

Sec. 17-134d-46. Customized wheelchairs in nursing facilities as defined in 42 USC 1396r(a), as amended from time to time, and ICFs/MR as defined in 42 USC 1396(d)d, as amended from time to time

(a) Conditions of Participation

Nursing facilities as defined in 42 USC 1396r(a), as amended from time to time, and ICFs/MR as defined in 42 USC 1396(d)d, as amended from time to time, are required as conditions of participation in the Medical Assistance Program to provide or to arrange for the provision of customized wheelchairs and related services on behalf of Title XIX assisted patients who require such customized wheelchairs and related services.

(b) Definition of Customized Wheelchair

A customized wheelchair is defined as a wheelchair specifically manufactured to meet the special medical, physical and psychosocial needs of a recipient who cannot independently maintain proper body alignment. The wheelchair must be individualized to preclude the use of the wheelchair by any other person except the recipient for whom it was originally developed.

(c) Identification of Potential Patients

Nursing facilities and ICFs/MR shall identify Title XIX patients who potentially require customized wheelchairs as a result of the patient's possessing certain physical disabilities. These physical disabilities would be of such a nature as to require adaptations to a standard wheelchair needed to support and properly position the disabled person's body in proper body alignment in a wheelchair. An Interdisciplinary Team (IDT) assessment shall be performed in accordance with subsections (d) through and including (h) of this section as follows for each disabled person who potentially requires a customized wheelchair. The IDT assessment shall determine whether or not such person in fact requires a customized wheelchair, and shall determine the appropriate design and characteristic of any such customized wheelchair. It is the facility's obligation to identify recipients who may require customized wheelchairs and related services, and to initiate required interdisciplinary assessments. The Department's medical review teams may identify patients who potentially require such services in the regular course of periodic inspections of the adequacy of care provided by such facilities. Upon notification from the Department that a Title XIX assisted patient may require a customized wheelchair and related services, nursing facilities and ICFs/MR are required to conduct an interdisciplinary assessment in accordance with subsections (d) through and including (h) of this section.

(d) Assessment Appropriateness

An assessment of a disabled patient's need for a customized wheelchair must be made whenever an assessment is appropriate. This is indicated by the presence of disabilities which preclude effective use of a standard wheelchair, and which require adaptations to be made to a wheelchair to properly position and support the disabled person's body.

(e) Composition of Interdisciplinary (IDT) Team

(1) An assessment to be adequate must be made by an Interdisciplinary Team (IDT) process. The IDT shall include at a minimum, the participation of all the following:

- (A) The patient's attending physician;
- (B) A physician who is board certified or board eligible in orthopedics or physical medicine;

(C) A registered physical therapist (RPT) who is licensed by the State of Connecticut and is qualified to assess the patient's needs or by a registered occupational therapist who is licensed by the State of Connecticut (L/OTR) and qualified to assess the patient's needs; and

(D) A representative of the professional nursing staff of the facility (registered nurse) or licensed practical nurse.

(2) The Interdisciplinary Team may include any other professional deemed appropriate to assess the patient's needs.

(f) Purpose of the ID Team

(1) The purpose of the Interdisciplinary Team is as follows:

(A) To ensure appropriate assessment of the patient's need for a customized wheelchair;

(B) To ensure appropriate design of any required customized wheelchair; and

(C) To provide appropriate instructions to the facility on the appropriate use and maintenance of the customized wheel chair.

(2) It is not necessary that all of the members of the Interdisciplinary Team required by this subsection for purposes of assessment be members of the staff of the facility or be retained on an ongoing basis as consulting members of a standing facility-based Interdisciplinary Team.

(3) Nursing facilities and ICFs/MR are encouraged to obtain the required Interdisciplinary Team assessment of a patient's need for an adaptive wheelchair by arranging for consultations by qualified orthopedists, physiatrists, physical therapists, and occupational therapists who have experience in the provision of such equipment on behalf of disabled patients.

