

Conditions for Medical Equipment Waiver Review and Approval

To supplement DAL #19-08, the following items must be addressed and submitted in the waiver request (DOH-4235) for the use of **Choose Type of Medical Equipment**:

- Copy of the resident's current Medical Evaluation.
- Copy of the order from the resident's physician indicating the medical need for the equipment **and/or*** the resident's ability to self-manage and use the equipment safely and independently; this can include any evaluations done by PT or OT. The order and attestation must be renewed yearly or more often with each required Medical Evaluation and must be kept on file at the facility in the resident's record.

***There may be situations where the resident is dependent on staff, for example, if the resident has had a stroke and needs the EALR staff to support the left side while the resident uses the enabler (transfer bar) located on their right side.**

- The facility's policy and procedure confirming the specifically ordered medical equipment will be installed and maintained properly with routine preventive maintenance checks for safety per the manufacturer's specifications.
- A note in the resident's record that the resident was evaluated and can safely use the device.
- Submit a copy of the facility's current disaster plan roster of residents to evacuate all residents that identifies which residents require assistance with evacuation.

Waiver requests for **hospital beds** will also include:

- The bed has no wheels, or the wheels are locked.
- Per regulation, the bed can be no more than 36 inches high. The 36 inches is measured from the floor to the top of the mattress, not the footboard and not the headboard.

Waiver requests for **enabling devices** will also include:

- Only one type of enabling device per bed is permitted.

Waiver requests for **trapeze over the bed** will also include:

- Submit the dimensions of the bed with apparatus and the dimensions of the exit door from the room to assure the bed with apparatus attached can be freely removed from resident room.
- Confirm the bed can be rolled through the door with apparatus attached if/when required for emergency evacuation.
- Documentation including, for example, a copy of the MAR indicating **daily** safety checks of the trapeze.

The New York State Department of Health reserves the right to request any additional information as deemed necessary to make a determination on the waiver.

CONDITIONS FOR WAIVER

Once the above items have been met, the following conditions must be entered on the waiver.

- The order must be renewed yearly or more often with each required Medical Evaluation and **must** be kept on file at the facility in the resident's record.
- The facility will initially and routinely evaluate the resident's use of the equipment and report change in resident's abilities or concerns to the resident's physician.
- Evaluation and statement in the resident's record that the resident can transfer independently or if additional approved ALP or EALR services will be provided.
- Documentation including, for example, a copy of the MAR indicating routine safety checks and maintenance in accordance with the manufacturers' specifications, are being completed by a qualified individual.
- Description and quantity of the medical equipment per physician's order is maintained in the resident's file.
- A copy of the manufacturer's specifications is maintained on file.
- Facility policy and procedures are maintained on file.
- Facility staff training is maintained on file.