

APPENDIX P

September 1, 2023

Dear Administrator,

The Office of Long-Term Living (OLTL), Bureau of Quality Assurance and Program Analytics, Clinical Review Team (CRT), Peer Counselor for Evaluation of Durable Medical Equipment (PCEDME) project is an ongoing initiative with a two-year time frame. The PCEDME targets Medical Assistance (MA) participants who have quadriplegia, paraplegia, cerebral palsy, multiple sclerosis, Amyotrophic lateral sclerosis (ALS), or spina bifida. The most current list is from the May 1, 2023, Minimum Data Set (MDS) picture date. Peer Counselors will interview these target participants to see if they may require additional or different Durable Medical Equipment (DME) to attain or maintain their highest practicable physical, mental, and psychosocial wellbeing.

A letter will be forwarded to your facility listing the names of the participants that will be visited. A peer counselor from the PCEDME project will contact the Director of Social Services to schedule an appointment to visit the participant. A copy of this letter should be shared with Social Services. With the participant's permission, the peer counselor will ask questions regarding the DME currently provided to the participant and determine the potential for additional or different DME to better meet the participant's individual needs. The peer counselor will discuss the participant's care and services with you or your staff and may request additional information to successfully complete a **non-clinical assessment** of the participant.

If, as a result of the interview, the peer counselor and the participant believe that the participant could benefit from additional or different DME, the peer counselor will recommend a **clinical assessment** for further evaluation of DME needs of the participant. The peer counselor will give Social Services a copy of the recommendation form and send a copy to the OLTL. Upon receipt of the peer counselor's recommendation form, you must determine what action you need to take. The peer counselor will follow up by contacting you within seven (7) working days to ascertain your plan of action. If you **agree** with the peer counselor's non-clinical assessment of the participant's equipment needs and the recommendation, you must immediately arrange for the clinical assessment. You will need to work with the participant's CHC Managed Care Organization (MCO) and Service Coordinator (SC). A physical/occupational therapist or other qualified medical professional must perform the clinical assessment. Motorized wheelchair evaluations must be done at a facility that is certified by either the Joint Committee on Accreditation of Healthcare Organizations (JCAHO) or The Commission on Accreditation of Rehabilitation Facilities (CARF). The website for JCAHO is: www.jcaho.org and for CARF is www.carf.org. If you must arrange for a clinical assessment at a certified evaluation facility on an outpatient basis, the MA program will reimburse the clinical assessment as an outpatient visit.

If the clinical assessment indicates the DME is medically necessary, you will need to work with the participant's SC and CHC MCO to provide the necessary DME. The requested DME must be exceptional as defined in the notice published in the Pennsylvania Bulletin on July 1, 2023.

If you **do not agree** with the peer counselor's recommendation, you must submit a written statement from the participant's attending physician and medical documentation justifying your decision to the CRT. These documents must be received by the CRT within fifteen (15) business days from the date of the peer counselor's visit. The CRT will review all documents and determine if the participant is receiving appropriate care and services in accordance with applicable requirements, including requirements of the Nursing Home Reform Law, and the Americans with Disabilities Act. Additionally, the OLTL will also determine if further verification by the CRT staff and/or the Department of Health is necessary.

I want to thank you in advance for cooperating with the peer counselor and ensuring that MA participants obtain the best quality of life. If you have any questions regarding this initiative or if you want to verify the peer counselor's authority to act on the OLTL's behalf, please contact the CRT's toll free hotline at 1-877-299-2918.

Sincerely,



Amy Comarnitsky
Section Chief

INITIAL RECOMMENDATION FORM FOR PEER COUNSELORS

Date _____ Resident _____
Facility _____ Resident MA# _____
Address _____ Telephone Number _____
_____ County _____

