

**COMMUNITY SERVICES PROGRAM FOR PERSONS  
W/PHYSICAL-DISABILITIES (CSPPPD)**

**The Worthy Agreement: An OSP/OMAP Collaboration**

A new policy, the "Worthy Agreement," remedies an unfortunate situation that has hindered some Nursing Facility (NF) residents' transition to community life. The Agreement, put in place March 1, 1998, facilitates advance purchase of a suitable wheelchair preceding actual relocation. Delivery will be timed so a CSPPPD OBRA Waiver participant becomes comfortable with features unique to his/her equipment prior to moving.

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**TIPS FOR CSPPPD NF SPECIALIZED SERVICES COORDINATORS**

- ◆ Early identification of a consumer's intent to relocate is important to this issue. Secure a commitment to relocate before moving on purchase of a consumer-owned wheelchair. Gauge the authenticity of the commitment as accurately as possible. Support/encourage the consumer to stay on track.
- ◆ An established transitioning commitment -- with a realistic, projected time line -- triggers the CSPPPD service coordinator's facilitation of a professional assessment for wheelchair/seating. This may be done "in house," however, Medical Assistance (MA) can pay for such a procedure.
- ◆ With the consumer's consent, the consumer's team, including the NF representative, should be apprised of the commitment to transition and, consequently, action being taken to secure a wheelchair prior to departure from the facility. The NF-provided wheelchair must continue to be available to the consumer till a new one arrives.
- ◆ The service coordinator (SC) will submit appropriate documentation (a prescription with a copy of the assessment and a completed, amended MA 97) billing the regular non-waiver MA system for the wheelchair purchase. Direct the packet to: DPW/ Office of Medical Assistance, Bur. of Fee-for-Service, Prior Authorization, P.O. Box 8044, Harrisburg, PA, 17105-8044. The SC annotates field #34 as follows: "Transitioning from the nursing facility to the community with CSPPPD."
- ◆ An MA 97 for a motorized wheelchair/scooter must be accompanied by a completed "Considerations for Motorized Wheelchair Prescriptions" form (attached) per the MA Bulletin on this topic (also attached).

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- ◆ **The MA 97 triggers return of an approved MA 319 with an authorization number permitting purchase/billing -- directed to the CSPPPD Administrative Entity/Provider requesting the purchase (as indicated on the MA 97). The AE/Provider completes, signs, and returns the MA 319 to MAMIS for payment. The CSPPPD SC works with the vendor to complete the purchase and arrange delivery.**
- ◆ **Generally, the AE/Provider should receive a check covering the compensable vendor payment in approximately three (3) weeks -- providing, of course, all paperwork is properly completed.**
- ◆ **The purchase is completed and the wheelchair is delivered to the NF. Once it arrives on-site, the consumer should tag the wheelchair for proper identification of ownership. Inconspicuous engraving of name is one option.**
- ◆ **The action taken to purchase a wheelchair under the individual's Medical Assistance recipient number should be documented in CSPPPD files and in Specialized Services Plans on NF file charts to preclude any possible misunderstandings at time of move.**
- ◆ **The consumer will actively work on transitioning steps using the purchased wheelchair prior to relocation. The consumer should become fully comfortable with his/her wheelchair through routine use in the facility and in the community. Problems/questions should be addressed with the vendor before the move, as possible.**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
OFFICE OF MEDICAL ASSISTANCE

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

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: \_\_\_\_\_

7/1/87 OMA



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

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SUBJECT

Coverage for Motorized Wheelchairs

BY

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## Purpose

The purpose of this bulletin is to inform providers that beginning July 1, 1987, the Department will provide coverage for motorized wheelchairs in accordance with established criteria.

## Scope

This bulletin is applicable to all physicians, medical suppliers, and pharmacies enrolled in the Medical Assistance Program.

## Discussion

Beginning July 1, 1987, Medical Assistance will pay for motorized wheelchairs prescribed for categorically needy recipients subject to the conditions and limitations described in this bulletin, Chapter 1101 (relating to the general provisions) and Chapter 1123 (relating to medical supplies).

Before the provider may be paid for a motorized wheelchair, the chair must be prior authorized at the State level. All of the following criteria must be met and so certified to the Department to ensure appropriateness of the prescribed wheelchair.

1. The individual must be capable of some activity to which the motorized wheelchair will provide access.
2. The individual must be unable to ambulate.
3. The individual must be unable to propel a manual wheelchair.
4. When seated in the motorized wheelchair, the individual is able to move away from potentially dangerous or harmful situations, independently.
5. The individual has sufficient eye/hand perceptual capabilities to operate the prescribed motorized wheelchair safely.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:  
Bureau of Provider Relations  
P.O. Box 8024  
OR CALL THE APPROPRIATE TOLL-FREE  
NUMBER FOR YOUR PROVIDER TYPE.

6. The individual demonstrates the ability to start, stop and guide the prescribed chair within a reasonably confined area.
7. The individual possesses the ability to operate the prescribed chair.
8. The individual'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.
9. The individual possesses sufficient cognitive skills to understand directionality, i.e., left, right, front and back and be able to demonstrate these skills.

### Procedure

The following procedures and related current policies will apply to the expanded coverage for motorized wheelchairs. Please refer to § 1101.67 (relating to prior authorization) and your handbook for specific instructions on how to request prior authorization.

1. The motorized wheelchair must be prescribed by a physician.
2. The attached questionnaire, based on a rehabilitation assessment, must be completed by an accredited rehabilitation facility. An accredited rehabilitation facility is one which has been accredited by either JCAH (Joint Commission on the Accreditation of Hospitals) or CARF (Commission for the Accreditation of Rehabilitation Facilities). The purpose of this assessment will be to evaluate the individual's ability to utilize a motorized wheelchair and to identify any construction modifications or other adaptations which may be required.
3. The Prior Authorization Request must identify any construction modifications or adaptations to the prescribed chair.
4. The assessment/evaluation must be done within 60 days of the date of receipt of the Prior Authorization Request by the Department.
5. The prescription, the questionnaire and a report of the rehabilitation assessment must be forwarded to the Department along with a completed Prior Authorization Form (MA 97).
6. The Department's payment for a motorized wheelchair will be the lowest of the Medicare fee, the Medical Assistance fee or the provider's usual charge to the general public.
7. Payment for a motorized wheelchair will be limited to one per three years per recipient.
8. Payment will not be made for modifications to a home, a vehicle, et cetera, in order to accommodate the use of a motorized wheelchair.

9. Second opinions will be requested, when indicated.
10. All other private or governmental health insurance benefits must be utilized before payment will be made by the Medical Assistance Program.
11. All forms, when completed, should be mailed to the following address:

Department of Public Welfare  
Office of Medical Assistance  
P.O. Box 8188  
Harrisburg, PA 17105

The attached questionnaire/rehabilitation evaluation form may be photocopied.

Replacement pages to the Medical Assistance Fee Schedule have been issued along with other changes to the MA Fee Schedule.