This case study is the fifth in our series highlighting one of our 56 federally-funded state and territory programs funded under the Assistive Technology Act of 2004 (P.L. 108-364). To learn more and to locate your state/territory program, visit the AT3 Center website.

PUTTING DURABLE MEDICAL EQUIPMENT WITHIN REACH

Durable Medical Equipment (DME) is a necessity for many people living with disabilities. It can mean the difference between being stuck at home—or even in the hospital—and having mobility, independence, and a better quality of life. While some DME is relatively inexpensive, such as canes and shower benches, others, such as electric hospital beds and electric wheelchairs, can cost thousands of dollars, straining available Medicaid funding. To help control Medicaid costs while ensuring that reusable DME gets to those in need, the Assistive Technology (AT) Act programs in three states have partnered with their state Medicaid agencies to retrieve, refurbish, and redistribute valuable DME, making it more accessible to all.

"Collaboration between our AT Act program and Medicaid makes perfect sense considering the roles of the two entities," explains Sara Sack, Director of Assistive Technology of Kansas (ATK), whose DME reutilization program has been operating since 2003.

> **"Medicaid is the number one payer for durable medical equipment (DME). And AT device reutilization programs, which typically focus on DME along with other AT, represent one of the core activities of the 56 federally-funded AT Act Programs."**

ATK provides quality used devices through its KEE Reuse program (formerly known as Kansas Equipment Exchange). KEE Reuse is a partnership between Kansas Health Policy Authority and ATK. Through KEE Reuse, eligible Kansans can get quality, refurbished DME, such as manual and power wheelchairs, patient lifts, electric and semi-electric hospital beds, shower chairs, communication devices and other health devices.

Since 2003, the KEE Reuse program has collected more than 12,500 items of equipment valued at $13.7 million. The DME donated to the program came from individuals who received their equipment from insurance as well as private funders. Since its inception, the Kansas Reuse program has reassigned nearly 12,000 pieces of equipment valued at more than $11 million. In the 2018-2019 year the program served nearly 700 Kansans, and even with the challenges of the COVID-19 pandemic, they served 450 individuals in 2019-2020.

PERSISTENCE PAYS OFF IN OKLAHOMA

In Oklahoma, the state's AT Act Program, ABLE Tech, established a similar reuse program in 2012, as a complement to their existing online AT exchange program.

"Although we had been talking to our state Medicaid agency, the Oklahoma Health Care Authority (also called "SoonerCare") for many years about starting a DME reuse program, the catalyst for them to finally partner with us was 2009 legislation that established Oklahoma's durable medical equipment retrieval program," explains Linda Jaco, Associate Director and Director for Sponsored Programs Department of Wellness – Oklahoma State University.

"Since 1999, SoonerCare had retained ownership of the DME that it provided to SoonerCare members," continues Jaco, "yet they were not consistently retrieving that equipment, much of which could be reused. Shortly after the 2009 legislation passed, the Health Care Authority hired a durable medical equipment director and began looking into retrieval options. I invited that director to attend the Georgia AT Act Program's national conference on AT reuse to better understand the process. Ultimately, the agency put out an RFP for reutilization of DME, and we were awarded the contract in December 2011. It took 13 years and many conversations, but our partnership resulted in a strong ROI for Medicaid, more DME in the hands of people who need it, and less equipment laying around unused or going into a landfill."

Jaco says the program caught on quickly. "Case managers saw that we had specified available DME that was free, which means they could use Medicaid dollars for other items.

"COVID has been a bit challenging because we suspended in-person deliveries," she adds. "So to help us facilitate contactless delivery, we created a series of instructional videos. The videos demonstrate how to set up a hospital bed, make equipment adjustments, and other things we would normally do but aren't doing during COVID. It took us about two months to get those short instructional videos done, but we feel they help a lot."

Oklahoma's ABLE Tech DME Reutilization Program, which gives priority to SoonerCare members and also is open to the public at large, has enabled more than 10,000 Oklahomans to obtain $4.7 million worth of DME.
How the Program Works.

SOUTH DAKOTA PROGRAM BECOMES SELF-SUSTAINING WITHIN FOUR YEARS

Following the lead of Kansas and Oklahoma, DakotaLink partnered with the South Dakota Department of Social Services, Division of Medicaid Services to establish a program for the reuse of durable medical equipment and other AT devices for Medicaid-eligible individuals. Known as the Medical Equipment Reuse and Recycling (MERR) program, its intent is to use Medicaid funding in a more efficient and effective manner by recycling and reusing equipment that is no longer needed by the original recipient.

