

## Q & A – 2/2/22

1. After the complex shower chair is in use and OT and trained staff on its use, if new staff come into the home months later, who is responsible for training them on the use of the shower chair? OT or CRA nursing staff?
  - It depends on how the OT handles training. OT can designate nurse to train new staff or do it him or herself. We recommend that OTs leave written, pictorial instructions (photographs of the equipment and the individual (clothed) in position to ensure consistency with showering.
2. Does Medicare cover complex shower chairs?
  - No. Medicare does not pay for any type of shower chair. The closest thing Medicare will pay for is a commode chair
3. For shower chairs do you have to have an OT or can a PT facilitate this?
  - You are correct that a physical therapist can also assess for a shower chair, but they are limited to the gross motor positioning of the individual and assessing the physical location of the shower chair. Occupational therapists do this and are also able to provide training for assisting with the bathing or showering process, which, as an activity of daily living, falls under OT scope of practice. This is more necessary in the population we support than in the general population, which is why we say it falls within OT scope of practice. Moreover, PTs will often decline to recommend a shower chair but will instead ask for OT referral.
4. Would stair lifts be covered under funding? Also, what about rifton chairs?
  - Stair lifts are not covered, nor are track lifts. Like grab bars, these items are affixed to the house and are considered fixtures or home modifications. They are not covered by Medicaid and cannot be covered under SME, either, because they are not considered equipment.  
  
Rifton chairs are a brand of complex shower chairs. If recommended by an occupational therapist and ordered by the PCP, they are covered under SME funds as described today and during the December 15 training.
5. Due to unexplained falls and head injury, a helmet was provided by CRA provider. Helmet is now torn. Request with pcp order submitted and Medicaid denied. Submitted through WSS. This was in Oct 2021 - so far, no answer. There was another head injury last month. What do I do now?
  - Helmets can be purchased through SMS or SME based on the cost. Answered offline. Individual Specific.
6. Doesn't PT/OT need a doctor's order to evaluation and treat?
  - Yes. See notes that accompanied today's PowerPoint.

7. To initiate the process for obtaining a customized wheelchair, to whom should we submit the medical necessity? Are 3 quotes from the potential DME vendor required? For participant directed individuals, can this item be obtained via IDGS?
- You really need to know some things about the chair that is being replaced. How old is it and who built it? If the individual is eligible for a new chair, a physical therapist will work with a DME vendor to order the chair. Your role is to make sure you refer to a qualified physical therapist (see first question above). These are covered under Medicare and Medicaid, so there is no need for support coordinator to be involved in funding. You should really just be monitoring order, delivery, use, and maintenance and reach out to OHW if there are problems.

8. How are SC supposed to determine a PT or OT qualifications?

- Two things: You would ask questions at the time of referral. You can look back at the December 15, 2021 training we did for some guidance, but one of the things we talked about is providing a brief synopsis of the individual's need at the time of referral so that the clinical provider can decide whether the individual is someone they can competently support. Second, we have begun training new clinical providers to be clear with support coordinators about the focus of their practice. As an example, an occupational therapist who focuses their practice on job skills development to help individuals obtain employment is not going to be able to help you with a complex shower chair.

Regarding the second question, you can get even more specific about complex wheelchairs. Ask the therapist whether they have experience with ordering them, specifically with assessing, deciding the appropriate model, functionality, and accessories of the chair, and documenting medical necessity. This is terminology therapists are familiar with.

9. It seems like the provider and family should keep up with delivery date, #, etc.

- The delivery date, serial number, etc. should be recorded in IDD Connects. It should be recorded in one place where anyone who might need that information later can access and retrieve it.

10. Does participant direct need to use a DBHDD OT and vendor?

- Individuals in participant direct need only use a licensed OT – does not have to be a DBHDD provider. It does help, though, if the therapist is familiar with our system. If using SME or SMS funds for non-Medicaid funded equipment or supplies, the provider on the PA will be the fiscal agent. No DME vendors are DBHDD providers at this time.

11. DME manual 1102.2b states that PT or OT assess for shower chair?

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12. What did she say...ITSP?

- ICST - Integrated Clinical Support Team

13. How do SCs or ISCs determine if they are working with an OT or PT who has appropriate knowledge in complex wheelchairs?

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14. Just some clarification, if Medicaid is covering either of these listed equipment, we still need to submit for it? I understand following up with the provider or family to see if everything is working out, but I just need to know if we need to submit instead of the family or provider working with Medicaid.

- No. If Medicaid pays, the SC/ISC should not be involved in the funding process, only monitoring of delivery, use, and maintenance.

15. Families & Providers are saying that the cost of SME & SMS are going through the roof and the max is not adequate. Is there a cost study being done to support this increased need?

- We are monitoring this and aware that it is a problem. We are aware of instances where individuals are close to the max and presenting this information for consideration of increasing the caps, but there is no timeline on when or if this will be approved. SME and SMS that is added to the PA should be at the Medicaid discounted price (~80% of MSRP). We discussed this during the December training, but if appropriately discounted prices are not used, that can also eat into funding caps pretty quickly.

16. What recommendation would you suggest with an individual who consistently picks at their skin to the point of it bleeding?

- I have sent this question to OHW Behavior Staff to be answered offline.