Clinical Consultant's Handbook

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I. Company Overview

A message from the Chief Executive Officer:

We are thrilled to have you on our team.

DME-CG (the Company) is the gold standard for in-home safety and mobility assessments. We've provided this service since 1997. We work closely with Medicare, Medicaid/Medi-Cal and commercial payers from around the country to provide ***transparent***, ***objective*** and ***actionable*** information about what members need to complete their basic activities of daily living and to remain safely in their homes, whenever possible.

Objectivity Guaranteed!
(1) There is no financial incentive tied to outcomes
(2) We offer a 2-tiered unbiased review process

Details on objectivity:
We maintain our objectivity because **we do not:**

a. provide healthcare
b. determine or influence legislation on a case-by-case basis
c. provide equipment
d. make decisions about what benefits should be covered

Instead, **what we do** is collect information about someone's living situation and functional needs directly from a patient in his or her home and then we *simply* apply specific criteria related to medical necessity and coverage to render an initial recommendation. Following the initial recommendation, we apply a second review to ensure true objectivity before final recommendations are provided to a health plan's medical management team (it's the scientific method geek in us).

For this reason, we are the "eyes" and "ears" for patients to be seen and heard, and also for a health plan's medical management team to make accurate decisions about the provision of equipment and services that are medically necessary and covered.

Our Physical and Occupational Therapists have the expertise to assess functional movement and understand the breadth of treatments, services and equipment that can help people complete their basic activities of daily living. They have the **IDEAL training** to provide an objective assessment that is **not influenced** by the physician's prescription or the equipment provider's order. This is the

expertise that our therapists provide and the reason why health plans, doctors, equipment providers, administrative law judges and advocates have come to trust and rely on our work.

We also hear that member satisfaction improves when the Company is part of the process because patients don't endure "assessment fatigue", they feel that they're needs are heard and their expectations are set appropriately from the start. We've created an **innovative technology platform** that makes filling out laborious paperwork a thing of the past and shortens the time you spend on documentation after an assessment without foregoing attention to detail.

Company Description:

DME Consulting Group, Inc., a privately held consulting company, provides in-home medical necessity evaluation services to local, regional, and national Managed Health Insurance Plans. Since 1997 our Mobility Benefit Management (MBM) program has provided Medical Management teams with a balanced approach to utilization, pricing, and workflow for Medicaid, Medicare, commercial, and federal lines of business.

The success of our program is the result of our expertise, a robust network of state licensed physical and occupational therapists, a unique two-tiered medical necessity review process and a state-of-the-art technology platform that provides HIPAA, HiTech, and, HiTrust assurance and security. For these reasons we are able to deliver objective, in-home data necessary to accurately determine medical need and apply coverage criteria so medical management can confidently make benefit decisions.

Our state-of-the-art IT platform is complementary and allows our clients to upload, track, and retrieve vital information about their members in a seamless HIPAA, HITRUST, and HITECH compliant environment.

Who we are:

- A leading-edge consulting company that helps payers understand the breadth of medically appropriate services for their members
- We shed light on what a patient needs – nothing more and nothing less – because we are objective
- A company that provides PT's and OTR/L's a new way to earn additional income & make a HUGE difference in the lives of patients and the operations at health plans
- Our national therapist network is more than 300 strong and in addition to earning opportunities, THE COMPANY offers learning and professional development as part of our program
- A company designed with simplicity in mind to address the complex medical needs of vulnerable members on Medicaid/Medi-Cal, Medicare, etc.

Who we are not:

- A traditional PT/OT practice: we provide consulting services, not direct patient care
- A home healthcare agency
- A brick and mortar company – we are completely virtual and ALL digital
- A DME or Complex Rehabilitation Technology Provider
- If you work in home healthcare, we *DO NOT DO* Oasis documentation
- The 8-minute rule does not apply
- A Full-Time employer – our therapists are contractors, earning a supplemental income.

II. Company Policies

Equal Opportunity policy

It always has been and continues to be The Company's policy that employees should be able to enjoy a work environment free from all forms of unlawful contractual engagement discrimination. All decisions regarding recruiting, hiring, promotion, assignment, training, termination, and other terms and conditions of contractual engagement will be made without unlawful discrimination on the basis of race, color, national origin, ancestry, sex, sexual orientation, gender identity or expression, religion, age, pregnancy, disability, work-related injury, covered veteran status, political ideology, genetic information, marital status, or any other factor that the law protects from contractual engagement discrimination.

Anti-Discrimination and Anti-Harassment policy

It is the policy of the Company that discrimination of any kind based on an individual's race, sex, age, religion, disability, color, national origin, military status, marital status, parental status, sexual orientation, or gender identity/expression is prohibited. It is the policy of the Company that harassment of any kind based on an individual's race, sex, age, religion, disability, color, national origin, military status, marital status, parental status, sexual orientation, or gender identity/expression is prohibited.

- For purposes of this AD-AH Policy, prohibited sexual harassment includes both "quid pro quo" and "hostile work environment" sexual harassment. "Quid pro quo" sexual harassment may occur when terms and conditions of contractual engagement are made contingent on the provision of sexual favors, usually to an employer, supervisor, or agent of the employer who has the authority to make decisions about contractual engagement actions. Quid pro quo harassment also can occur when the rejection of such favors results in a tangible contractual engagement detriment, such as loss of a job or job benefit. Commonly, quid pro quo sexual harassment involves an adverse contractual

engagement action that occurs after sexual advances are rejected by a Clinical Consultant, or sexual favors are required for a contractual engagement benefit.

"Hostile work environment" sexual harassment may occur when unwelcome sexual advances, requests for sexual favors, open displays of sexually suggestive materials in the workplace, unwelcome flirtations or sexual advances, or other verbal or physical conduct of a sexual nature has the purpose or effect of unreasonably interfering with an individual's work performance, or creating an intimidating, hostile, or offensive work environment.

