee. The responsible party will have 30 days to submit requested financial documentation for process to continue. If not submitted within 30 days, the process will end.

Financial Information that must be submitted:

- Most current assets which include (but not limited to): Checking and Savings account(s), Debit Cards, Trusts (OBRA-93 Trust, Common Law Special Needs Trust, Pooled Trust, etc.) Stocks, Bonds, MiAble accounts, Cash on Hand. Account number(s) may be blacked-out.

- If a minor (17 years and younger) – Requires TOTAL HOUSEHOLD assets (This includes Responsible Party, Guardian(s), Parent(s), etc.).
- If individual is residing in specialized residential housing, must also include all applicable Resident Funds Part II Forms(s): Cash, Checking, Debit cards (True Link, etc.).

**NOTE:**

- For any substantial requests, any resources above \$2,000 for a single individual will be considered available assets to be used towards Medical Reimbursement; \$3,000 for married couples.
- For any minimal requests, if resources equal 1000% or more of requested item(s) for a single person or 1500% for married couples, the request shall be denied. See Exhibit B for Asset Scale.
- Specialized Residential persons, who have been identified as having abundant benefits left over after room and board is paid each month, may be requested to pay towards Medical Reimbursement.

5. Once Finance Department designee receives financial information, a review will occur with recommendations for approval/denial based on financial need and the form will be routed to the Program Director for review.

**PART III:**

**Program Director**

6. The Program Director will approve/deny based on medical necessity, estimated cost of supplies/equipment/pharmacy to meet need and individual/guardian financial review. Form [#0091](#) will be sent back to requestor.

**PART IV:**

**Occupational Therapist/Requestor**

7. Completes professional assessment, if needed, and adds recommendations into IPOS.
8. Obtains all necessary documents:
  - Physician's prescription (good for one year from physician's signature) or Certificate of Medical Necessity signed by physician. Equipment repairs do not require this documentation.
  - If applicable, landlord/property owner agreement when modifications are recommended.
  - Three estimates required when it is expected the cost of modifications will exceed \$10,000.
  - Notes needed equipment/supplies/pharmacy, quantity, and cost in section IV of Form [#0091](#).
9. Forwards Form [#0091](#) to Program Director for final review.

**PART V:**

**Program Director**

10. Reviews Form [#0091](#) and makes decision based on appropriateness of request on justification provided and availability of funds.
11. If denied, returns form to requestor with reasoning.

12. If approved, forward to Finance Department designee, who will alert requestor of approval.

### **Occupational Therapist/Requestor**

13. Notifies individual/guardian

- a. If denied – For individuals denied due to excess assets/sufficient funds, request the responsible party to purchase requested item(s). Requestor will connect the responsible party/vendors with all applicable information/documentation for requested purchase.
- b. If approved – Proceeds with supply/equipment/modification purchase/process.

### **Administration Clerical Support / Requestor**

14. Orders approved items.

- a. For established vendors, provide account information.
- b. For new vendors, if not using a credit card or Amazon account, complete purchase order and follow the process provided in [Administrative Procedure #07-001-0006, Administrative Procedures Related to Board Fiscal Responsibilities](#).

### **Finance Designee**

15. Processes payment of services to vendors.

## **VI. REFERENCES:**

- A. Michigan Department of Health and Human Services
- B. Michigan Medicaid Provider Manual
- C. Form [#0091 Specialized/Enhanced Medical Equipment and Supplies, Environmental Modifications, and/or Enhanced Pharmacy](#)
- D. Administrative Procedure [#07-001-0006, Administrative Procedures Related to Board Fiscal Responsibilities](#)

## **VII. EXHIBITS:**

- A. Financial Documentation Request Letter
- B. Asset Scale

## **VIII. REVISION HISTORY:**

Dates issued 11/98, 02/01, 02/03, 03/04, 10/05, 02/08, 06/08, 08/10, 05/12, 01/13, 09/13, 09/14, 09/15, 01/17, 01/18, 11/18, 11/19, 11/20, 12/22, 12/23, 01/24.



## St. Clair County Community Mental Health Authority

Port Huron Office: 3111 Electric Ave, Port Huron, MI 48060 (810) 985-8900  
Capac Office: 14675 Downey Rd, Capac, MI 48014 (810) 395-4343  
Marine City Office: 6221 King Road, Marine City, MI 48039 (810) 765-5010  
Child and Family Services: 2415 24th St, Port Huron, MI 48060 (810) 488-8840

[[Date of Letter]]

[[Consumer/Guardian's Name]]

[[Consumer/Guardian's Address]] [[City]], [[State]]

[[Zip Code]]

Re: [[Consumer's Name]], Case #: [[Consumer's Case #]]

Dear Responsible Party,

Pertaining to the St. Clair County Community Mental Health's Specialized/Enhanced Medical Equipment and Supplies, Environmental Modifications, and/or Enhanced Pharmacy policy (#07-003-0065), SCCCMH shall ensure that individuals, who are not covered by any other funding source, may submit requests for funds for Specialized/Enhanced Medical Equipment and Supplies, Environmental Modifications and/or Enhanced Pharmacy.

