STATEMENT OF RECURRING CHARGES

START DATE:
XX/XX/XXXX
GO LIVE DATE, NOT CONTRACT SIGNING DATE

Participant Name: **xxxxxxx**
Location: **xxxxxxxxxx**
Room #: **xxxxx**

SERVICES

EBrief once installed requires monthly, recurring costs for sensor inserts that work within the participant's clothing and/or incontinence products to monitor for wetness in order for the eBrief system to function as intended. Included in this cost is 150 inserts. Any further inserts needed, orders can be placed in the Client Corner on www.eBriefCommnity.com

PARTICIPANT TID

Each participants' liners are programmed with special identifiers and labeled accordingly therefore are required for each participant individually. .

ACCOUNT

CORPORATION NAME
CONTACT PERSON
ADDRESS
ADDRESS
PHONE

RECURRING MONTHLY COST TO PARTICIPANT: $X/MONTH

Inquiries

etectRx; eBrief
747 SW 2nd Ave
Suite 365, IMB 24
Gainesville, FL 32601
USA

SOUTH DAKOTA
AN INSTRUCTIONAL RESOURCE GUIDE FOR MEDICAID WAIVER REIMBURSEMENT

eBrief is committed to partnering with all of our customers and assisting them in providing supporting documentation required for participants using the eBrief insert to receive appropriate reimbursement through funding sources. This guide specifically marries details from the state resources of SD DSS along with our processes from eBrief to streamline obtaining assistive technology and specialized equipment for Medicaid Waiver eligible participants while reducing the financial burden to the participant or their caregivers as much as possible.
This is not a DSS document.

PROVIDER ENROLLMENT

In order to bill Medicaid for Medicaid Waiver services (ie Assistive Technology or Specialized Equipment and Supplies) an organization must use the structured process outlined by the state of South Dakota. An organization must first be enrolled in the Medicaid program in order to have authority to bill Medicaid for the waiver services. If you are interested in enrolling, visit the **South Dakota Medicaid Provider Enrollment (PE) Portal here.**

NOTE: "Enrollment records and documentation must be completed and received within 30 days of starting data capture, or it will be denied/rejected."-SD Medicaid

THIRD PARTY BILLING

If you are working with a "pass-through" or third party biller of Medcaid, then they must be enrolled in the program in the state in which the participant resides in to bill for services. If you are interested in working with one of our partners that bills in SD for you, please contact us **here.**

BILLING MEDICAID

If you are billing Medicaid directly, we have put together the below step by step instructions as a resource tool to assist you in streamlining the eBrief implementation process within the Medicaid Waiver Reimbursement Procedures.

STEP BY STEP GUIDANCE

Step 1: ID PARTICIPANT
Identify participants using **eBrief's Potential Participant Evaluation Checklist,** found **on www.eBriefCommunity.com,** to help your organization spot opportunities for enhanced incontinence care and evaluate the individualized need for such services.

Once 5 or more of your organization's participants are identified needing eBrief inserts, contact your Customer Success Manager or contact us **here,** in order to receive an individualized quote for the participants one-time and ongoing costs to utilize for the application for authorization to bill for such services. (Statement of Recurring Charges) At this time you will start the process with eBrief's implementation team to develop a personalized implementation plan and schedule routine check-in's with your dedicated project manager.

Step 2: PARTICIPANT ELIGIBILITY
Once a participant is identified as potentially benefitting from the eBrief insert, then you must determine their status of eligibility with Medicaid Waiver services *if* you want to bill for reimbursement. If you need assistance in applying for eligibility for the participant, please visit **here.**

NOTE: If you are not interested in billing for reimbursement and the organization will be financially responsible for any and all charges, or if the person is not eligible and you still want to provide the participant the eBrief solution for improved well-being regardless of reimbursement, you can skip the below steps and communicate this to your Customer Success Manager in order to move your implementation timeline and plan forward as appropriate.

Step 3: SERVICE PLAN DEVELOPMENT
Collaborate with the participant and case manager to develop a service plan outlining the needed services. Find some examples of needs/solutions with eBrief here. In addition, obtain a Statement of Recurring Charges and Quote for One Time costs to participant from your eBrief Customer Success Manager or inquire **here** for these documents to outline the services requested and needed for your participant which will be required for submission with the authorization request.