- For purposes of this AD-AH Policy, prohibited harassment that does not fall within the definition of "sexual harassment" above includes insults, jokes, slurs, and other verbal or physical conduct relating to or based on an individual's race, sex, age, religion, disability, color, national origin, military status, marital status, parental status, sexual orientation, or gender identity/expression that has the purpose or effect of unreasonably interfering with an individual's work performance, or creating an intimidating, hostile, offensive, or demeaning work environment.

  It is the Policy of the Company that any retaliation predicated on the fact that any employee, executive, manager, or Clinical Consultant of the Company, in good faith, reported an AD-AH Policy violation or suspected violation, or in good faith participated or aided in the Company's investigation of an alleged AD-AH Policy violation, is prohibited.

  Application of This AD-AH Policy
  - It is a violation of this AD-AH Policy to discriminate against another individual based on his or her race, sex, age, religion, disability, color, national origin, military status, marital status, parental status, sexual orientation, or gender identity/expression.
  - It is a violation of this AD-AH Policy to harass another individual based on his or her race, sex, age, religion, disability, color, national origin, military status, marital status, parental status, sexual orientation, or gender identity/expression.
  - This AD-AH Policy applies to all employees and clinical consultants including supervisors and other management personnel.
  - This AD-AH Policy applies, but is not limited to, all personnel actions that affect the terms, conditions, and privileges of an individual's contractual engagement with the Company, including, but not limited to, hiring, discharge, promotion, reassignment, pay, and benefits.
  - Any Clinical Consultant who violates this AD-AH Policy is subject to discipline, up to and including termination.

Professional Liability and Malpractice Insurance

DME-CG Consultants (Independent Contractors and Employees) must carry their own private Professional Liability and Malpractice policy. This policy may either be as an individual clinician or through a legally formed corporation that matches the supplied IRS form W-9. It is the responsibility of the consultant to obtain and maintain an active policy to be eligible for assignments. The Company therapist's portal profile maintains and manages upcoming renewal expiration dates with alerts of upcoming renewals sent via automated alerts of the upcoming expiration. The preferred method for sharing renewal declaration pages is via email to info@dme-cg.com in PDF format.

The AOTA and APTA recommend Healthcare Providers Service Organization (HPSO) although other insurance company products that bind similar coverage are also acceptable.

Professional License

By policy, all consultants must possess and maintain an active license in the state in which you are performing in-home assessments. Some states (and Health Plan partners) require that reviewers and consultants performing chart reviews also possess an active license for the state in which you are reviewing submitted documentation or performing a chart review.

All state requirements for obtaining and maintaining a license are the responsibility of the consultant and all related costs for such licensure shall be the financial burden of the consultant unless explicitly approved by senior management.

The Company does not provide Continuing Education Units (CEU's). Any CEU's required for State licensure are the responsibility of the consultant.

The Company does provide relevant educational opportunities directly related to the clinical focus of our work product. Those opportunities are considered career enhancements and do not afford CEU's for attending therapists.

Time Away policy

The Company provides a work environment that seeks to achieve a work/life balance for all consultants. Although the assessments performed in the field are critical to our success and contractual obligations, our consulting work should not interfere nor detract from family, personal health, or recreational respite.

When situations arise that prohibit you from accepting assignments or fulfilling consultative work on previously assigned cases it is the company's expectation that you will advise our administrative team via phone/text/email of such conflicts. The appropriate email notification address is ADMIN@DME-CG.com.

Automobile/transportation policy

Consultants will be using their own personal automobiles for consultative work in the field. All costs for such use will be the burden of the consultant. Those costs may include, but are not limited to, fuel, maintenance, washing, traffic violations, parking, and insurance. It is expected that all consultants will carry insurance policies that meet or exceed the State or municipality's minimum required insurance levels.

Consultants may choose to use ride sharing or public transportation options but all costs associated with this choice shall be the responsibility of the consultant.

Reimbursable expenses may include tolls, ferry's, and gated community fees if directly applicable to an assignment and submitted for reimbursement through the company's expense reimbursement methods.

Travel for business policy

Although rare, there may be circumstances that cause consultants to travel at the company's expense. All such expenses must be approved in advance. If approved, consultants will be given dollar limits for hotel, meals, and incidentals related to the business event. It is the company's expectation that all such expenses are reasonable and respect the financial health of the company.

Turnaround Time policy

Turn-around time (TAT) is a metric utilized by most health plans to illuminate the time statutory time allotment for the Company's services. The TAT is determined by either Federal, State, or accreditation standards for health plans to respond to an authorization request for equipment and/or services. TAT varies by plan, State, and Line of Business (LOB). TAT timeframes range from 3 days to 14 days and measurement (clock) beginning is derived from the FAX time stamp on a given request. The appropriate TAT requirement is applied which then determines the "deadline". The deadline is a plan expectation of when our completed narrative will be uploaded. Deadlines are usually requested in the alert/notes section of the request, are typically work days (Monday through Friday), yet occasionally also reflect a specific time (i.e. "Due by noon Friday mm/dd")

It is our goal to always meet or exceed expected TAT however it is imperative that consultants and reviewers apprise the plan and the Admin team if completion by the noted deadline is a challenge or in jeopardy.

The Company has successfully moved certain plans to a new model of prospective assessments where the Company is engaged prior to an authorization request, thus eliminating the clock. With our national average of a TAT of 3.4 days, plans receive timely information and then engage equipment providers in a more relaxed TAT environment.

Since most plan partners are remain in a traditional model, our adherence to real-time communication related to TAT is critical to our success and growth with plan partners. General guidance to all stakeholders in any request – look for TAT in the notes, share scheduling attempts and member conversations, highlight deadlines to our reviewers, and appropriately notify plan of any challenges.