SCCCMH (Medicaid) is the payer of last resort. All other available funding sources must be exhausted and documented. As such, we are required to obtain current financial information prior to approval.

Financial Documentation that must be submitted:

- Most current assets which includes (but not limited to): Checking and Savings account(s), Debit Cards, Trusts (OBRA-93 Trust, Common Law Special Needs Trust, Pooled Trust, etc.), Stocks, Bonds, MiAble accounts, Cash on Hand. Account number(s) may be blacked-out.
- If a minor (17 years and younger) – Requires TOTAL HOUSEHOLD assets (This includes Responsible Party, Guardian(s), Parent(s), etc.).
- If individual is residing in Specialized Residential Housing, must also include all applicable Resident Funds Part II Form(s): Cash, Checking, Debit cards (True Link, Humana, etc.).
- For any substantial requests, any resources above \$2,000 for a single individual will be considered available assets to be used towards Medical Reimbursement; \$3,000 for married couples.

Please forward the applicable documentation above within 30 days to:

SCCCMH  
Attention: Erika Kiehler  
3111 Electric Avenue  
Port Huron, MI 48060

If you have any questions regarding the information above, please contact:

Erika Kiehler [ekiehler@scccmh.org](mailto:ekiehler@scccmh.org) 810-966-3361

[[Date of Letter]]

<b>SINGLE PERSON</b>	
<b>TOTAL 091</b>	<b>If Assets are over 1000% of 091 request, DENIED</b>
\$ 10.00	\$ 100.00
\$ 15.00	\$ 150.00
\$ 20.00	\$ 200.00
\$ 25.00	\$ 250.00
\$ 30.00	\$ 300.00
\$ 35.00	\$ 350.00
\$ 40.00	\$ 400.00
\$ 45.00	\$ 450.00
\$ 50.00	\$ 500.00
\$ 55.00	\$ 550.00
\$ 60.00	\$ 600.00
\$ 65.00	\$ 650.00
\$ 70.00	\$ 700.00
\$ 75.00	\$ 750.00
\$ 80.00	\$ 800.00
\$ 85.00	\$ 850.00
\$ 90.00	\$ 900.00
\$ 95.00	\$ 950.00
\$ 100.00	\$ 1,000.00
\$ 105.00	\$ 1,050.00
\$ 110.00	\$ 1,100.00
\$ 115.00	\$ 1,150.00
\$ 120.00	\$ 1,200.00
\$ 125.00	\$ 1,250.00
\$ 130.00	\$ 1,300.00
\$ 135.00	\$ 1,350.00
\$ 140.00	\$ 1,400.00
\$ 145.00	\$ 1,450.00
\$ 150.00	\$ 1,500.00
\$ 155.00	\$ 1,550.00
\$ 160.00	\$ 1,600.00
\$ 165.00	\$ 1,650.00
\$ 170.00	\$ 1,700.00
\$ 175.00	\$ 1,750.00
\$ 180.00	\$ 1,800.00
\$ 185.00	\$ 1,850.00
\$ 190.00	\$ 1,900.00
\$ 195.00	\$ 1,950.00
\$ 200.00	\$ 2,000.00
<b>ASSETS \$2,000 &amp; OVER ARE DENIED</b>	

<b>FAMILY OF 2 OR MORE</b>	
<b>TOTAL 091</b>	<b>If Assets are over 1500% of 091 request, DENIED</b>
\$ 10.00	\$ 150.00
\$ 15.00	\$ 225.00
\$ 20.00	\$ 300.00
\$ 25.00	\$ 375.00
\$ 30.00	\$ 450.00
\$ 35.00	\$ 525.00
\$ 40.00	\$ 600.00
\$ 45.00	\$ 675.00
\$ 50.00	\$ 750.00
\$ 55.00	\$ 825.00
\$ 60.00	\$ 900.00
\$ 65.00	\$ 975.00
\$ 70.00	\$ 1,050.00
\$ 75.00	\$ 1,125.00
\$ 80.00	\$ 1,200.00
\$ 85.00	\$ 1,275.00
\$ 90.00	\$ 1,350.00
\$ 95.00	\$ 1,425.00
\$ 100.00	\$ 1,500.00
\$ 105.00	\$ 1,575.00
\$ 110.00	\$ 1,650.00
\$ 115.00	\$ 1,725.00
\$ 120.00	\$ 1,800.00
\$ 125.00	\$ 1,875.00
\$ 130.00	\$ 1,950.00
\$ 135.00	\$ 2,025.00
\$ 140.00	\$ 2,100.00
\$ 145.00	\$ 2,175.00
\$ 150.00	\$ 2,250.00
\$ 155.00	\$ 2,325.00
\$ 160.00	\$ 2,400.00
\$ 165.00	\$ 2,475.00
\$ 170.00	\$ 2,550.00
\$ 175.00	\$ 2,625.00
\$ 180.00	\$ 2,700.00
\$ 185.00	\$ 2,775.00
\$ 190.00	\$ 2,850.00
\$ 195.00	\$ 2,925.00
\$ 200.00	\$ 3,000.00
<b>ASSETS \$3,000 &amp; OVER ARE DENIED</b>	