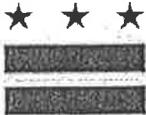


**DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH CARE FINANCE
PHYSICIAN ORDER FORM (POF)
FOR MEDICAID SERVICES**



Physician is to complete applicable sections and fax to Delmarva Foundation at 202-698-2075.

SECTION I: PATIENT INFORMATION			
A. PATIENT D.C. MEDICAID NUMBER:	B. NAME (LAST, FIRST, M.I.): (PRINT)	C. PERMANENT ADDRESS:	
D. TELEPHONE NUMBER:	E. DATE OF BIRTH:	F. SEX: <input type="checkbox"/> M <input type="checkbox"/> F	
G. PATIENT LOCATION AND ADDRESS ON DATE OF ORDER: <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL (name): _____ <input type="checkbox"/> NURSING FACILITY (name): _____ <input type="checkbox"/> OTHER (name): _____ IF IN A FACILITY, EXPECTED DATE OF DISCHARGE: _____ ADDRESS TO WHICH PATIENT WILL BE DISCHARGED:		H. DOES PATIENT HAVE OTHER HEALTH INSURANCE COVERAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following: (To be completed by Delmarva Foundation staff providing face to face comprehensive assessment)	
		PLAN NAME AND POLICY NUMBER:	
		NAME OF POLICY HOLDER:	
		PLAN ADDRESS AND TELEPHONE NUMBER:	
		I. DATE OF ORDER: _____	
SECTION II: PHYSICIAN INFORMATION			
A. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER:		A. DC MEDICAID PROVIDER NUMBER:	
B. PHYSICIAN NAME (LAST, FIRST, M.I.): (PRINT)		B. PHYSICIAN ADDRESS:	
C. TELEPHONE NUMBER:		C. FAX NUMBER:	
SECTION III: TYPE OF SERVICES			
<input type="checkbox"/> PERSONAL CARE AIDE (PCA) SERVICES		<input type="checkbox"/> ADULT DAY HEALTH PROGRAM (ADHP) SERVICES	
A. Is patient unable to independently perform one or more activities of daily living for which PCA services are needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		A. Is patient 55 years or older with a chronic medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Does patient have a medical condition or cognitive impairment that limits activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No		B. Does patient have a chronic condition that is expected to last a year or more and requires ongoing medical attention and/or limits activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Please list all medical and cognitive conditions:		C. Please list all chronic medical conditions:	
ICD DIAGNOSIS CODE(S):		ICD DIAGNOSIS CODE(S):	
SIGNATURE OF ORDERING PHYSICIAN: _____		DATE _____	

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director



Transmittal #15-12

TO: Ordering and Referring Physicians; Long-term Care Service and Support Providers

FROM: Claudia Schlosberg, JD 
Acting State Medicaid Director/ Senior Deputy Director

DATE: APR 29 2015

SUBJECT: Revised Physician Order Form (POF)

The Department of Health Care Finance (DHCF) has revised the Physician Order Form (POF) to become effective May 1, 2015. The new POF form is designed so that it can be used by individuals seeking personal care aide (PCA) services, adult day health program (ADHP) services or both. Once the form is completed and signed by a qualified practitioner, the form must be faxed to DHCF's Long-term Care Assessment contractor, Delmarva Foundation, at (202) 698-2075. Upon receipt, Delmarva will schedule a time to meet with the individual to conduct a face to face assessment to determine eligibility for services.

A new POF must be completed annually for both PCA and ADHP services and should be faxed to Delmarva within 60 days of the end of the beneficiary's certification period so that Delmarva can schedule and complete an annual face-to-face reassessment.

It is important to remember that assessments cannot be scheduled unless there is a valid and complete POF which includes the practitioner's National Provider Identifier (NPI) NPI Number.

Please note, the old POF will still be accepted, but only for PCA service authorization requests. This form will be phased out in September 2015.

If you have any questions, please contact Mary Devasia, Acting Long Term Care Director, by telephone at (202)442-5931, or by email at Mary.Devasia2@dc.gov.

Attachment:

Revised Physician Order Form
FAQs



Frequently Asked Questions PHYSICIAN ORDER FORM (POF) Revision

Why was the POF revised?

The form was revised to include the new Medicaid service Adult Day Health Program (ADHP).

Has the process for PCA Services changed?

No, the process for PCA Services has not changed, except, the fax number on the old POF is revised.

When should I begin to use the revised form?

The new POF will be effective **May 1, 2015**. However, the old POF will still be accepted but only for PCA service authorization requests, and phased out in September, 2015.

Where can I obtain a copy of the revised form?

The revised POF can be found on the Delmarva Foundation website.

What are the important changes to the revised form?

Section III: TYPE OF SERVICES will allow the physician to write a prescription for Personal Care Aide (PCA) Services, Adult Day Health Program (ADHP) Services **or both**. ICD Diagnosis codes related to the condition are required for each requested service.

SECTION III: TYPE OF SERVICES			
<input type="checkbox"/> PERSONAL CARE AIDE (PCA) SERVICES		<input type="checkbox"/> ADULT DAY HEALTH PROGRAM (ADHP) SERVICES	
A. Is patient unable to independently perform one or more activities of daily living for which PCA services are needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	A. Is patient 55 years or older with a chronic medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Does patient have a medical condition or cognitive impairment that limits activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Does patient have a chronic condition that is expected to last a year or more and requires ongoing medical attention and/or limits activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Please list all medical and cognitive conditions:		C. Please list all chronic medical conditions:	
ICD DIAGNOSIS CODE(S):		ICD DIAGNOSIS CODE(S):	

Please note: the signature of the ordering physician is still required.

What is the Adult Day Health Program (ADHP)?

The Adult Day Health Program - 1915(i) is a new service under the Home and Community-Based Services Medicaid State Plan Option. This service is designed to encourage older adults to live in the community by offering non-residential medical supports; supervised therapeutic activities in an integrated community setting that foster opportunities for community inclusion; and to deter more costly facility-based care.

What are the eligibility requirements for ADHP?

Individual Requirements

- Persons 55 years and older with one or more chronic conditions; or progressive illnesses as diagnosed by a physician
- Persons with an income up to 150% of the federal poverty level (FPL)

Program Requirements

- Individual must have a conflict free assessment determining the level of need for ADHP service
- Individual must have provider choice
- A Person Centered Plan (PCP) must be developed by an ADRC Case Manager

- *DHCF must evaluate if the home meets federal standards for community-based living for beneficiaries that does not live in natural home.*

How can I find more information regarding ADHP?

If you are interested in learning more about the 1915 (i) Adult Day Health Program (ADHP) service, you should contact the Office on Aging's - **Aging and Disability Resource Center (ADRC)** on **(202) 724-5622**, and a staff member can provide you with additional information.