Consultants in the field: Our commitment to the plan, thus your goal for all assignments should be to schedule assessments at the earliest date convenient to both you and the plan's member. This starts with initial contact, introduction of our service, and attempt to schedule. This should occur the same day you receive an assignment alert if received before 12:00 Noon local time. If received after 12:00, the attempt can occur the following morning but in no circumstances should your first attempt occur beyond 24 hours from initial receipt.

Reviewers: Recognizing that time is of the essence and the importance of our completed report to members receiving medically necessary equipment and/or services, reviews should take place the same day they are submitted from our field consultants and present in your queue. We are contractually committed to complete reviews within 24 hours therefore Reviewers need to take ownership in tis important step in the Turn-Around-Time goal.

The plans understand that we will not successfully complete every request by the deadline; sometimes a chart review may suffice as an alternative. The plan will consider it a failure if we miss a deadline without timely notifications. Failures have a snowball effect in plan relationships which is why we focus on setting appropriate expectations and over-communicating our efforts related to TAT.

Disciplinary Policy

1. Verbal Caution: A Clinician is given a verbal caution when he or she engages in problematic behavior. As the first step in the progressive discipline policy, a verbal caution is meant to alert the Consultant that a problem may exist or that one has been identified, which must be addressed. Verbal warnings are documented and maintained by DMECG Compliance Manager. A verbal caution remains in effect for ninety (90) days.

2. Verbal Warning: A verbal warning is more serious than a verbal caution. A Consultant will be given a verbal warning when a problem is identified that justifies a verbal warning or the Consultant engages in unacceptable behavior during the period a verbal caution is in effect. If deemed necessary by the Compliance Management, one that impacts the safety or rights of any person or increases risk to DMECG, a verbal warning may result in immediate termination of the Consultant's contract.

HIPAA Non-compliance

HIPAA noncompliance produces varying level of risk for the Company. Generally, noncompliance falls into the following categories:

1. Level I Offense: Improper and/or unintentional disclosure of PHI or records.
    a. This level of offense occurs when an employee unintentionally or carelessly accesses, reviews or reveals consumer or employee PHI to himself or others without a legitimate need-to-know.
    b. First time offenses in this category generally result in a documented verbal warning with additional education.

2. Level II Offense: Unauthorized use and/or misuse of PHI or records.
    a. This level of offense occurs when an employee intentionally accesses or discloses PHI in a manner that is inconsistent with the Company's Compliance policies, but for reasons unrelated to personal gain.
    b. First time offenses in this category generally result in a written warning combined with additional education and a Performance Improvement Program however an egregious Level II Offense will likely result in a final written warning.
3. Level III Offense: Willful and/or intentional disclosure of PHI or records.
    a. This level of offense occurs when an employee accesses, reviews or discloses PHI for personal gain or with malicious intent.
    b. Any offense in this category will generally result in immediate termination and

may result in referral to law enforcement as deemed appropriate.

Investigation

A thorough investigation must be conducted before disciplinary action is administered. Depending on the situation, the investigation may be conducted by Compliance Department. All employees are required to assist in the resolution of the investigation in the appropriate manner. Employees who willfully hinder the investigation will themselves be subject to disciplinary action.

Evaluation of Relevant Circumstances

Leadership must consider the nature and seriousness of the infraction, all relevant facts and information, and any mitigating or aggravating circumstances when formulating disciplinary action. All guidelines must be applied consistently and in a non-discriminatory manner, and thorough documentation is essential. Senior leadership and the Compliance Department should be consulted as appropriate when evaluating the circumstances affecting disciplinary action.

Admission of wrongdoing does not guarantee release from disciplinary or corrective action. The weight to be given to the admission shall depend on all the facts known to the Company at the time the decision concerning disciplinary or corrective action is made. Such facts include whether the individual's conduct was known or its discovery was imminent prior to the admission, and whether the admission was complete and truthful.

Progressive Steps for Discipline

The appropriate degree of progressive discipline or corrective action for a particular issue depends on the nature and severity of the infraction, the results of leadership's investigation of the situation, and the evaluation of relevant aggravating or mitigating circumstances. Not all performance or compliance issues lend themselves to the progressive steps listed below. Any disciplinary actions may be taken without regard to prior problems or prior discipline. Certain situations may warrant immediate and serious disciplinary action, including suspension or dismissal.
At each level of progressive discipline, the Employee, his or her supervisor, and a Human Resources representative, as necessary, shall meet to outline the problem(s) and state the supervisor and the Company's expectations.

1. Documented Verbal Warning**:** This is issued for minor infractions and to employees who may not have any prior history of problems.
    a. This meeting is a time to clarify any misunderstood directions, eliminate

incorrect assumptions, and resolve any conflicts. The supervisor shall write a summary of the issue outlining the planned corrective action and documenting the meeting for retention in the employee's personnel file.

b. All individuals present at meeting will be required to acknowledge the document in the HR System.

2. Written warning: This is issued for moderate to severe infractions, either for the first time or due to the employee's failure to correct the behavior after the Verbal Warning. The employee may also have a history of problems.
    a. This meeting is a time to further clarify any misunderstood directions, eliminate incorrect assumptions, and resolve any conflicts.
    b. The supervisor shall write a summary of the issue outlining the planned corrective action and documenting the meeting for retention in the employee's personnel file.
    c. All individuals present at meeting will be required to acknowledge the document in the HR System.
    d. Employee will be presented with a hard copy of the written warning.

