POLICY AND PROCEDURE

POLICY NAME: Specialized Medical Supplies Criteria	**POLICY ID:** ARTC.CC.21
BUSINESS UNIT: Arkansas Total Care	**FUNCTIONAL AREA:** Care Coordination and Waiver Provider Support Utilization Management
EFFECTIVE DATE: 11/01/2026	**PRODUCT(S):** Medicaid
REVIEWED/REVISED DATE:	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:
To provide criteria on what to review requests for specialized medical supplies (SMS) for CES-Waiver members residing in the community for Arkansas Total Care (ARTC) line of business.

PURPOSE:
ARTC's SMS (CPT code T2028) policy supports the utilization management review process for the CES-Waiver benefits and management of service coverage and limitations as described in the current CES-Waiver and ARTC Provider Waiver Services Manual.

SCOPE:
Arkansas Total Care's Care Coordination and Waiver Provider Support "WPS" departments.

POLICY:
Specialized medical equipment and supplies are necessary items for life support and/or are required to address physical conditions along with the ancillary supplies and equipment necessary for the proper functioning of such items.

DESCRIPTION OF BENEFITS AND LIMITATIONS:
Arkansas Total Care requires prior authorization for all specialized medical supplies. All items should be acquired at the best available price and Arkansas Total Care reserves the right to find comparable products to meet the needs of the member. ARTC will review and can approve prior authorization requests of up to 12 months.

Benefit:
Specialized medical equipment and supplies are necessary items for life support and/or are required to address physical conditions along with the ancillary supplies and equipment necessary for the proper functioning of such items. This benefit is only available to ARTC members with an active CES-Waiver slot or Tier IV status with approved ICF determination through Arkansas DHS. Items paid for with waiver funds are in addition to any medical equipment and supplies furnished under the state plan and exclude those items that are not of direct medical or remedial benefit to the beneficiary. All items shall meet applicable standards of manufacture, design, and installation. This can include:

A. Durable and non-durable medical equipment not available under the Arkansas Medicaid state plan that is necessary to address beneficiary functional limitations.
B. Necessary medical supplies that are not available under the Arkansas Medicaid state plan.

Additional supply items are covered as a waiver service when they are considered essential and necessary for home and community care. Covered items include:

A. Non-prescription medications
    a. Excludes alternative medicines that are not approved by the Food and Drug Administration (FDA)
B. Nutritional supplements and formulas will be reviewed for medical necessity including but not limited to documentation of nutritional deficiency.

C. Prescription drugs, not including the cost of Medicare Part D covered medications for dual-eligible beneficiaries

Exclusions and Limitations:
Exclusions for specialized medical supplies include but are not limited to the following:

A. Items covered under other funding sources including but not limited to Arkansas Medicaid State Plan, durable medical equipment benefits, primary insurance, pharmacy benefits, etc.
B. Household supplies
C. Cleaning items/supplies including soap
D. Laundry supplies
E. Standard/OTC dental items including toothbrushes, toothpaste, floss and mouthwash.
F. Standard/OTC personal hygiene items including but not limited to beauty products, hair products, bodywash, moisturizer, skincare, razors, deodorant, perfume/body spray, etc.
G. OTC multi-vitamins
H. Adaptive equipment (such as weighted utensils) and other items potentially covered under a separate benefit.

In the event that medical necessity is determined, ARTC retains the right to approve additional items as deemed medical necessary by a physician to ensure health and safety.

Limitations for specialized medical supplies include but are not limited to the following:

A. All SMS are limited to the amount, duration and scope of services authorized by Arkansas Total Care.
B. The most cost-effective item will be considered first and documentation to show the more cost-effective options have been tried and failed is required if other items are requested.
C. SMS must be medically necessary, not for convenience when the need can be met by other means.
D. SMS has an annual calendar year limit of $3,690 in combination with T2020 with the exception of medically required, life-supporting nutritional supplements.
E. Quantities in excess of what is needed to meet member needs on a monthly basis will not be covered.
F. Request for gloves outside of use for incontinence, G-tube, TRACH or other similar need will not be covered.
G. In the event any of the specialized personal hygiene or dental items are covered, only a quantity sufficient to meet member's need for a 1-month supply will be covered at a time.

PROCEDURE:

A. Identification of Need for Specialized Medical Supplies

There are multiple ways that the potential need for SMS exists. Those are described below:

The member and/or an authorized representative may identify the need for SMS. In addition, a member's treating physician, medical representative or CES Waiver provider may identify that the member may benefit from covered services, including SMS.

In any of the above situations, the ARTC Care Coordinator "CC" will assist the member/guardian with identifying and selecting an in-network SMS provider of their choice. The ARTC CC will ensure the provider understands the prior authorization process and assist where appropriate and needed.

B. Coordination of Benefits

ARTC will coordinate with member to confirm there is not another source of payment through alternative sources as CES-Waiver is the payer of last resort.

C. Prior Authorization Request

Eligibility criteria set by DDS for CES-Waiver services must be met prior to the request for SMS. Prior authorization is required for all SMS and must be approved before items are purchased. ARTC will not reimburse for SMS items purchased prior to authorization. All SMS prior authorization requests are considered "standard" requests for timeliness of decision-making purposes.

D. Documentation needed:

The following documentation should be submitted with the prior authorization request in order to determine that the member requires the SMS to safely maintain him/her in the overall community.

Documentation Requirements for Specialized Medical Supplies Initial, Revision or Concurrent Requests:

A. Name and description of the item, along with other identifying information, if applicable.
    a. For nutritional supplements and OTC medications, include the National Drug Code (NDC). For other products, include the Universal Product Code (UPC) if available.
B. Expected supplier of the item.
C. Justification that the item(s) are necessary for life support or to address physical conditions, along with ancillary supplies and equipment necessary for proper functioning of such items.
D. Letter of medical necessity from the prescribing provider, including clinical justification for the request as well as quantity.
E. Supporting documentation indicating that this item is covered by the FDA, if applicable.
F. Documentation on how the member has benefited from using this product this past year, if applicable.
G. If something other than the most cost-effective item is being requested, documentation to show the more cost-effective options have been tried and failed or are not an option with an explanation as to why.
H. If a specific brand name or proprietary item is being requested, medical justification as to why a generic brand cannot will not meet member's needs.
I. Any additional information that could be used in making a determination.
J. When the items are included in Arkansas Medicaid state plan services, a denial of extension of benefits by Arkansas Total Care's utilization review will be required prior to approval for waiver funding.
K. Proof of lack of other available resources.
L. Invoice by line that includes item details (size, quantity, etc.), where the item is being sourced from, actual cost of item provider is purchasing, price provider is charging ARTC for item, and any other pertinent details.

REFERENCES:
ARTC Waiver Provider Services Manual
CES-Waiver

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:
N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.