



MEDICAL ASSISTANCE BULLETIN
COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

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EFFECTIVE DATE:
April 14, 2003

SUBJECT: Information on Accredited Rehabilitation Facilities to be Used for Motorized Wheelchair Evaluation

BY:

A handwritten signature in cursive script that reads "Carole W. Rebert".

Carole W. Rebert
Official-In-Charge
Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to issue information regarding accredited rehabilitation facilities.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (M A) Program who render services in any M A delivery system: HealthChoices, voluntary managed care and Fee-for-Service.

BACKGROUND:

On July 30, 1987, in M A Bulletin 01-87-08, 05-87-02, 19-87-06, effective July 1, 1987, the M A Program published guidelines for coverage of motorized wheelchairs for categorically needy recipients. The procedures set forth in those bulletins require that a questionnaire (see attachment) be completed by an accredited rehabilitation facility. An accredited rehabilitation facility is one that has been accredited by either the Joint Committee on Accreditation of Healthcare Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF). On April 6, 1988, the M A Program published M A Bulletin 01-88-04, 05-88-02, 19-88-03, listing the accredited rehabilitation facilities to be used for motorized wheelchair evaluations.

The Department of Public Welfare (Department) has determined that since the issuance of M A Bulletin 01-88-04, et al, there have been many changes to the accredited rehabilitation facilities by JCAHO and CARF, and the list published by M A has never been updated. In addition, it has come to the Department's attention that JCAHO no longer certifies each area of the facility separately, e.g., rehabilitation, emergency room, etc. The facility certification covers the rehabilitation function when the facility provides this service.

To provide for the continued changes to the list of accredited rehabilitation facilities that can provide the information necessary for the Department to utilize in determining the medical necessity for motorized wheelchairs, the Department has implemented the following procedure.

PROCEDURE:

The Department will use accreditation information from the JCAHO and CARF to confirm that the recipient has been evaluated by an accredited rehabilitation facility. In order to determine if a facility is currently accredited, the potential provider of the motorized wheelchair should access the websites for JCAHO or CARF. The JCAHO website is: <http://www.jcaho.org>. The CARF website is: <http://www.carf.org>. Providers may access either website to determine the rehabilitation facility's accreditation.

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CONSIDERATIONS FOR MOTORIZED WHEELCHAIR PRESCRIPTIONS
(To be completed by the Rehab Facility's evaluator)

Facility Name: _____
Facility Address: _____
Phone Number: () _____

Patient's Name: _____ Case Number: _____ Telephone Number: _____

- Yes ___ No ___ 1. The patient is unable to ambulate.
Yes ___ No ___ 2. The patient is unable to propel a manual wheelchair.
Yes ___ No ___ 3. When seated in the wheelchair, the patient is able to move away from potentially dangerous or harmful situations, independently.
Yes ___ No ___ 4. The patient has sufficient eye/hand perceptual capabilities to operate a motorized wheelchair safely.
Yes ___ No ___ 5. The patient demonstrates the ability to start, stop and guide the wheelchair within a reasonably confined area.
Yes ___ No ___ 6. The patient possesses the ability to drive the wheelchair.
Yes ___ No ___ 7. The patient's environment is conducive to the use of a motorized wheelchair. The environment should have sufficient door, hallway, and room dimensions for the particular motorized wheelchair unit to turn and exit.
Yes ___ No ___ 8. The patient possesses sufficient cognitive skills to understand directionality, i.e., left, right, front and back and be able to demonstrate those skills.
Yes ___ No ___ 9. All alternative funding sources have been explored and will not pay for a motorized wheelchair.
Yes ___ No ___ 10. There is a necessity for motorized mobility.
Yes ___ No ___ 11. The individual is capable of some activity to which the motorized wheelchair will provide access.
Yes ___ No ___ 12. The individual is motivated to use a motorized wheelchair.

Frequency of use: _____ hours/day _____ days/week.

Sitting tolerance in a motorized wheelchair: maximum hours _____

Individual's prognosis over the next three years: _____

Comments: _____

Signature: _____ Title: _____ Date: _____

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.