3. Final written warning: This is issued when the behavior has not been corrected at the Written Warning level.
    a. A written detail of the problem will be presented with a history of the previous attempts to rectify the problem, e.g. verbal and/or written warnings. Notice will be given to the employee at this time that this is a final warning and immediate corrective action is required.
    b. The supervisor shall write a summary of the issue outlining the planned corrective action and documenting the meeting for retention in the employee's personnel file.
    c. Employee shall be given a hard copy of the final written warning for his or her records.
    d. All individuals present at meeting will be required to acknowledge the document in the HR System.
    e. At HR's discretion, employee may be suspended for one or more days without pay.

4. Termination: This is done for serious and egregious infractions, or when the behavior has not been corrected at the Final Written Warning level.
    a. After a verbal warning, written warnings, and suspension, termination for repeated or continued infractions may be called for.
    b. The department supervisor and HR should document a written statement

summarizing the reasons for termination in the employee's personnel file.

c. Any employee receiving a Final Written Warning for the second time over the course of their employment may be immediately terminated.

Termination Policy

The Company or the Clinician may terminate the contract in writing in the following instances:

1. If either party is convicted of a criminal offense.

2. Non-payment to the Consultant by the Company as agreed upon in this agreement and failure to remedy

3. Within 30 days from the date payment is due.

4. Failure by the Consultant to meet deadlines for performance of services or failing to meet the standards

5. Required by the Company in the performing of services.

6. Insolvency or bankruptcy of either party.

7. Change of ownership of the business of either party.

Dress Code Policy

When you visit members in their homes, you are representing both the Company and the client who assigned the work to us. Even though we acknowledge your attire will be casual, please exercise good judgement adhere to the following guidelines:

1. Your id badge should always be clipped to your outer garment so it is easily seen
2. Clothing and shoes should be clean and neat looking
3. Attire should be comfortable but business-like
4. Please do not wear anything that the members might find offensive or that might make them uncomfortable which includes clothing with profane language statements or that promotes causes that include, but are not limited to politics, religion, sexuality, race, age, gender or ethnicity.

5. Tight fitting or revealing garments are to be avoided.

Drug and Alcohol Policy

The Company's policy is that during working hours and at all times while conducting an in-home assessment, employees must be free from the influence of drugs or alcohol. This will maintain the efficient and effective operation of the business and will ensure customers receive the service they require. For those reasons, the following rules will be strictly enforced.

No employee, worker or contractor shall -

- report or try to report for work when unfit* due to alcohol or drugs (whether illegal or not) or to substance abuse;
- be in possession of alcohol or illegal drugs while on duty
- supply others with illegal drugs while on duty;
- consume alcohol or illegal drugs or abuse any substance while at work or in the member's home.

In addition, employees, workers or contractors must –

- ensure they are aware of the side effects of any prescription drugs;
- advise their line manager or a member of the management team immediately of any side effects of prescription drugs, which may affect work performance or the health and safety of themselves or others. For example, drowsiness.

Since the Company is a completely virtual operation, fitness for work will be called into question when and if a member files a complaint with the Company's management. The first complaint will be investigated and a determination will be made as to how to proceed. If two complaints are filed, the consultant will be dismissed.

Workplace Violence Policy

Workplace violence refers to physical acts of violence or threats to harm a person or property. Abusive behaviors, whether verbal, psychological or physical, are also considered violence. More specifically:

- Verbal abuse can be using unwelcome, embarrassing, offensive, threatening or degrading language.
- Psychological abuse is an act which provokes fear or diminishes a person's dignity or self-esteem.
- Sexual abuse is any unwelcome verbal or physical assault.

Examples of violent behavior include but are not limited to:

- Intimidating or bullying others

- Abusive language
- Physical assault
- Threatening behavior
- Concealing or using a weapon
- Sexual or racial harassment

We maintain the right to conduct periodic inspections, using reasonable methods, without employees' consent or prior notice.

Since the Company is a completely virtual operation, workplace violence will be called into question when and if a member files a complaint with DME-CG management. The first complaint will be investigated and a determination will be made as to how to proceed. If two complaints are filed, the consultant will be dismissed.

Telecommute Policy:

1. Practice good workstation security, which includes locking up offices and file cabinets; disposing of all paperwork in appropriate shredding receptacles; and covering all PHI or locking the computer if stepping away from the desk.
2. Take appropriate and reasonable measures to protect against the loss or theft of electronic media (e.g., laptops, flash drives, CDs/DVDs, photocopier hard drives, etc.) and against unauthorized access to electronic media that may contain member protected health information. Maintain and monitor security, data back- up, and storage systems.
3. Maintain computer passwords and access codes in a confidential and responsible manner. Only allow authorized persons to have access to computer systems and software on a "need-to-know" basis.
4. Do not share passwords or allow access to information to Contracted Business Partners.
5. Always transmit electronic confidential information securely using encryption.

III. Code of Conduct

Guiding Principles

- We advocate for the health care needs of our client's members and other underserved residents of the United States of America.
- We address the safety and mobility related challenges faced by patients and providers which place vulnerable individuals at risk.

- We give individual and personal attention to our client's members and provider network.
- We respond to the cultural and linguistic diversity of our members.
- We advocate for the Company's providers by ensuring they receive timely payment for their services and by reducing administrative obstacles.
- We support the effective and efficient use of health care services.
- We strive for a positive work atmosphere that encourages employee growth and commitment to the Company's mission.

Objectivity

At the Company, we push for objectivity, transparency, and expedience in all we do, every day, in every way, to bring a better quality of life to the people in our community. Whether it is advocating for expanded care for the underserved, improving processes clients, or providing personal assistance to their members—we believe that objectivity, transparency, and expedience benefits everyone.

And we work hard to make that possible.

This commitment is our daily focus. It's in how we serve our clients and their members. It's in the hearts and on the minds of each and every staff member.