Peer Counselor _____
Contractor _____ Telephone Number _____

- Contact person _____ Telephone number _____
- Nursing Facility refuses peer counselor's visit
- Resident refuses peer counselor non-clinical assessment
- Resident's needs appear to be met—recommend no further action
- Current DME appears to not meet resident's needs
- Peer counselor/resident requests clinical assessment
- Resident refuses to have a clinical assessment
- Prior clinical assessment done ___/___/___
- No prior clinical assessment done
- MA 97/MA97 LTC forms and instructions given to Nursing Facility;
Date/Administrator's name ___/___/___ _____
- Physician wrote order for clinical assessment
- Attending physician refuses to order clinical assessment
Contact person _____ Telephone number _____
- Clinical assessment completed ___/___/___
 - No need for DME
 - DME needed
- MA97/MA97LTC submitted to OLTL ___/___/___
- Nursing facility refuses to submit MA97/MA97 LTC forms
Contact person _____ Telephone number _____
- Nursing facility uncooperative
- OLTL brochure given
- Initial form given to Nursing Facility ___/___/___

Comments _____

FOLLOW-UP RECOMMENDATION FORM FOR PEER COUNSELORS

Follow-up Date _____ **Resident** _____
Facility _____ **Resident MA#** _____
Address _____ **Telephone Number** _____
_____ **County** _____

Peer Counselor _____
Contractor _____ **Telephone Number** _____

- Telephone Follow Up
- Contact person _____ Telephone number _____
- Nursing Facility refuses peer counselor's visit
- Resident refuses peer counselor non-clinical assessment
- Resident's needs appear to be met—recommend no further action
- Peer counselor recommends clinical assessment
- Resident refuses to have a clinical assessment
- MA 97/MA97 LTC forms and instructions given to Nursing Facility;
Date/Administrator's name _____/_____
- Physician writes order for clinical assessment
- Attending physician refuses to order clinical assessment
Contact person _____ Telephone number _____
- Clinical assessment completed ___/___/___
 - No need for DME
 - DME needed
- MA97/MA97LTC submitted to OLTL ___/___/___
- DME received (type) _____ Date _____
- Equipment is satisfactory – no further follow up
- Equipment is unsatisfactory – contact person at facility _____
- Nursing facility refuses to submit MA97/MA97 LTC forms
Contact person _____ Telephone number _____
- Nursing facility uncooperative
- OLTL brochure given
- Follow-up form given to Nursing Facility ___/___/___

Comments _____

PCEDME PROCEDURE: PCEDME Monthly Reports
(see attached)

Contractor must submit PCEDME Monthly Reports every month to DPW/OLTL.

Process:

1. PCEDME Monthly Report must be legibly written or typed.
2. Report must not be altered.
3. Report must be received by OLTL by the 15th day of the following month.
4. The PCEDME contractor must sign and send report.
5. If the program is sub-contracted, the prime contractor is responsible to forward the report to OLTL.
6. Send reports to:

Office of Long Term Living
Bureau of Quality & Provider Management
Division of Provider & Operations Management
Quality Assessment and Certification Section
PCEDME Program
555 Walnut Street, 6th Fl
Harrisburg, PA 17101-1919

Or

Fax to OLTL at (717) 213-3780.

Or

Reports may be emailed to:
Stacy Bowman – Stbowman@pa.gov

4/22/2021

PCEDME PROCEDURE: PCEDME Recommendation Form

Process:

1. PCEDME Recommendation form must be legibly written or typed.
2. All components at top of form must be completed.
3. Form must not be altered.
4. Initial Recommendation form must be used for all initial interviews.
5. Follow-up Recommendation form must be used for all follow-up visits.
6. Follow up Recommendation forms must be submitted for a nursing facility visits or telephone follow-up and identified as such.
7. Forms must be reviewed, signed and forwarded to OLTL by the PCEDME's contractor.
8. If the program is sub-contracted, the prime contractor must forward the forms to OLTL.
9. Send forms to:

