

## PROGRAM DESCRIPTION

**Department: Social Services**

**HB Section(s): 11.755**

**Program Name: Complex Rehab Technology**

**Program is found in the following core budget(s): Complex Rehab Technology**

### **1a. What strategic priority does this program address?**

Provide therapeutic/adaptive equipment to keep participants in their homes.

### **1b. What does this program do?**

The Complex Rehab Technology program includes items classified within the Medicare program as Durable Medical Equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional capacities for basic and instrumental activities of daily living to prevent hospitalization and/or institutionalization of a patient with complex needs. Such items must be identified as medically necessary and include, but are not limited to, complex rehabilitation power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning seats, and other specialized equipment such as standing frames and gait trainers.

### **Rate History**

07/01/19: ~1.5% rate increase on DME services.

07/01/18: ~1.5% rate increase on DME services.

07/01/17: 3% rate decrease on complex rehab DME items with an established fee listed on the fee schedule. Manually priced wheelchairs and accessories remain at 90% of MSRP for manual and custom wheelchairs, and 95% for power wheelchairs at this time.

07/01/16: -2% rate increase on all DME services listed on the fee schedule.

01/01/16: 1 % rate increase on all DME services listed on the fee schedule (funded by the Tax Amnesty Fund).

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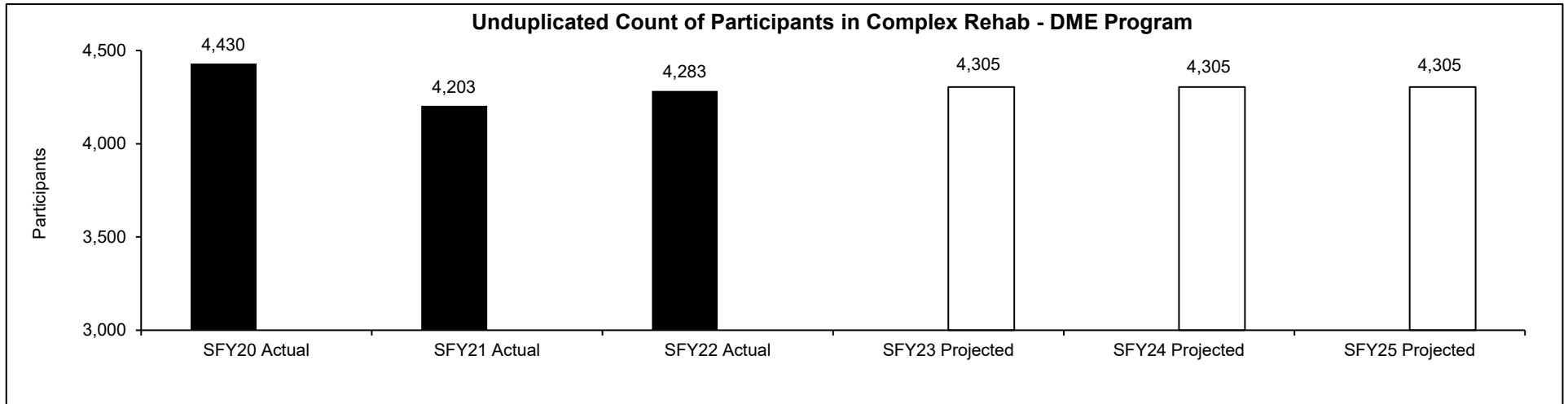
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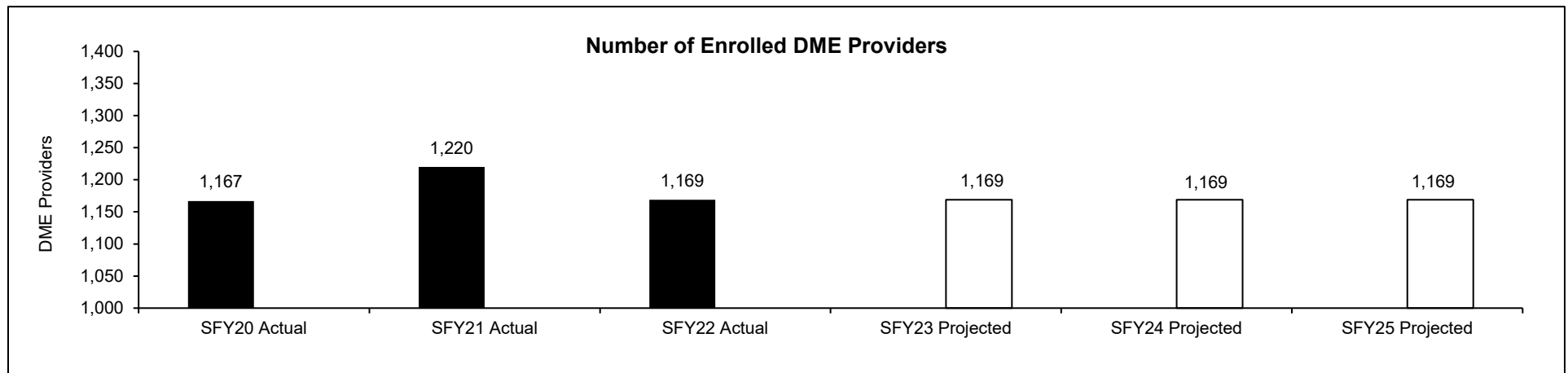
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### 2a. Provide an activity measure(s) for the program.



