Your client needs bathroom equipment such as a shower chair. Start by asking...

**Is the bathroom equipment needed due to a recent medical event such as a stroke or amputation?**

If NO, proceed to other process (example: handheld shower)

If YES, proceed to:

**Vendor submits an ETR to HCA following all required procedures.**

If denied, proceed to other process (example: handheld shower)

If approved, proceed to:

**Client receives the item.**

For social services authorizations only: Upon verification of receipt of item, the CM changes the auth. to Approved.

Vendor claims: Medical Portal (HCA approved) OR Social Services Portal (DSHS approved).

Create social service authorization in CARE in Reviewing Status (SA875).

If APPROVED, proceed to:

Send all documentation to dmeetr@dshs.wa.gov. Submit ETR in CARE.

Select Pending HQ Approval as the Processing Status; and DME ETR, ALTSA HCS (DMEETR) from the worker drop-down.

If denied, it will likely be requested that an ETR be submitted to HCA.

**Ordering Bathroom Equipment**

Most commonly requested items under blanket code SA875 that are not typically covered by HCA:

- Shower/commode chair
- Raised toilet seat
- Bathtub wall rail (grab bars)
- Standard and heavy duty bath chairs
- Transfer bench for tub or toilet
- Shower chair
- Bedside commode
- Bath stools
- Raised toilet seat

If denied, it will likely be requested that an ETR be submitted to HCA.

Examples of client conditions/issues where HCA will never cover bathroom equipment include such things as:

- Obesity
- Osteoarthritis
- Debilily
- Fatigue
- Chronic illness
- Increased age
- Deconditioning
- Malaise
- Prevention of SNF placement

If approved, it will likely be requested that an ETR be submitted to HCA.

**Is the item necessary for independent living?**

Examples of client conditions/issues where HCA will never cover bathroom equipment include such things as:

- Obesity
- Osteoarthritis
- Debilily
- Fatigue
- Chronic illness
- Increased age
- Deconditioning
- Malaise
- Prevention of SNF placement

Then...

**Document need in CARE Assessment**

Then...

**Obtain recommendation/ prescription from a medical professional.**

Then...

**Request quote of MSRP or invoice cost + tax from vendor. Quote must include:**

- 80% of MSRP + tax OR
- 125% of invoice cost + tax.

Then...

Follow process for local ETR. Use the following language in the ETR: “Request is to purchase _____ that is not covered by Health Care Authority. Client does not meet HCA’s exceptional criteria for this DME.”

Then...

Send all documentation to dmeetr@dshs.wa.gov. Submit ETR in CARE.