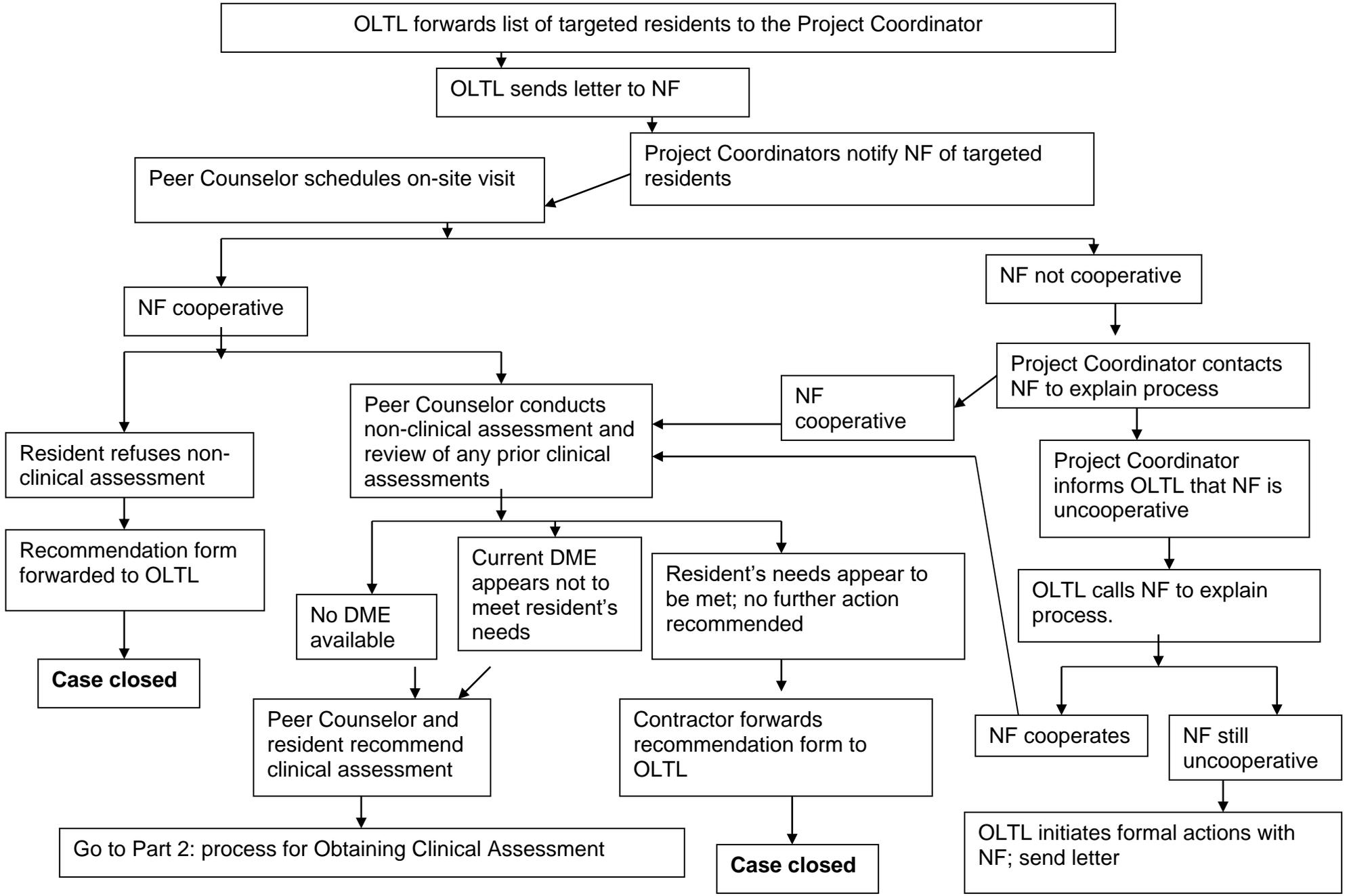
Office of Long Term Living
Bureau of Quality & Provider Management
Division of Provider & Operations Management
Quality Assessment and Certification Section
PCEDME Program
555 Walnut Street, 6th Fl
Harrisburg, PA 17101-1919