(g) Facilitator

(1) The description of a Facilitator is as follows:

A professional member of the staff of the facility or regularly retained consultant to the facility shall be nominated as the "facilitator" of the Interdisciplinary Team and may include the attending physician, a registered physical therapist, a registered speech therapist, a registered occupational therapist, or a registered nurse. Preferably, the facilitator should be a registered physical therapist or registered occupational therapist.

(2) Responsibilities of the Facilitator

The individual selected by the facility is responsible for all the following:

(A) Must attend and participate in the assessment performed by the orthopedist or physiatrist;

(B) Must attend and participate in any assessment performed by a physical or occupational therapist (if such physical or occupational therapist is not also the facilitator);

(C) Be responsible to ensure that all required assessments are performed; and

(D) Ensure that all required documentation is processed in a timely fashion, and that communication with the vendor is maintained throughout the prior authorization process.

(h) IDT Assessment Requirements

The recipient must receive all of the following:

(1) A physical examination by the attending physician;

(2) An orthopedic or physiatric examination by an orthopedist or physiatrist; and

(3) A rehabilitative examination by a physical therapist or occupational therapist.

The examinations shall be a part of the recipient's medical records and must have been done within three (3) months prior to the date of request for a customized wheelchair on the Form W619, see subsection (j) of this section. The examinations shall include films as deemed appropriate by the attending physician and the medical consultant.

(i) Application Process for Customized Wheelchair

(1) Requirements of Facility

Nursing facilities and ICFs/MR shall incorporate the required IDT assessments into the patient care plan. Whenever the required interdisciplinary assessment indicates that a Title XIX assisted patient requires a customized wheelchair, the facility is required to arrange with the supplier of durable medical equipment for the provision of an appropriate customized wheelchair.

(2) Prior Authorization Requirements

Prior authorization by the Department is required in order for the Department to make payment to a supplier of durable medical equipment for the cost of a customized wheelchair. Prior authorization procedures must be followed in accordance with Section 189 (Durable Medical Equipment) of the Department's Medical Services Policy Manual.

(j) Inservice Training

(1) The Durable Medical Equipment provider is responsible on date of delivery to assist in the teaching and training of the recipient and nursing facility staff as to the proper use and care of the customized wheelchair. Date of delivery is defined as the final delivery of the product as authorized on the Form W619 "Authorization Request for Medical and Surgical Supplies" and Form W628 "Customized Wheelchair Prescription," with the customized wheelchair set up and in place at the recipient's place of residence.

(2) The monitor, see subsection (1) (2) of this section, shall ensure that the nursing staff of the facility (including all direct care staff who provide basic care on behalf of the patient) receive appropriate training in the proper use and care of the customized wheelchair.

(3) Documentation of all inservice training must be evident.

(k) Twenty-four (24) Hour Positioning Plan

(1) Responsibility for Development

A 24 hour positioning plan must be in place on the date of the delivery of the customized wheelchair. The 24 hour positioning plan must be developed by the professional staff of the facility (nursing, physical, occupational, or speech therapy in conjunction with the attending physician), monitored as per subsection (1) (2) of this section and incorporated into the patient's plan of care pursuant to an order of the attending physician.

(2) Components of Twenty-four (24) Hour Positioning Plan

The 24 hour positioning plan shall describe periods of time when the patient shall be seated in the customized wheelchair and shall also describe a time schedule for the patient to be therapeutically positioned in bed, on mats or with other pieces of adaptive equipment. The positioning plan shall take into account the patient's ability to be seated in a customized wheelchair for limited or extended periods of time, depending on the circumstances of the patient. Emphasis must be placed on seating the patient in a customized wheelchair at mealtime. The positioning plan must be modified, as needed, depending on the circumstances of the patient in order to promote enhanced psychosocial functioning made possible by seating in a customized wheelchair for longer periods of time as the patient

develops increased physical capacity for being adaptively seated. The 24 hour positioning plan adopted by the attending physician must indicate the name and title of the individual responsible for overseeing implementation.

(I) Monitoring Program Requirement

(1) Establishment of Monitoring Program

A monitoring program must be established by the professional staff of the facility (nursing, physical therapy, occupational therapy in conjunction with the attending physician) and incorporated into the patient's plan of care pursuant to an order of the attending physician.