Step 4: AUTHORIZATION
Obtain service authorization through the appropriate system **(e.g., Therapy for HOPE Waiver)** before delivering services. ***NOTE: Our Statement of Recurring Charges is required for authorization in the state of SD. It must be completed in full by etectRx with a valid start date along with additional required information in order to receive authorization.***

Waivers in SD identified to potentially reimburse for qualified individuals for AT and/or Specialized Equipment and Supplies are:

- **CHOICES**
  - **T2029** *Assistive Technology* Billed Charges Rate $5,000.00
  - **T2035** *Specialized Medical Equipment* Billed Charges Rate $5,000 (Requires diagnosis of "incontinence")-can be found in medical records or in a Certificate of Medical Necessity already in use but documents the diagnosis.
- **FAMILY 360**
  - **A9900** *Specialized Medical Equipment*, not otherwise specified, waiver Billed Charges Monthly Max Limitation $10,000 (Requires diagnosis of "incontinence")-can be found in medical records or in a Certificate of Medical Necessity already in use but documents the diagnosis.
- **HOPE**
  - **T2029** *Specialized Medical Equipment*- Per Purchase State Plan fee schedule or usual and customary fee* (Requires diagnosis of "incontinence")-can be found in medical records or in a Certificate of Medical Necessity already in use but documents the diagnosis.
  - **T5999** *Specialized Medical Supplies*-Per Purchase State Plan fee schedule or usual and customary fee*
- **Assisted Daily Living Services Waiver**
  - **A9900** *Specialized Medical Equipment & Supplies*, Billed Charges (Requires diagnosis of "incontinence")-can be found in medical records or in a Certificate of Medical Necessity already in use but documents the diagnosis.
  - **S5165** *Environmental Accessibility Adaptations*, Billed Charges

Step 5: SERVICE DELIVERY AND DOCUMENTATION
Once a participant is authorized to receive services, eBrief will schedule the implementation of your participants and start dates. eBrief will provide documentation of the service delivery and billing each month as needed for routine billing practices. These records must be maintained for the state minimum requirements after the last date a claim was paid or denied in accordance with Medicaid rules.

Step 6: CLAIM SUBMISSION
Use the **CMS-1500 Claim form** and general claim instructions found **here**.
The appropriate billing codes shall be used. **SD Wavier Fee Schedules** Found **here.**
Some codes are indicated above under each waiver for convenience as used by some of our partners.

Submit claims through the **SD Medicaid Provider Online Portal** and ensure that claims are submitted within the appropriate required timeframes to avoid denials.

Step 7: REMITTANCE AND RECONCILLIATION
As a best practice, it is important to access remittance advices via the **Provider Online Portal** to review claim statuses and reconcile payments made or due.

If a claim is denied, determine the reason (ie. missing documentation, incorrect codes) and make any adjustments or appeals within the required timeframes given by Medicaid.

APPEALS

For declinations of eligibility, each state handles the appeals process with each participant, however they do follow the federal Medicaid rules that exist for appeals. **A letter of declination** must be sent to the participant listing important information on why the claim was denied.

APPEAL DEADLINE:
File the appeal no later than the deadline listed in your **Medicaid Denial Letter**. Each state is different.

HOW TO FILE:
Whether or not required, you should file a written notice a request to appeal with a date with your Medicaid Agency office or caseworker. Keep any documentation of submission and receipt.

APPEAL HEARING:
Medicaid agency or a third party agency may conduct your hearing. Accept the offer to review your file they have prior to the hearing. Hiring a Medicaid Appeals lawyer is always suggested.

ADDITIONAL RESOURCES

SEARCH FOR LOCAL DSS LOCATIONS THROUGHOUT SD

SD DSS HCBS GENERAL INFORMATION

HOPE WAIVER for Assisted Living or Community Home Facilities GENERAL INFORMATION PAGE

EBRIEF COMMUNITY RESOURCE PAGE

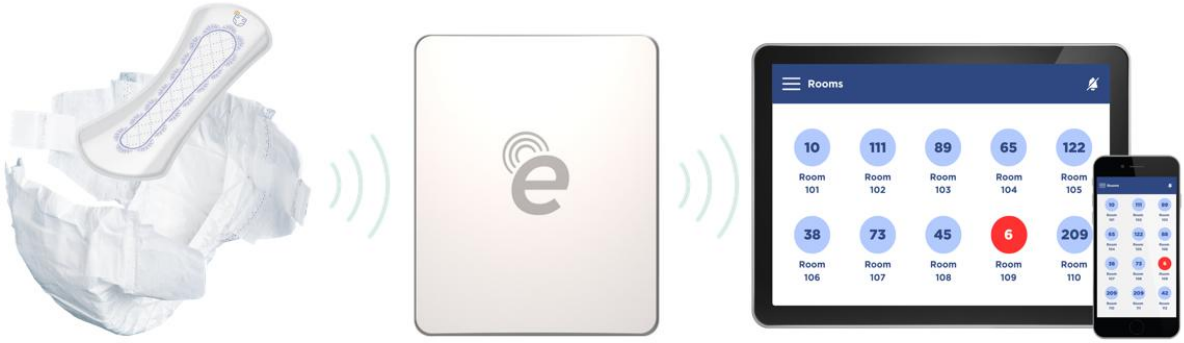
FAMILY SUPPORT 360 WAIVER FOR CHILDREN AND ADULTS WITH DISABILITIES

SOUTH DAKOTA OTHER MEDICAID COVERAGE GROUPS

EBRIEF

eBrief
Intelligent Incontinence Monitoring

Intelligent Incontinence Monitoring



eBrief™ Insert

Applied to an incontinence product or undergarment, the insert activates once wetted.

