



## COMMUNITY CHOICES WAIVER PROGRAM

### TEMPORARY BENEFIT COVERAGE STANDARDS

**Service Title:** Personal Protective Equipment

**Approval:** Tyler Deines, Community-Based Services Administrator 

**Approval Date:** May 29, 2020

**Effective Date:** May 29, 2020

---

**Service Definition (Scope):** The personal protective equipment service is intended to protect the participant from the spread of infection or illness and includes surgical masks and medical/procedure gowns. Coverage for personal protective equipment is limited to those receiving services under the participant-directed service delivery option as agency-based service providers supply personal protective equipment to their employees.

Surgical masks must create a physical barrier between the mouth and nose of the wearer and the immediate environment and meet liquid barrier performance consistent with American Society for Testing and Materials (ASTM) F1862 standard. Medical/procedure gowns must meet the American National Standards Institute/Association of the Advancement of Medical Instrumentation (ANSI/AAMI) the Level I standard for use during basic care or higher.

Surgical masks are limited to participants who demonstrate a need for close contact with their caregivers. Medical/procedure gowns are limited to participants whose personal care needs result in contact with potentially infectious liquid and solid material and/or to protect participants who are at increased risk for severe illness or are vulnerable to infectious disease, such as those with compromised immune systems.

**Service Exclusions:** The personal protective equipment service is limited to those items not otherwise covered under the state plan or Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage provisions (e.g. gloves and incontinence supplies). All items shall meet applicable standards of manufacture, design and installation. Costs for personal protective equipment are included in the reimbursement rate for agency-based services and are not billed separately.

**Service Limits:** Surgical masks are limited to 480 per service plan year or the prorated equivalent of 40 masks per month. Medical gowns are limited to 360 per service plan year or the prorated equivalent of 30 gowns per month.

**Provider Specifications:** Reimbursement is limited to the following provider type(s) which have been qualified and enrolled by the Division.

1. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier

**Reimbursement:** Community Choices Waiver services are reimbursed on a fee-for-service basis according to the standard fee schedule provided in the table below. Providers shall submit claims for reimbursement at the lower of the usual and customary amount charged to members of the general public or the Division’s maximum allowable rate. Services must be prior authorized and included on the participant’s service plan. Providers must maintain records which document the services provided and substantiate the claims submitted for reimbursement for a minimum of six years.

Service Type	Procedure Code	Modifier	Unit Value	Maximum Allowable Rate
Surgical Mask	A4928		20 Masks	\$8.00
Medical/Procedure Gown	S5199		Each	\$3.00