Or

Fax to OLTL/PCEDME at (717) 772-0965

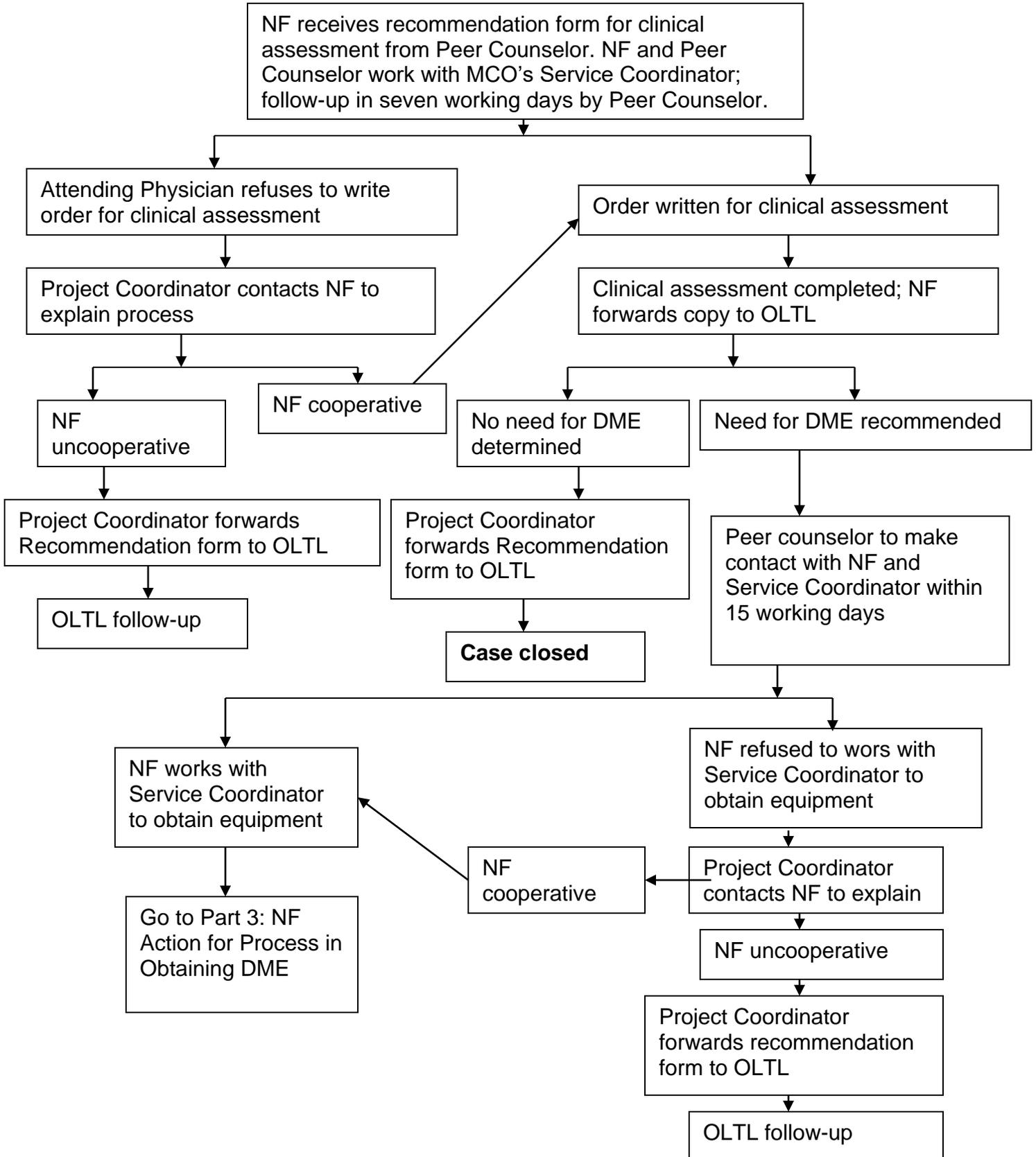
3/28/13

**Peer Counselors for Evaluation of Durable Medical Equipment (DME) Project Flow Chart
Part 1: Process for Clinical Assessment Recommendations**



