



Administrative Policy

Policy Title:	Specialized/Enhanced Medical Equipment and Supplies, Environmental Modifications, and/or Enhanced Pharmacy
Policy #:	07-003-0065
Effective Date:	03/04/2025
Approved by:	Karen Farr, Chief Financial Officer
Functional Area:	Finance
Responsible Leader:	Karen Farr, Chief Financial Officer
Policy Owner:	Kyle McLeod, Administrative Specialist, Financial Management
Applies to:	SCCCMH Staff, Direct Operated Programs, Contracted Network Providers, Community Agency Contractors, Specialized Residential Providers

Purpose: To set out guidelines for requests and approvals of funds for specialized and enhanced medical equipment and supplies, environmental modifications, and/or enhanced pharmacy.

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to 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.

II. 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 SCCCMH 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., are effective for 3 months.

III. Procedures, Definitions, and Other Resources

A. Procedures

Responsibilities

Position	Responsibilities
Caseholder/ Requestor	Facilitate requests by individuals for specialized and enhanced equipment.
Finance Designee	Review request and financial documentation, verify Medicaid coverage, send to Chief Clinical Officer with recommendation, communicate decision to Caseholder/requestor, and process payment for specialized and enhanced equipment.
Chief Clinical Officer	Approve or deny submitted requests.
Occupational Therapist	Complete assessments and gather required documentation.
Administration Clerical Support	Order specialized and enhanced equipment.

Actions

Action Number	Responsible Stakeholder	Details
1.0	Part I: Primary Caseholder/ Requestor	<ol style="list-style-type: none"> 1. Identify, 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. Agree 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

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		<p>daily living with a greater degree of independence than without them.</p> <p>3. Agree 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</p>
2.0	Part II: Primary Caseholder/ Requestor	<p>4. Provide 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.</p> <p>Financial Information that must be submitted:</p> <ul style="list-style-type: none"> • 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.). <p>NOTE:</p> <ul style="list-style-type: none"> • For any substantial requests, any resources above \$9,660 for a single individual will be considered available assets to be used towards Medical Reimbursement; \$14,470 for family of two (2). • 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.
3.0	Part III:	5. Complete professional assessment, if needed, and

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	Occupational Therapist/Requestor	<p>adds recommendations into IPOS.</p> <p>6. Obtain all necessary documents:</p> <ul style="list-style-type: none"> 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. <p>7. Forward form #0091 to Finance Designee for final review.</p>
4.0	Finance Designee	<p>8. Review financial information.</p> <p>9. Verify Medicaid status and attach documentation.</p> <p>10. Send to Chief Clinical Officer with recommendation based on financial need.</p>
5.0	Part IV: Chief Clinical Officer	<p>11. Review form #0091 and makes decision based on appropriateness of request on justification provided and availability of funds.</p> <p>12. If denied, return form to Finance Designee, who will alert requestor with reason for denial.</p> <p>13. If approved, forward to Finance Department designee, who will alert requestor of approval.</p>
6.0	Occupational Therapist/Requestor	<p>14. Notify individual/guardian</p> <ul style="list-style-type: none"> 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.
7.0	Administration Clerical Support / Requestor	<p>15. Order approved items.</p> <ul style="list-style-type: none"> 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

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		Procedure #07-001-0006, Administrative Procedures Related to Board Fiscal Responsibilities .
8.0	Finance Designee	16. Process payment of services to vendors.

B. Related Policies

N/A

C. Definitions

1. *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.
2. *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.
3. *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

D. Forms

[#0091 Specialized/Enhanced Medical Equipment and Supplies, Environmental Modifications, and/or Enhanced Pharmacy](#)

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

[Exhibit A: Financial Documentation Request Letter](#)

[Exhibit B: Asset Scale](#)

F. References

1. Michigan Department of Health and Human Services
2. Michigan Medicaid Provider Manual

IV. History

- Initial Approval Date: 11/1998
- Last Revision Date: 03/2025
- Last Reviewed Date: 09/2023
- Non-Substantive Revisions: N/A
- Key Words: exception, adjustment, specialized, modification, equipment, pharmacy, income, asset

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