



AGENCY OF HUMAN SERVICES

**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
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To: Developmental Services Directors
Transition II
ARIS
Employers of Record of Developmental Disabilities Services

From: Camille George, Director

Date: February 26, 2015

Re: Clarification about Developmental Disabilities Services Coverage and Medicaid Coverage of Certain Items

The Division has recently received questions about whether certain medications, vitamins, supplements and other over-the-counter (OTC) supplies may be reimbursed with Developmental Services funding so we are writing to provide a response to this question and some information about additional resources that may be available to assist.

The Vermont State System of Care Plan for Developmental Disabilities Services (SOCP) does cover medication support and consultation services, but it does not include coverage for medication or other items listed above. Medication and Medical Support include “evaluating the need for and prescribing and monitoring of medication; providing medical observation, support and consultation for an individual’s health care.” (Please note that the SOCP also requires that services that can be funded under Medicare, State Plan Medicaid or private insurance must be accessed before using developmental disabilities HCBS funding and this applies to medication and medical support as well).

We realize that there may be some situations where in the past some consumers, families or others have been reimbursed using DDS funds for some items. However, in accordance with the SOCP, the Division will no longer approve reimbursement.

Transition Period: For those who have already been receiving reimbursement through DDS funding, we recognize that it may be necessary to allow for time to plan for and make this transition. For this reason, for those individuals, families or others who have been receiving reimbursement for these items, we are approving reimbursement for adequate amounts to last until April 30, 2015. This will allow a two month time frame to make this transition.

Exception: The one exception to the transition period is for any supplements, supplies, oils or other items that are federally prohibited, including medical marijuana and related items. The reason for this is that the Federal Centers for Medicare and Medicaid Services (CMS) prohibit the use of Medicaid dollars for federally prohibited activities and items. For this reason, reimbursement for these items, even if previously reimbursed, will not be reimbursed, effective immediately.

New Requests: Finally, new requests for coverage/reimbursement for costs of medications, vitamins, supplements and other OTC supplies, whether from consumers, families or others who have previously been reimbursed for other items, or from those who are making new requests and have not been previously reimbursed, will not be reimbursed, effective immediately.

Can One-Time Funding be used?: The SOCP states that when One-Time Funding that is distributed to Designated Agencies, Specialized Services Agencies and the Supportive Intermediary Support Organization (Transition II) it “is for temporary or short-term expenditures that directly assist people with disabilities and their families. It may not be used for on-going needs.” In addition, as with HCBS funding, services that can be funded under Medicare, State Plan Medicaid or private insurance must be accessed first. Therefore, there will be limited occasions when the one-time funding will be approved for reimbursement for medications, vitamins, supplements and other OTC supplies, and only after other resources have been exhausted (including the two options listed immediately below). Agencies are expected to confirm that all of these conditions have been met prior to reimbursing for items with one-time funds and should consult the Division as necessary. Upon Division review, items that were reimbursed that do not meet all criteria may be subject to repayment.

Other Possible Resources:

We consulted with the Department of Vermont Health Access (DVHA) to explore if there are other resources to meet some of the needs for those who have previously been reimbursed through DS. Below is some information about possible other resources:

Medicaid Covered Items: Some over-the-counter vitamins and multivitamins can be covered by the traditional Medicaid benefit. They typically need to be generic and require a prescription. Here is the link to the OTC coverage list: <http://dvha.vermont.gov/for-providers/otc-drug-class-coverage-for-web-posting-2012-03-20-pdf-adobe-acrobat-pro.pdf>.

Medicaid Exceptions: There is also the opportunity to request an exception to current Medicaid coverage limitations if there are any non-covered services, items or medications for which a beneficiary wants to request coverage. The beneficiary can submit a Beneficiary Request Form and have at least one Medicaid-enrolled doctor submit a Medical Need Form. These specific forms, as well as a copy of the rules can be found here: <http://www.greenmountaincare.org/sites/gmc/files/1exception-forms-for-web.pdf>. Once DVHA receives the forms, it will determine if additional information is needed to make a decision. Once DVHA has all the necessary info, it typically takes 30 days for a decision to be issued.

If you have any questions about the direction and information provided in this memo, please feel free to contact the Division at 802.871.3065.

Cc: Susan Wehry, M.D., Commissioner
Bill Kelly, Jim Euber, Joanne Herring, DAIL Business Office
DDSD Staff