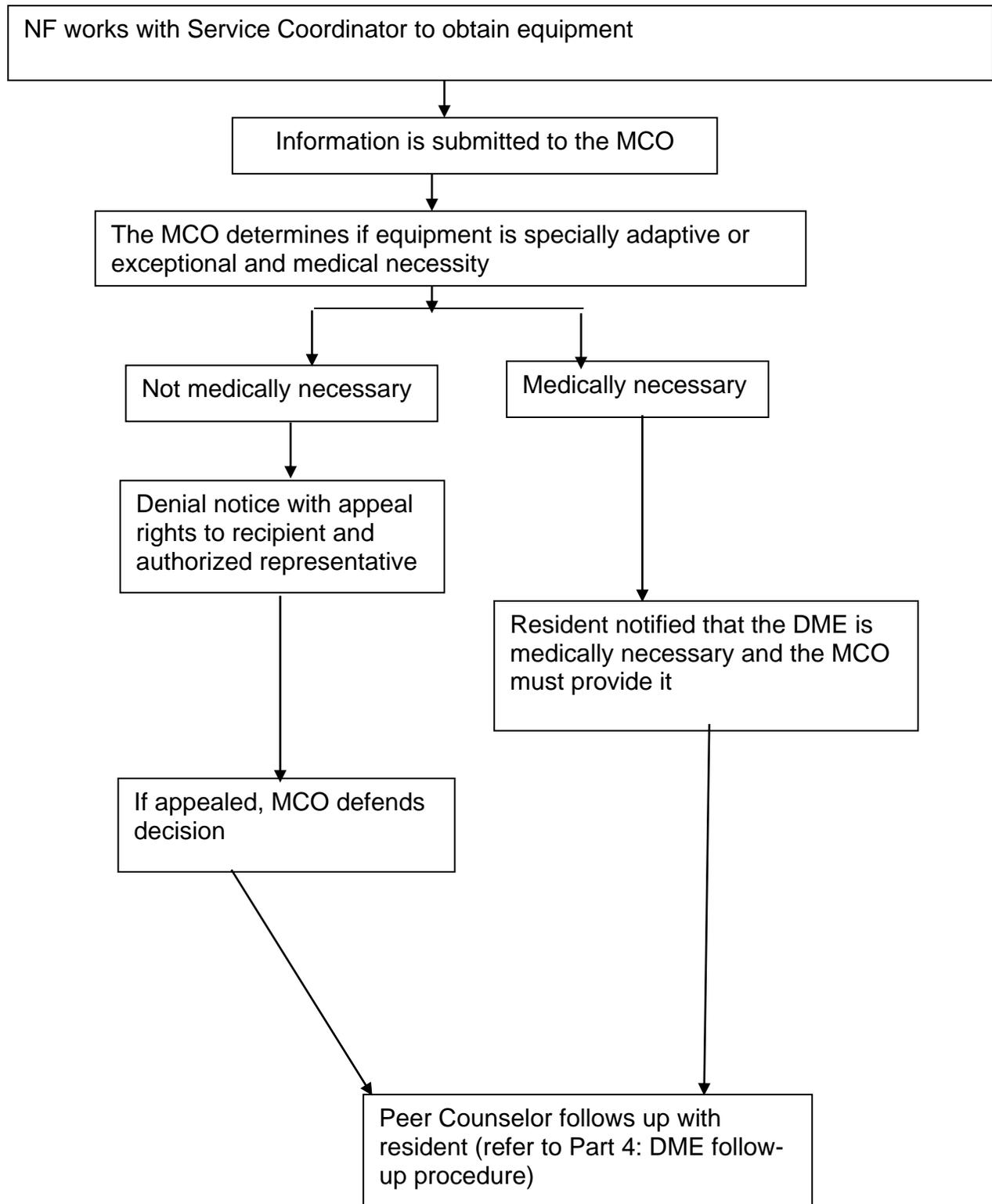
***Peer counselors must forward a recommendation form to NF and project coordinator for each telephone contact or on-site visit.**

