


GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 17-01

TO: Long Term Care Services and Supports Providers

FROM: Claudia Schlosberg, J.D. 
Senior Deputy Director and State Medicaid Director

DATE: March 6, 2017

SUBJECT: Revised Prescription Order Form (POF) for Long Term Care Services and Supports (LTCSS)

The Department of Health Care Finance (DHCF) is revising its process and format for the Prescription Order Form (POF) to establish standards governing the assessment process for the level of need for beneficiaries who receive Long Term Care Services and Supports (LTCSS).

In February 2017, Delmarva Foundation started accepting an updated version of the POF (version 4/6/16) in addition to the previous POF. As part of DHCF's continuous quality improvement processes, version 4/6/16 was updated to incorporate feedback from stakeholders and community partners. DHCF subsequently replaced version 4/6/16 on our website with a newer version dated 2/21/17. Effective May 1, 2017 Delmarva will only accept the newer version.

The accompanying form – which is being distributed with this transmittal – will be used to initiate the face-to-face assessment for the following LTCSS: the Elderly and Persons with Physical Disabilities Waiver (EPD Waiver), Adult Day Health Program (ADHP) under the 1915(i) State Plan Option, Personal Care Aide (PCA) services available under the District's Medicaid State Plan and EPD Waiver, and nursing homes. The POF and subsequent assessment process is not applicable to Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities and Home and Community-Based Services for Individuals with Intellectual and Developmental Disabilities (IDD Waiver).

The POF is to be completed by Medicaid-enrolled physicians and advanced practice registered nurses (APRNs) as a requirement for receiving Medicaid-funded LTCSS. The form is divided into three sections, and each section contains information that is *required* for processing. This required information is detailed on the POF instruction sheet, and is also highlighted with a double asterisk on the form itself for easy identification. As clarification, a POF can only be

used to initiate *one* assessment. Further, the physician/APRN signature is valid for twelve (12) months from the date of signature.

Please note that all referring providers must be enrolled as a DC Medicaid Provider as stated above. DHCF has a streamlined application process for ordering and referring providers, which can be obtained at www.dcpdms.com by clicking “create an account.” Providers can then follow the instructions to set up an expedited enrollment package. Please note that providers who enroll as ordering/referring providers only will not receive payment for any claims submitted, and will not be part of the Medicaid-eligible Provider Directory. The new version of the POF is available on DHCF’s website in the Provider Information and Forms section:

<http://dhcf.dc.gov/page/provider-information-and-forms>.

Please feel free to refer to the LTCSS rule posted on DHCF website. Questions regarding this transmittal should be directed to Ieisha Gray, Director, Long Term Care Administration, by telephone at 202.442.5818 or email at Ieisha.Gray@dc.gov.