### 2b. Provide a measure(s) of the program's quality.



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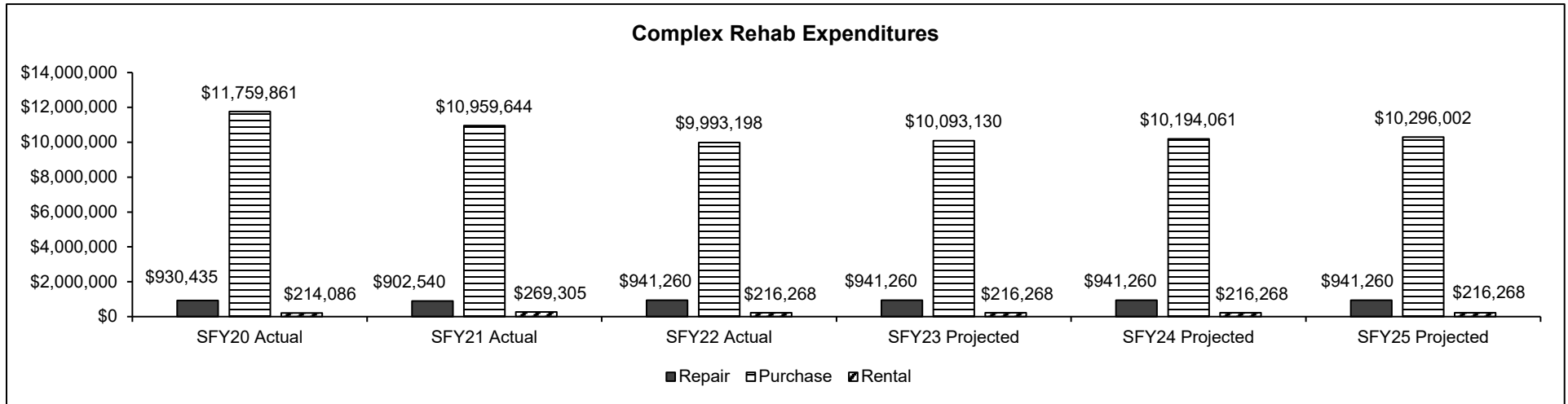
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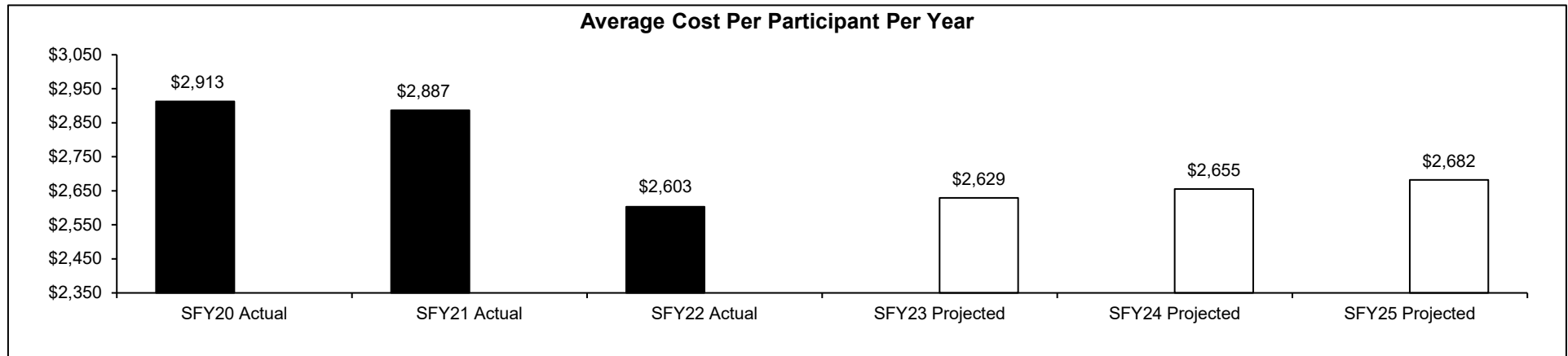
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### 2c. Provide a measure(s) of the program's impact.



