



STATE OF MARYLAND

DHMH

PT 18-06

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
MEDICAL SUPPLY AND EQUIPMENT TRANSMITTAL NO. 59**

December 7, 2005

TO: Disposable Medical Supplies and Durable Medical Equipment Providers

FROM: Susan J. Tucker, Executive Director
Office of Health Services

SUBJECT: Home Assessments for Durable Medical Equipment

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

The purpose of this transmittal is to amend the Maryland Medical Assistance Program's prepayment authorization process for durable medical equipment to add the requirement that requests for power wheelchairs, "tilt-in-space" wheelchairs, and other rigid-frame wheelchairs be accompanied by documentation verifying that the recipient's home is accessible for use of this equipment. This transmittal also provides a form with which providers may report this information. The Program's purpose in requiring such documentation is to ensure that requested equipment is appropriate to meet the recipient's needs within the home. This new requirement becomes effective January 1, 2006.

Specifically, the provider must document the following:

1. Whether the recipient's home is accessible to the equipment, i.e., that the equipment can be brought into the home;
2. Whether the main living area is accessible using the equipment; and
3. If one or more components of the main living area are not accessible, the means by which the recipient's in-home living needs (e.g., eating, bathing, sleeping) will be met.

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us



Program regulations governing the provision of medical equipment define medical equipment as equipment that "...is appropriate for use in the home..." (COMAR 10.09.12.01B(5)(c)). For that reason, it is essential that the equipment has utility in the home and that the home itself is accessible to the equipment.

The Program has developed the attached form to assist providers in assuring that the recipient's home environment is accessible for power, tilt-in-space, and other rigid-frame wheelchairs, and that these wheelchairs are usable in the environment. Providers are required to furnish this information for the Program's consideration. Providers may use the attached form or, if currently using a home assessment format that captures the information requested on the Program's form, may submit that assessment instead.

Questions regarding this transmittal may be directed to the staff specialist for disposable medical supplies and durable medical equipment at 410-767-1739.

Attachment

**Maryland Medical Assistance Program
Home Assessment Questionnaire for Durable Medical Equipment**

Recipient Name _____ MA# _____

Provider _____ Contact Person _____ Date _____

Equipment Requested

- Power Wheelchair
- Rigid Frame Chair
- Tilt – In – Space Wheelchair

Please answer “yes” or “no” to each question below, and provide further information as requested.

Is the recipient’s present home wheelchair accessible? _____ If no, why not? _____

Are there steps outside? _____ If yes, does the home have a ramp? _____ If there are steps outside yet the home does not have a ramp, how is the chair brought into the home? _____

Are the living and sleeping areas on the same floor? _____ If no, how does the recipient access the separate floors? _____

Please state whether the following rooms in the primary living area are accessible using the wheelchair.

Main living area (e.g., living room, family room)? _____ If no, how will the room be accessed, or what other arrangements will be used?*

Kitchen/eating area? _____ If no, how will the room be accessed, or how will the recipient’s eating needs otherwise be met?*

Bathroom? _____ If no, how will the room be accessed, or how will the recipient’s toileting/bathing needs otherwise be met?*

Bedroom? _____ If no, how will the room be accessed, or what other sleeping arrangements will be used?*

As a practical matter, is the requested wheelchair capable of being used primarily in the home? _____ If no, where will the wheelchair be primarily used? _____

*Information in response to these questions may be obtained from the recipient and/or caregiver, either through observation or interview.