Room Reader

A fixed device used to detect a soiled eBrief™ Insert. Reader forwards to the Care Dashboard.

Care Dashboard

Displays eBrief™ User wet and dry status and provides change alerts in real time.

System Benefits

Health

- Reduces adverse health events
  - i.e., falls, UTIs, and/or skin breakdown
- Promotes empowerment
- Increases accessibility to preventative care

Operations

- Restores family and participant confidence
- Encourages caregiver productivity
- Reduces environmental cleaning
  - i.e., laundry, furniture

Financial

- ROI is $9 per $1 spent on Assistive Technology
  - *(WHO/UNCF, 2022)*
- Reduces caregiver support needs
- Limits crisis occurrences
- Potential for Medicaid Waiver reimbursement for Assistive Technology in most states

eBrief
Intelligent Incontinence Monitoring

_____ _____

PARTICIPANT NAME DOB

eBrief Potential Participant Evaluation Checklist

Please check all that apply for this participant and fill in the individualized items prompted for each section.
Having one or more of the following factors indicates that the participant could benefit from the use of eBrief and the solutions the system provides.
This list is not all inclusive.

Participant experiences:

☐ ***ANY DIAGNOSIS of INCONTINENCE*** *by a physician* to include (*definitions cited from CMS*): **NOTE: ATTACH PROOF OF DIAGNOSIS (I.E. MEDICAL RECORDS, CERTIFICATE OF MEDICAL NECESSITY, OR A LETTER FROM PHYSICIAN)**

- *Urge Incontinence*-Sudden, strong urges to expel urine before or at time bladder is full. Characterized by abrupt urgency, frequency and nocturia. At times participant cannot make it to the toilet to void in these cases even if they can feel the need to void. It is the most common form of incontinence in elderly participants.
- *Stress Incontinence*-Allows leakage when pressure on the bladder is increased such as when sneezing, coughing, laughing, lifting, standing up, or climbing stairs.
- *Mixed Incontinence*-This is the combination of urge and stress incontinence that is experienced by the participant. Most common for women to experience this form of incontinence.
- *Overflow Incontinence*- Associated with leakage when bladder has reached capacity and potentially distended. This may include symptoms such as weak urine stream, hesitancy, intermittency, dysuria, nocturia, frequency, incomplete voiding, and/or frequent or constant dribbling.
- *Functional Incontinence*-Loss of urine is characterized by external factors such as cognitive problems (confusion, dementia, unwillingness to toilet), physical weakness or poor mobility/dexterity (poor eyesight, arthritis, deconditioning, stroke, or contractures), medications (anti-cholinergics, diuretics), or environmental impediments (distance from toilet, poor lighting, low chairs hard to stand, physical restraints, and/or toilet is difficult to access)

- *Transient Incontinence*-Temporary or occasional incontinence for any cause. Some examples delirium, infections, atrophic urethritis, vaginitis, sedatives, hypnotics, diuretics, anticholinergic agents, increased urine production, restricted mobility, fecal impaction or constipation. Considered transient when related to potentially improvable or reversible cause.

☐ Uses _____ (*type of incontinence products*) and ☐ *is able* to change themselves or is ☐ *unable* to change themselves without the ability to identify when a need for change occurs due to

_____

_____

_____

☐ Unable to communicate needs (non-verbal, speech problem, confusion, dementia, other diagnosis impairing speech or communication) due to

_____

_____

☐ History of skin breakdown from exposure to moisture specifically related to

_____

_____

☐ Dependent on staff for assistance to toilet/hygiene with voiding due to

_____

_____

☐ Could benefit from a voiding or toileting schedule/training program due to

_____

_____

_____

_____

☐ Suffering from conditions (I.E. (diagnosis, medication, temporary condition/impairment, new location of toilet, anxiety with toileting) or utilizing medications that can cause incontinence (temporary or permanent) such as

_____

_____

_____

_____

_____

☐ Frequent Urinary Tract Infections (I.E. incontinence, immobility, poor hygiene) due to

_____

_____

_____

_____

☐ History of behaviors or incidents related to toileting such as

_____

_____

_____

_____

☐ Sleep disruptions due to incontinence, oversleeping during the day that is not a participant preference, and/or conditions that typically can cause incontinence as evidenced by

_____

_____

Additional Notes on the above marked items:

_____

_____

_____

_____

_____

_____

_____

_____

NOTE: It is recommended that the care team meets to discuss the participants' potential benefit with the eBrief system and can either attach or verify that the Individualized Service Plan or Care Plan has been updated to include the above need for eBrief and goals associated with it.

This document can be used for submission to state agencies for potential authorization for reimbursement through the Medicaid Waiver programs on qualified individuals, along with our Statement of Recurring Charges and official quotes.