(2) Assignment of Responsibility

The monitoring program must assign responsibility to a monitor who is an individual member of the professional staff of the facility, identified by name and title, to monitor the patient's physical adaptation to the customized wheelchair (including monitoring for decubitus or any other adverse health effects) and for monitoring the compliance of the facility's nursing and direct care staff with the 24 hour positioning plan. The monitor is also responsible for overseeing the documentation of all monthly and quarterly progress notes. The monitor shall be the head nurse of the unit in which the patient resides.

(3) Reassessment

In addition, at least yearly, the attending physician in conjunction with the rehabilitative staff must reassess the patient and determine whether or not the design of the customized wheelchair continues to be appropriate to meet the patient's needs. Payment for X-rays, or orthopedic, psychiatric consultation will be made by the Department if needed as part of the reassessment.

(4) Monthly Progress Notes

A member of the professional nursing staff of the facility must make progress notes at least monthly in the patient's permanent record which shall address any health issues related to use of a customized wheelchair (e.g., any problems or change with the condition of the patient's skin), whether the nursing and direct care staff are complying with instructions on the use of the customized wheelchair and are properly implementing the required 24 hour positioning plan, and whether any modifications should be made on the use of the wheelchair or in the 24 hour positioning plan.

(5) Quarterly Progress Notes

A member of the rehabilitation staff (physical, occupational, or speech therapist) must make progress notes at least quarterly which shall address any health issues related to the customized wheelchair, facility compliance with instructions on the use of the customized wheelchair and the 24 hour positioning program, whether the customized wheelchair continues to be appropriate to meet the needs of the patient and whether any modifications should be made on the use of the customized wheelchair or to the 24 hour positioning plan. In addition, the rehabilitation staff progress notes must consider and make recommendations to the attending physician on whether any other rehabilitation (physical therapy, occupational therapy, or speech therapy) services are indicated as a result of the seating of the patient in a customized wheelchair, e.g., occupational therapy services designed to promote independent feeding.

(6) Maintaining Medical Records

All medical records required by this Section, including any assessments, the plan of care (with incorporated 24 hour positioning plan and monitoring program) and progress notes shall be maintained by the facility and be available for inspection by authorized Department personnel as well as by the personnel of other state agencies who are authorized by law to make investigations concerning the quality of health care.

(m) Costs and Methods of Payment for Services

(1) Per Diem Rate Inclusion

All costs pertaining to required physical therapy, occupational therapy, speech therapy and nursing services, including any retention of expert consultancy services for assessment and training purposes as well as the cost of required monitoring services, must be incurred by the facility and are reimbursed to the facility through the per diem rate system established pursuant to Section 17-314 of the Connecticut General Statutes as required for reimbursable nursing facility services.

(2) Direct Payment

The costs of physician services, including attending physician services and consulting orthopedic or physiatric physician services, as well as the costs of X-ray services and any necessary medical transportation services, are paid directly to the provider of such ancillary services subject to the limitations, conditions and prior authorization requirements contained in Department policy applicable to physician, X-ray and medical transportation services. The cost of the customized wheelchair is paid directly to the durable medical equipment provider as an ancillary service, subject to the limitations, conditions and prior authorization requirements contained in Section 189 (Durable Medical Equipment) of the Department's Medical Services Policy Manual.

(n) Services Required of Nursing Facilities and ICFs/MR

Required services related to the provision of customized wheelchairs which nursing facilities and ICFs/MR shall provide as conditions of participation in the Medical Assistance Program are those related services mandated by subsections (c) through (n) of this Section, including all of the following:

- (1) identifying of potential recipients of customized wheelchairs;
- (2) conducting interdisciplinary assessment;
- (3) arranging for and ordering of the customized wheelchair where appropriate;
- (4) training of facility staff (including direct care staff);
- (5) implementing a 24 hour positioning program; and
- (6) developing and implementing a monitoring program including periodic nursing notes and physical, occupational, or speech therapy progress notes.

(Effective April 24, 1989; Amended October 1, 2001)