Commitments

This *Code of Conduct* is intended to help both the Company as a whole, and individual employees, stay true to the following commitments.

To the Company's Members

The Company is committed to delivering quality, affordable health care by providing its members access to a network of credentialed health care providers, customer service staff, and a grievance and appeal process for timely problem resolution.

To the Company's Providers

The company is dedicated to providing efficient network management resources for its contracted providers, honoring contractual obligations, delivering quality health services, and bringing efficiency and cost-effectiveness to health care.

To the Company's Community Partners

The company is dedicated to advocating for consistency and objectivity in the administration of healthcare benefits and outcomes as they related to safety and mobility of medically vulnerable individuals.

To the Company's Contracted Business Partners

The company is committed to managing client relationships in a fair and reasonable manner. The selection of Contracted Business Partners, e.g. vendors, contractors, suppliers, and First-tier, Downstream, and Related entities (FDRs), is based on objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service, and maintenance of adequate sources of staff and supply. Competitive procurement is encouraged. The Company will not communicate confidential information given to us by its suppliers unless directed to do so by the supplier or by law.

Standards of Conduct

All of the Company's employees, Commissioners, Committee Members, and Contracted Business Partners are responsible for following these guidelines.

- Privacy and Confidentiality

  1.1. Respect the privacy of members, providers, and co-workers by safeguarding their information from physical damage, maintaining member health information and business documents in a safe and protected manner, and following The Company's record retention policies.

  1.2. Protect the privacy of The Company's members' protected health information (PHI) according to federal and state requirements.

  1.3. When using, disclosing, or requesting PHI, limit the information to the minimum amount needed to accomplish the work. Do not share or request more PHI than is necessary.

  1.4. Only share medical, business, or other confidential information when such release is supported by a legitimate clinical or business purpose and is in compliance with the Company's policies and procedures, and applicable laws and regulations. Whenever it becomes necessary to share confidential information outside the Company for legitimate business purposes, release PHI only after obtaining a signed business associate's agreement or a completed Authorization to Release Information Form.

  1.5. Exercise care to ensure that confidential information, such as salary, benefits, payroll, personnel files, and information on disciplinary matters is carefully maintained and managed.

  1.6. Do not discuss confidential member, provider, contractor, or employee information in any public area, such as elevators, hallways, stairwells, restrooms, lobbies, or

eating areas.

1.7. Do not divulge, copy, release, sell, loan, alter, or destroy any confidential information except as authorized for the Company's business purposes or as required by law.

2. Security of Electronic Information

2.1. Practice good workstation security, which includes locking up offices and file cabinets; disposing of all paperwork in appropriate shredding receptacles; and covering all PHI or locking the computer if stepping away from the desk.

2.2. Take appropriate and reasonable measures to protect against the loss or theft of electronic media (e.g., laptops, flash drives, CDs/DVDs, photocopier hard drives, etc.) and against unauthorized access to electronic media that may contain member protected health information. Maintain and monitor security, data backup, and storage systems.

2.3. Maintain computer passwords and access codes in a confidential and responsible manner. Only allow authorized persons to have access to computer systems and software on a "need-to-know" basis.

2.4. Do not share passwords or allow access to information to Contracted Business Partners (e.g., via Everest, DocStar, HEALTHsuite, MedHOK, etc.), unless authorized to do so.

2.5. Transmit electronic confidential information securely in encrypted form.

3. Workplace Conduct

3.1. Respect the dignity of every employee, provider, member, and visitor while providing high-quality services and treating one another with respect and courtesy.

3.2. Communicate openly and honestly and respond to one another in a timely manner. Share information and ask questions freely.

3.3. Be civil and comply with existing policies about the treatment of colleagues, non-harassment, and respect in the workplace.

3.4. Conduct the Company's business with high standards of ethics, integrity, honesty, and responsibility, and act in a manner that enhances our standing in the community.

3.5. Support and observe a workplace free of alcohol, drugs, smoking, harassment, and violence.

3.6. Do not act in any way that will harm the Company.

4. Use of Social Media

4.1. Use social media responsibly, whether posting words, pictures, audio files, or other electronic content. Social media includes Facebook, Twitter, YouTube, interactive websites, interactive microsites, blogs, wikis, chat rooms, and other such interactive venues. These guidelines apply whether at home or on personal time at work.

4.2. Do not engage in discussions on social media sites that are incompatible with the Company's public image.

4.3. As an employee, when one's connection to the Company is apparent, make it clear that the posting is on behalf of the individual and not the Company. A disclaimer to social media posts or sites indicating this should be provided.

4.4. Protect members' confidentiality and protected health information at all times. Do not rite or say anything that violates The Company's privacy, security, or confidentiality policies. Never post any information that can be used to identify the identity or health condition of a member of the Company.

member's identity or health condition.

4.5. Maintain the confidentiality of the Company's business information and do not discuss this information on social media sites.

4.6. Always seek official approval before posting an official statement about the Company. Only designated staff may speak on behalf of the Company.

4.7. When expressing personal views, always use a personal email address rather than the Company's email address, if an employee of the Company.

5. Adhering to Laws and Regulations

5.1. Follow all state and federal laws and regulations, including reporting requirements.

5.2. Do not knowingly make any false or misleading statements, verbal or written, to government agencies, government officials or auditors.

5.3. Do not conceal, destroy, or alter any documents.

5.4. Do not give or receive any form of payment, kickback, or bribe or other inducements to members, providers, or others in an attempt to encourage the referral of members to use a particular facility, product, or service.

5.5. Avoid inappropriate discussions regarding business issues.

6. Safety Considerations

6.1. Comply with established safety policies, standards, and training programs to prevent job-related hazards and ensure a safe environment for members, providers, employees, and visitors.