"A DME reuse program was one of the recommendations from the Medicaid Solutions Workgroup to contain and control Medicaid costs while maintaining quality services for recipients," explains Page Hudson, Program Manager for DakotaLink. "A stakeholder workgroup was assembled to further discuss what a DME reuse program should look like in South Dakota. The workgroup consisted of a variety of DME providers, community support providers, SDHCA,

Coalition for Citizens with Disabilities, representatives from another reuse program, and state agencies. The goal was to create a program to provide lightly used equipment to increase access to assistive technology.

"The intent is not to take away from current DME business," he continues, "but to make the program cost neutral to providers. A request for proposal for a program vendor was drafted and approved during the stakeholder meetings. Then, in order to determine the cost effectiveness and sustainability of the program, a pilot project was implemented in the Sioux Falls region."

Hudson says that MERR was originally funded in 2016 but took several years to become fully staffed and operational. In FY 2019-20, MERR distributed $215,000 worth of equipment to 87 recipients with a program budget of $120,000, making it self-sustaining in its fourth year of operation. There are currently 20 pieces of equipment available at a total value of $74,000.

Most of the MERR recipients are Medicaid-covered individuals; 10 percent of them are on a Medicaid Waiver Program, while 5 percent of them are uninsured or underinsured.

To acquire equipment through MERR, patients must have a provider's prescription and give their name, address, phone number, and Medicaid ID. (Patients who live in and are completely reliant on care facilities do not qualify for MERR.) They may work with case workers, social workers, home health care providers, physicians, DME providers, or on their own, if they have the ability to do so. If patients contact MERR directly for equipment, MERR staff help them answer questions and then refer them to their provider to begin the process of obtaining needed equipment. A local DME provider completes the request by delivering and setting up the equipment in the patient's home.

Hudson admits the program has slowed significantly since the pandemic began but hopes it will pick up again as vaccines become available and people feel more comfortable with pick-ups, drop offs, and purchasing previously owned equipment.

Benefits of DME Reutilization

DME reutilization programs have not only helped manage Medicaid and other healthcare DME costs in those states but have had many additional benefits as well:

- The programs have been meeting the needs of persons with disabilities and the increasing aging population. Access to needed technology improves the health and safety of persons with disabling and health conditions.
- Access to technology helps keep individuals in less restrictive, less expensive environments.
- The AT Programs providing reutilization programs are effective, efficient programs that receive high marks from the individuals receiving the lightly used equipment.
- Reuse of quality equipment reduces consumption of natural resources and reduces use of landfills.
- Implementation of a DME/AT reuse program can be an important state resource for individuals with disabilities and those who are aging who lose DME in disasters.
- Years of experience with different models and the pursuit of improved standards of practice through the Indicators of Quality for Assistive Technology Reuse (IQ-ATR) make the AT Act Programs exceptional partners for Medicaid for safe, effective and appropriate reuse programs.

BUILDING A DME REUTILIZATION PROGRAM

Most State AT Act programs or their contractors already encompass many of the key elements of a DME reutilization program, but the managers of the programs in Kansas, Oklahoma, and South Dakota recommend the following list of considerations to get started:

- **Space** to house the program, including garages for delivery trucks, separate space for cleaned/sanitized items, and office and showroom space.
- **Equipment, tools, parts,** and **supplies** to clean, repair, warehouse, and transport reused devices. This includes a sanitation device such as an Aqua Phase™ or a HUBSCRUB™ that can accommodate large DME.
- **Staff** to operate the program. Ideally, at least one staff member will be knowledgeable about DME and have the skills for at least minor repairs.
- **Systems** to track and manage inventory, including barcoding.
- **Office equipment** and **supplies**.
- **Transportation**, such as a truck and trailer or an accessible van, to pick up and deliver equipment.
- **Funding** to cover:
- Approved DME vendors to repair equipment.
- Marketing the program to inform consumers and organizations.
- Property maintenance (landscaping, snow removal, building repairs, etc.).
- Utility expenses.
- **Time**. In addition to setting up the space, it may take several equipment drives to build up adequate inventory. Allow time for the program to gain traction.

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