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cc:
Addie Strumolo, Deputy Commissioner
Scott Strenio, Medicaid Medical Director

Home Medical Equipment & Services Association of New England (HOMES) proposed enhancements to the Home and Community Based Services programs of Vermont.

In response to the unprecedented COVID-19 pandemic and logistical and financial strain it has caused on the American healthcare system, Congress enacted section 9817 of the American Rescue Plan Act of 2021. Section 9871 provides a temporary 10% increase to a State's FMAP for dates between April 1, 2021 to March 31, 2022. Per CMS guidance, States may apply the 10% increase in FMAP to, among other things, "home health care services" under section 1905(a)(7), that "enhance, expand, or strengthens" beneficiary access to home and community-based services (HCBS). "Home health care services" have been broadly defined by CMS in regulations to include "medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place," such as the patient's home.

The HOMES Association along with the American Association for Homecare respectfully submit the following suggestions as opportunities to enhance or improve HCBS services through investment in the Durable Medical Equipment providers in our state. We realize that it may not be possible to implement all of these suggestions and have prioritized based on the positive impact to the HCBS / DMEPOS community.

1. Increase DMEPOS reimbursement by 10% for claims with dates of service 04/01/2021 through 03/31/2022.
2. Create reimbursement for medically necessary care provided by Respiratory Therapists.
3. Create reimbursement for Assistive Technology Professionals (ATP's) currently required evaluate, fit & train beneficiaries for complex mobility equipment.
4. Provide coverage and reimbursement for power seat elevation systems and power standing systems used with Complex Power wheelchairs.
5. Increase Rates and Coverage policy for Personal Protective Equipment (PPE)
6. Allow/Expand Continuous Glucose Monitoring (CGM) Coverage
7. Add coverage for remote monitoring services to enhance management of chronic disease states.

- 1. Increase DMEPOS reimbursement by 10% for claims with dates of service 04/01/2021 through 03/31/2022.**

- The COVID-19 Pandemic has significantly strained the supply chain for the HME Industry contributing to significant increases in the costs for HME products and creating supply shortages throughout the country.
- DME providers have been on front line servicing COVID-19 patients in their homes providing home ventilation services, oxygen therapy, and other DME equipment and supplies.
- The services provided by the DME providers have been keeping patients in their homes and out of the hospitals which has allowed hospitals to manage their capacity to be able to treat the most critically ill.
- Access to Complex Rehab Technology was protected due to the increased efforts and in-person visits by the Assistive Technology Professionals while utilizing telehealth in conjunction with the PT/OT services for the safety of the patient. This model shortens the timeline for obtaining complex rehab services.
- Increased payment rates would help DME providers that have been financially struggling, and it would allow other DMEPOS providers to expand their offerings to cover a broader patient population and/or offer a more robust supply of goods.

We request that the Department increase the Medicaid payment rates for DME providers and use the 10% FMAP increase to help offset additional costs.

2. Create reimbursement for medically necessary care provided by Respiratory Therapists.

- DME respiratory providers utilize certified or registered Respiratory Therapists (RTs) to provide value-added services such as patient monitoring, education, training, equipment set up, maintenance, and repair.
- Respiratory Therapists (RTs) make home visits and coordinate with the patient's prescribing and clinical care team to improve patient outcomes, compliance, and quality of life for the end user.
- Currently, DME respiratory providers that utilize RTs do so with no added reimbursement. RT home visits offer tremendous value to end users prescribed medically necessary oxygen equipment and related services, home mechanical ventilation therapy, tracheostomy care, positive airway pressure (PAP) therapy, and other related respiratory equipment, supplies and services.
- Additional payment that helps offset the cost of Respiratory Therapists would improve Medicaid recipient access to critical support services and other items in their homes by allowing DME providers to reinvest resources otherwise spent on absorbing the cost of RTs.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to add coverage for DME providers to be reimbursed for sending certified or registered Respiratory Therapists to Medicaid recipient homes for medically necessary care.

3. Create reimbursement for Assistive Technology Professionals (ATP's) currently required evaluate, fit & train beneficiaries for complex mobility equipment.