6.2. Wear a Company badge at all times while in the Company's offices and when representing the Company offsite.

7. Conflict of Interest

7.1. Avoid actual, apparent, or potential conflicts between one's own interests and the interests of the Company. Comply with all legal requirements concerning conflicts of interest and incompatible activities. Complete all disclosure documentation as required.

7.2. Act in the best interest of the Company whenever functioning as an agent of the Company in dealings with contractors, providers, members, or government agencies. This includes those acts formalized in written contracts as well as everyday business relationships with business partners, members, and government officials.

7.3. As an employee of the Company, do not directly or indirectly participate in, or have a significant interest in, any business that competes with or is a supplier to the Company.
Only engage with a competitor or supplier if participation is disclosed to the Company in advance and agreed to in writing by the Chief Executive Officer (CEO). This guideline also applies to members of one's immediate family.

7.4. As an employee of the Company, do not engage in outside employment or self-employment that may conflict with the work of the Company. If a perceived conflict of interest exists, notify the scheduler prior to accepting the assessment work.

7.5. As an employee of the Company, do not accept gifts, cash, cash equivalents or other benefits with a value of more than $50.00 from any individual, businesses, or organizations doing business with the Company.

8. Protecting Assets

8.1. Protect the Company's assets and the assets of others entrusted to the Company, including information and physical and intellectual property, against loss, theft, and misuse. Assets include money, equipment, office supplies, business contacts, provider and claims data, business strategies, financial reports, member utilization data, and data systems.

8.2. Take measures to prevent any unexpected loss or damage of equipment, supplies, materials, or services. Adhere to established policies regarding the disposal of the Company's properties.

8.3. Ensure the accuracy of all records and reports, including financial statements and reported hours worked.

8.4. Report expenses consistent with and justified by job responsibilities. Adhere to established policies and procedures governing record management and comply with the Company's destruction policies and procedures.

8.5. Do not modify, destroy, or remove electronic communications resources (e.g., computers, phones, fax machines, etc.) that are owned by the Company without proper authorization.

8.6. Do not install or attach any mobile or remote devices or equipment to a Company electronic communications resource without approval.

8.7. Use the Company's property and resources appropriately for the best interests of our members and the Company and in accordance with the Company's Acceptable Use Policy.

8.8. Follow all laws regarding intellectual property, which includes patents, trademarks, marketing, and copyrights. Do not copy software unless it is specifically allowed in the license agreement and authorized by the Director of MIS.

9. Participating in the Compliance Program

9.1. Report any potential instances of fraud, waste or abuse or any suspected violations of the *Code of Conduct* or law to the Compliance Officer, one's immediate supervisor, human resources staff, or any director of the Company. Concerns can also be reported anonymously to Compliance by emailing: compliance@dme-cg.com

9.2. Cooperate fully with investigational efforts.

9.3. Act in accordance with the Company's commitment to high standards of ethics and compliance.

10. Employment Practices

10.1. Conduct business with high standards of ethics, integrity, honesty, and responsibility. Act in a manner that enhances our standing in the community.

10.2. Employ and contract with employees and business partners who have not been sanctioned by any regulatory agency and who are able to perform their designated responsibilities.

10.3. Provide equal employment opportunities to prospective and current employees, based solely on merit, qualifications, and abilities.

10.4. Do not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, ancestry, age, physical or mental disability, sexual orientation, veteran status, or any other status protected by law.

10.5. Conduct a thorough background check of employees and evaluate the results to assure that there is no indication that an employee may present a risk for the Company.

10.6. Acts of retaliation or reprisal against any employee who in good faith reports suspected violations of law, regulations, the Company's *Code of Conduct*, or policies will not be tolerated.

10.7. Provide an open-door communications policy and foster a work environment in which ethical and compliance concerns are welcomed and addressed to ensure that the highest quality of care and service is provided.

10.8. Provide appropriate training and orientation so that employees can perform their duties and meet the needs of our members, providers, and the communities we serve.

11. Resolving Issues and Concerns

11.1 Evaluate and respond to allegations of wrongdoing, concerns and/or inquiries made to the Compliance Hotline in an impartial manner. All allegations will be thoroughly investigated and verified before any action is taken.

