

Appendix C-4

Medical/Remedial Expenses

The following tables guide the care manager/support and service coordinator in their review of what items/services paid by the participant might be counted as a medical/remedial expense. Refer to Chapter III, Section 3.03-B-2-(a) for detailed descriptions of how medical/remedial expense affects the participants cost share calculation.

ALLOWABLE FOR ALL ELIGIBILITY GROUPS	ALLOWABLE IN SOME CIRCUMSTANCES
<p>Co-payments</p> <p>Dental products and services:</p> <ul style="list-style-type: none"> • Alveoloplasty and stomatoplasty • Bitewing x-rays • Drugs • fluoride mouth rinses • panoramic radiographs including bitewings • partial dentures and adjustments • surgical removal of erupted teeth • teeth cleanings not reimbursed by Medicaid • other dental services not covered by Medicaid <p>Dietary Supplies :</p> <ul style="list-style-type: none"> • salt substitutes (the cost difference between “regular” salt and the salt substitute) • sugar substitutes (the cost difference between regular sugar and the sugar substitute) • Dietary supplements: Ensure, Metrecal, Vivonex, Nova, etc. <p>Payments made on outstanding medical bills</p> <p>Transportation cost (federal rate) for social, recreational, or medical purposes that Medicaid or Waiver will not fund</p> <p>Vision products:</p> <ul style="list-style-type: none"> • anti-glare coating • anti-scratch coating • contact lens cleaning supplies • eyeglass lenses and frames, prescription sunglasses or contact lenses beyond the original pair and one unchanged prescription replacement pair from the same provider in a 12-month period denied by Medicaid <p>Long distance phone calls to medical and service providers</p>	<p>Clothing modification (e.g. Velcro) and certain adaptive clothing purchases</p> <p>Food Costs: the cost difference between “regular” canned or microwavable goods and low/no sodium or low/no sugar canned or microwavable goods.</p> <p>Food Costs: The added expense of purchasing more than a reasonable amount of high fiber products, fruit juices, fresh fruits and vegetables based on MD/health professional orders (do not count what is normally part of the grocery bill).</p> <p>Home modifications that improve accessibility but are not covered by the waiver – must be participant specific</p> <p>Room and board (r/b) expenses for a live-in attendant can Be counted under the following circumstances:</p> <p><u>For Group B:</u> (1) when the attendant isn’t paying for their food or living supplies or (2) when r/b cost exceeds the personal maintenance allowance maximum, the difference may be counted.</p> <p><u>For Group C single:</u> Please note, only certain costs can be counted (e.g. the difference between a 1 – bdrm and 2-bdrm Apt, ½ of utility bills).</p> <ul style="list-style-type: none"> • Water softener (equipment service and salt purchase when skin condition requires soft water) <p>The following items could be categorized as a Medical/Remedial expense. Any amount remaining after the cost share is eliminated may be covered under waivers as a Specialized Medical Supply.</p> <p>Over the counter medical supplies:</p> <ul style="list-style-type: none"> • alcohol: rubbing, swabs, and antiseptic • antiseptics: Betadine, Iodine, Mercurochrome, etc. • enema administration apparatus • diapers (participant older than 4 years) • distilled water used with oxygen • hydrogen peroxide • incontinence pads and briefs (adults) • lemon or glycerin swabs • lubricating jellies: Vaseline, KY Jelly, etc. • non-expendable, reusable materials: bedpans, rubber pants, thermometers, etc. • phosphate enemas • tincture of Benozin • tongue depressors

ALLOWABLE IN SOME CIRCUMSTANCES	COMMON ERRORS (NOT COUNTABLE)
<p>(continued)</p> <p>Support and maintenance of trained support dogs:</p> <ul style="list-style-type: none"> • dog food, regardless of type or cost • immunizations • veterinary costs • medications prescribed by a veterinarian <p>Note: The following over-the-counter medical supplies may be considered medical or remedial expenses if they are not covered by MA. The case manager must confirm they are uncovered, since MA may pay for these items with a physician's order:</p> <ul style="list-style-type: none"> • analgesic rubs: Ben Gay, Infrarub, Vicks, Vaporub, etc. • catheters (Foley or condom), catheter sets, and component parts including tubing and urine collection bags • cotton balls and cotton-tipped applicators • dressings: adhesive pads, abdominal pads, gauze pads and rolls, eyepads, stockinette, Opsite, etc • gloves: latex or vinyl • irrigation solutions, sets, and component parts: sterile water, normal saline, Urologic G • stomas supplies: creams, tapes, gloves, etc. • syringes and needles: disposable and reusable • tracheotomy care sets and suction catheters • tube feeding sets and component parts <p>Over-the-counter remedies:</p> <ul style="list-style-type: none"> • aspirin or aspirin substitutes • antidiarrheal agents • cold and sinus medications: antihistamines, cough suppressants, etc. • digestive aids • hemorrhoid products • herbal remedies • laxatives and stool softeners • ophthalmic products • quinine sulfate preparations • saliva substitutes • topical steroids, antibiotics, antifungal agents, pediculicides, etc. • vaginal preparations • vitamins/mineral products • other prescribed over-the-counter medications 	<p>The following items may <u>not</u> be counted as medical/remedial expense:</p> <p>Home-related costs:</p> <ul style="list-style-type: none"> • homeowner's or renter's insurance • property taxes • cable television costs <p>Life insurance</p> <p>Private insurance, Veterans' Administration or Medicare services (for Group C participant)</p> <p>Vehicle-related costs:</p> <ul style="list-style-type: none"> • driver's license renewal fee • insurance • loan payments • maintenance costs: repair, gas, oil, etc. • registration and title fees <p>Any item or service that is funded by the Waiver</p> <p>Room and Board or Housing expenses</p> <p>Congregate meal donations</p> <p>Annual membership dues to support groups where the participant receives a newsletter/information only</p> <p>Diabetic candy, cookies, ice cream, or like foods</p> <p>Fat free/low sugar/low carbohydrate/low cholesterol candy, cookies, ice cream, or like foods</p> <p>Diet Soda</p>