**Note:** Includes Complex Rehab only; does not include regular DME services.

### 2d. Provide a measure(s) of the program's efficiency.



**Note:** SFY22 average cost per participant decreased due to an increase in items that were repaired instead of purchased.

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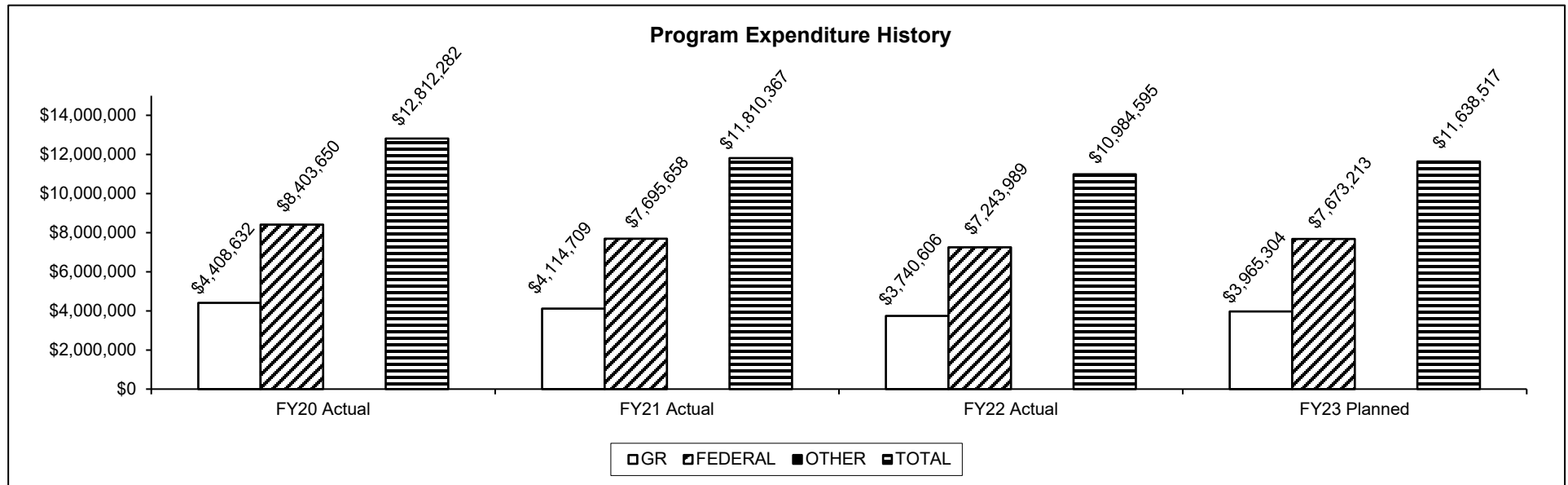
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**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



Planned FY2023 expenditures are net of reverted and reserves.

**4. What are the sources of the "Other " funds?**

N/A

**5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**

State statute: Section 208.152, RSMo. Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o). Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

**6. Are there federal matching requirements? If yes, please explain.**

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

**7. Is this a federally mandated program? If yes, please explain.**

This program is not mandatory for adults, but is mandatory for children.