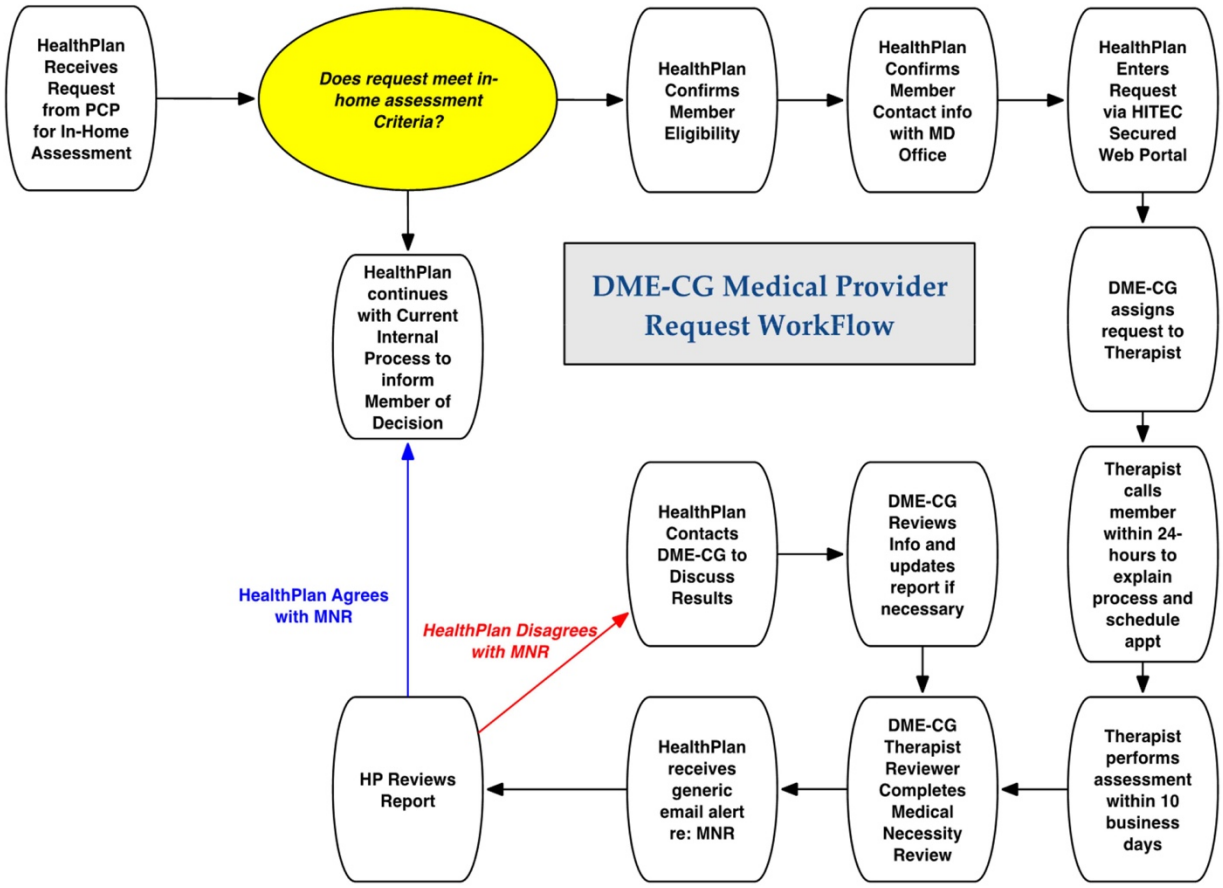
11.2 Take appropriate measures to identify operational vulnerabilities and to detect, prevent, and control fraud, waste, and abuse throughout the organization.

11.3 Report, as appropriate, actual or suspected violations of law and policy to the state or federal oversight agency or to law enforcement.

IV. Getting Started

It is the responsibility of the Clinician to perform in-house assessments for the purpose of determining the medical necessity for durable mobility equipment, non-emergency medical transportation or physical and/or occupational therapy services.

The Company Process Flow -



Clinician Duties:

- Visit health plan members in their home to understand their total equipment and service needs
- Provide timely recommendations to our review team that have a tangible effect on a health plan's decisions related to home safety, DME, prostheses, transportation, support services, etc.
- Provide expertise at a level to which the majority of PT's and OT's are not Accustomed, because we are a different kind of company and we have a unique perspective on safety and mobility.
- Provide objective data that is not influenced by the prescription written by a medical provider or the requests made by an equipment provider. "Just the facts and report on what you see"

Clinician Agreement:

All clinicians must sign a Clinician Agreement (using DocuSign) that will detail the parameters of your relationship with the Company. Your signature and initials throughout this document will signify that you have read and concur with its contents. You will be provided with a copy of your signed document which should be kept among your professional records.

HIPAA Clinician Agreement

This is documented in the DocuSign agreement provided to you during your Onboarding process.

Required Training/Orientation Attestation

This is documented in the DocuSign agreement provided to you during your Onboarding process.

IV. Clinician Resources

Section 1: Tips for completing your assessments

Accessing the assessment portal

1. Please use: Safari, Firefox or Chrome (Internet Explorer is unpredictable)
2. Visit www.dme-cg.com and click the "Therapists" tab
3. Your account will be given to you but it is always the first initial of your first name, full last name and the abbreviation of the therapy network (for most it will be DME)
4. Example: BAguilarDME
5. Your password is always set at 100 and immediately upon entering you will be asked to change it. We will change it together during your initial training. *Please remember your password as we do not store them and can only reset to 100 if you forget.*

Save your work!

1. If you don't save from tab to tab, we have no way to retrieve your work.

"Dating" can be confusing

1. Date Scheduled: The day you call the patient to schedule his/her appointment
2. Date Assessed: The day you are scheduled to visit the patient in his/her residence

NO Abbreviations *(even the ones you think are obvious)*

1. Our reports are read by chief medical officers, chief executive officers, administrative law judges and others who don't necessarily know or care to know the numerous health care acronyms.

Proof read everything before you submit.

1. Please check and correct all free text for misspelled words, poor grammar and sentence structure

Watch out for 'Auto Correct'.

1. We support using dictation applications like Siri, Dragon Dictation, double-clicking function ("fn") on a MAC, etc. to dictate your work, just make sure what you dictate makes sense and nothing *devious* sneaks in before you submit.

Always provide a functional statement.

1. Functionally speaking, what did you observe during the assessment?

Make it personal.

1. Since you are the only one in the member's home, we rely on you to share information relevant about their living situation. Please don't assume we know - if the health plan didn't know, we won't either.

Don't contradict yourself.

1. Our portal is set up by tabs and you may check a box or write something that unintentionally contradicts something else on another tab. Please reconcile before you submit anything.
2. The "additional information" section will help you keep track of discrepancies

Be brilliant, but be brief.

1. We give you room to take notes and write information about your visit in "Additional Information" but please tighten everything up before you submit (see Section 2)

Clarity is king.

1. If you believe the requested equipment should not be recommended you must provide **clear reasoning**. The same applies if you think the equipment or service should be recommended.
2. If you recognize a need for another piece of equipment or even a service you must provide clear reasoning.

Distinction, distinction, distinction.

1. Albeit easy to co-mingle medical necessity is based on Basic Activities of Daily Living (BADL) and not necessarily on Instrumental Activities of Daily Living (IADL).
2. We distinguish these in the portal. If BADL or IADL need to be addressed in "Additional Information" please be specific about their relation to the request.