**Peer Counselors for Evaluation of DME Project Flow Chart
Part 2: Process for Obtaining Clinical Assessment and MA97**



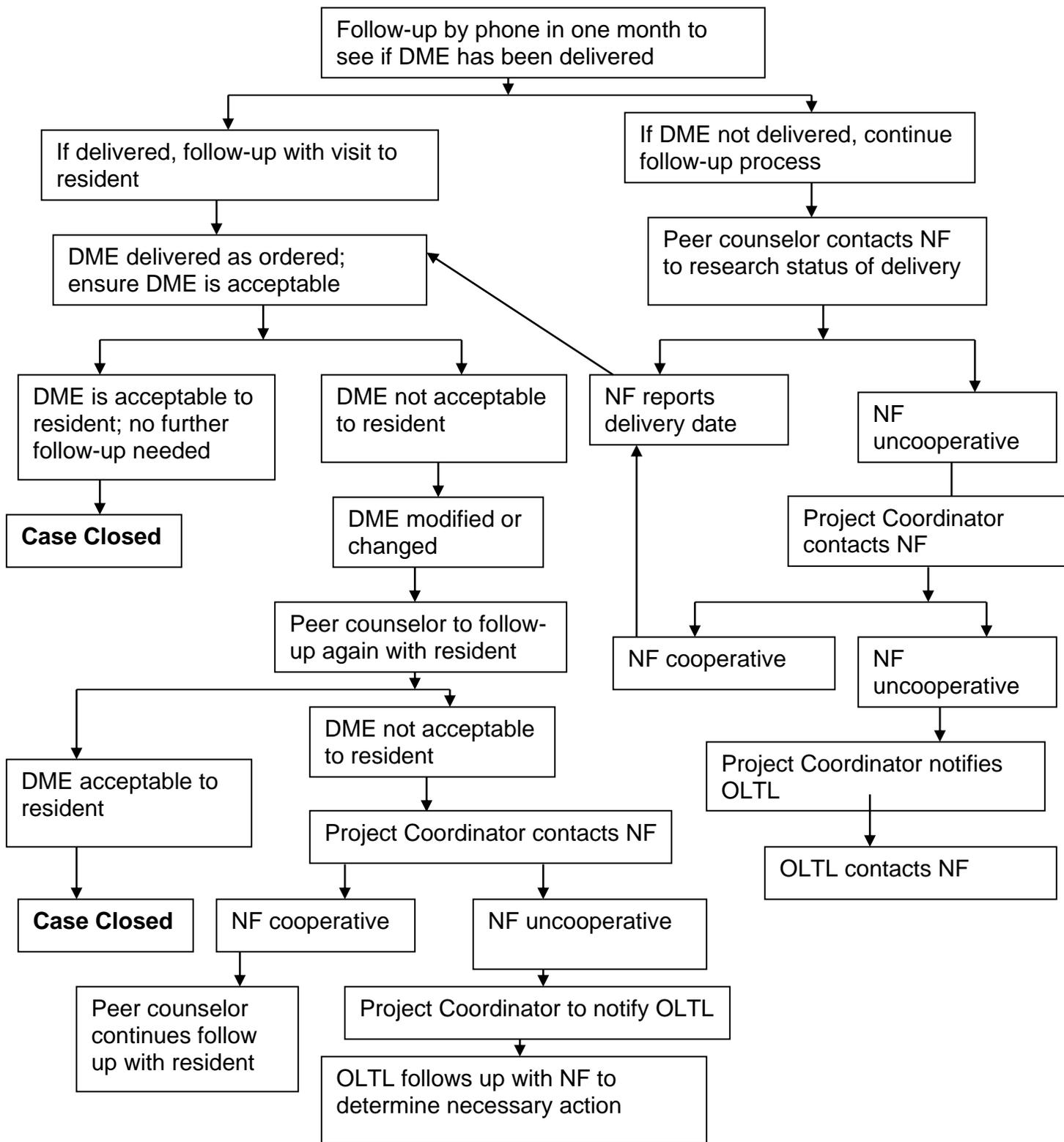
***Peer counselors must forward a recommendation form to NF and project coordinator for each telephone contact or on-site visit.**

Peer Counselors for Evaluation of DME Project Flow Chart
Part 3: NF Action for Process in Obtaining Durable Medical Equipment (DME)



***Peer counselors must forward a recommendation form to NF and project coordinators for each telephone contact or on-site visit.**

**Peer Counselors for Evaluation of DME Project Flow Chart
Part 4: DME Follow-up Procedure**



***Peer counselors must forward a recommendation form to NF and project coordinator for each telephone contact or on-site visit.**