- Currently DME providers of complex rehabilitation technology (CRT) are required to employ certified Assistive Technology Professionals (ATPs) to provide individually configured complex wheelchairs. While the evaluation, simulation, fitting, and training time required from these credentialed professionals is significant, there is no separate reimbursement provided for this time and expertise.
- ATPs are key participants in the CRT evaluation and provision process, working as part of a team that includes the physician and typically a physical or occupational therapist. The ATP's primary role is matching the patient's identified functional and medical needs to the appropriate CRT products and configuration. Activities include in-person evaluations, equipment trials and simulations, home environment assessments, CRT configuration

recommendations, fitting and adjusting, and training on safe operation. In addition, ongoing follow up and adjustments are provided after the delivery.

- Additional payment would help offset the cost of ATPs and improve Medicaid beneficiary access to critical support services and other items in their home by allowing DME providers to reinvest resources otherwise spent on absorbing the cost of ATPs.
- Timely access and quality outcomes from CRT has been protected due to the increased efforts by ATPs for in-person evaluations, while streamlining the evaluation process and helping ensure the safety of the patient. This model prevents extended timeframes for obtaining CRT and supporting services. For this to be a sustainable option going forward, additional reimbursement is needed to compensate for the ATP's time and expertise and ensure positive outcomes for the patient requiring CRT.

We request that the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to provide payment for DME providers of CRT that covers the expertise and involvement of an ATP in the process of providing this complex medically necessary equipment in the home.

4. *Provide coverage and reimbursement for power seat elevation systems and power standing systems used with Complex Power wheelchairs.*

- Power seat elevation systems used with Complex Rehab Power Wheelchairs- this specialized technology provides significant medical and independence benefits to people with disabilities. Seat elevation is critical to activities of daily living participation and performance. Seat elevation improves transfers and reaching and reduces or eliminates neck and spine injuries from power wheelchair use.
- Power standing systems used with Complex Rehab Power wheelchairs- this specialized technology also provides significant health and independence benefits to people with disabilities. Standing systems improve joint mobility and muscle tone, increase strength and bone density, assist bladder and bowel management, enhance cardiovascular and respiratory functions, and reduce pressure injuries of the skin.
- Both systems provide medical and functional benefits while reducing costs to the Medicaid program by decreasing falls, skin breakdowns, muscle contractures, and numerous other avoidable medical complications of long term or permanent wheelchair use. They will also allow beneficiaries with mobility impairments to be more functional and less reliant on other caregivers, whether these caregivers are family members or paid homecare providers or personal assistants.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to provide coverage and reimbursement for power seat elevation systems and power standing systems used with Complex Power wheelchairs.

5. *Increase Rates and Coverage policy for Personal Protective Equipment (PPE)*

- Due to the pandemic, there has been a significant rise in demand for PPE, including medical grade gloves creating a strain on the manufacturing capacity. This increased demand along with increased manufacturing restraints such as raw material shortages, constraints with global manufacturers in locations such as China and Malaysia have led to significant cost increases on PPE.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to provide increased coverage and reimbursement for gloves and other PPE.

6. Allow/Expand Continuous Glucose Monitoring (CGM) Coverage

- The benefits of Continuous Glucose Monitoring have been shown to increase monitoring frequency, reduce time in hypoglycemia, and improve glucose control. The expansion/allowance of coverage for CGM will allow for better outcomes and lifestyle for patients diagnosed with diabetes.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to provide/expand coverage of Continuous Glucose Monitoring.

7. Add coverage for remote monitoring services to enhance management of chronic disease states.

- Allow for service and reimbursement for remote patient monitoring by DME providers.
- Allow for service and reimbursement of telehealth for ongoing monitoring of chronic disease management.
- Allow for reimbursement of PAP compliance tracking and ongoing management of sleep apnea services.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to add coverage for remote monitoring services to enhance management of chronic disease states.

The HOMES Association and AA Homecare welcome the opportunity to discuss our suggested enhancements to the HCBS / DMEPOS programs and the positive impact these changes will have on the beneficiaries of our state.

Sincerely,



Jason Morin MBA, RRT, CDME

President & CEO

Home Medical Equipment and Services Association of New England