Medical necessity & coverage criteria are NOT the same.

1. If medical need doesn't exist, there is no criteria to apply.

Section 2: Examples of Executive Summaries for the Considerations Section

Before you submit the assessment, we ask that you tighten up the additional information by writing 2 paragraphs. Below is an example to follow:

1. **Before Writing your Consideration Summary:** Clarity is King.
2. Consult the A**dditional Information** section to get a sense for other information that was relevant to the assessment.
3. Consult the **Critical Factors** section to remind yourself what elements stood out and/or were very important in helping you construct your considerations for the reviewer. Critical Factors are intended to reduce the number of calls you receive from the reviewer.
4. Ensure that you are prepared to address each of the health plan's requests independently.
5. Make note of additional factors (equipment or services) that fall outside of the original health plan's request that you plan to address in **Additional Considerations**.
6. **Consideration Summaries:** These summaries will comprise your executive summary. Follow this format to reduce the number of questions from our PT/OT reviewer who review the assessment and ultimately creates a final set of considerations to the plan. If this information is incomplete or confusing, the reviewer will need to contact you for clarification.

Example 1

Jane Doe is not a functional ambulator, and her limitations cannot be compensated with the use of her cane or walker. She is a high fall risk. She does not possess the requisite combination of pain-free active range of motion, strength, endurance, and motor coordination to self-propel any manual wheelchair. The home is wheelchair accessible for ingress/egress as well as within. Additionally, Jane Doe's condominium complex is large and considered an extension of her home as the various entrances are over 200 feet from her front door, which she cannot access without the use of her powered wheelchair. Jane Doe continues to demonstrate the cognitive ability to safely operate a powered wheelchair. She does not require specialized seating as she has intact sitting balance and the ability to perform independent weight shifts. Jane Doe's heavy-duty type-2 powered wheelchair is no longer economically repairable. Therefore, the most appropriate course of action is to replace Jane Doe's chair with a similar heavy-duty type 2 powered wheelchair with a captain's seat and a portable oxygen tank holder.

Example 2

John Doe lacks independent mobility and requires total care. He has multiple medical needs that must be provided for within a dependent mobility device. John Doe does not have a seating system/mobility device that will provide adequate seating support and dependent mobility while

also accommodating his multiple pieces of medical equipment. Therefore, the provision of a pediatric stroller with tilt-in-space/recline and positioning components as well as modifications/adaptations for his medical equipment will facilitate safe, dependent mobility for his seating and mobility needs.

Example 3

Sue is a limited functional and unsafe ambulator with a front-wheeled walker due to severe fatigability and safety issues. She no longer appears to be safe living alone and now requires 24-hour care from family members. She uses continuous supplemental oxygen and benefits from the use of the rental hospital bed with an air mattress and half-rails as she requires that her head is elevated greater than 30 degrees for improved respiration. In light of Sue's decreased functional ability and her need for 24-hour care, short-term case management is appropriate to assist the family in the need for the possibility of relocation to a higher level of care. Continued rental of the hospital bed is medically necessary until her level of care is determined. Additionally, Sue would benefit from a transport chair with a portable oxygen pack for transportation to/from medical appointments.

Example 4

Christine is non-ambulatory and requires the use of his type 3 powered wheelchair with tilt-in-space and moderate assistance for the meaningful participation in his basic activities of daily living. He does not possess the requisite combination of endurance and motor coordination to self-propel any manual wheelchair. The home remains wheelchair accessible for ingress/egress as well as within. Christine continues to demonstrate the cognitive wherewithal to safely negotiate his powered wheelchair. He continues to require specialized seating to include tilt-in-space and a seating system with positioning components and a pressure relieving cushion secondary to his inability to perform consistent and functional independent weight shifts, his history of decubitus ulcers, and his need for postural support and positioning. Due to the age of the wheelchair, Christine's group-3 powered wheelchair with tilt-in-space is no longer economically repairable. Therefore, the most appropriate course of action to consider is to replace Christine's chair with a similar group-3 powered wheelchair with tilt-in-space and a seating system with positioning components and a pressure relieving cushion.

Example 5

Joanne is non-ambulatory and is able to remain independent within her home without the need for In-Home Supportive Services with the limited use of her manual wheelchair for her basic activities of daily living and with the use of her type 2 powered wheelchair for her independent mobility for the safe, consistent, and effective completion of her mobility-related activities of daily living outside the home. While Joanne possesses the requisite strength to self-propel her manual

wheelchair within the limited space of her home, she does not possess the requisite endurance to self-propel her manual wheelchair for the extended distance for transportation to/from her medical appointments, grocery stores, and laundry facilities. The home is wheelchair accessible within, but will require a portable ramp for one 3-inch step for ingress/egress for effective storage of her powered wheelchair within the home. Joanne continues to demonstrate the cognitive wherewithal to safely negotiate a powered wheelchair. She does not require specialized seating as she has intact sitting balance and the ability to perform independent weight shifts. Joanne's manual and powered wheelchair require repairs and appear to be repairable; however, due to the age of her manual and powered wheelchair (4-5 years old), obtaining a repair versus replace quote for her manual and type 2 powered wheelchair from the wheelchair vendor will allow for the most cost-effective options as both chairs are medically necessary at this time. Additionally, Joanne would benefit from the provision of a portable ramp for one 3-inch step for effective ingress/egress.

Every assessment is submitted with this information

Section 3: Wheelchair Classifications

In-Home Mobility: This equipment has the best chance at lasting 3-5 years with the least amount of difficulty/maintenance

Powered Wheelchair – Type 1	1. Typical for non-neurologic disorders and diagnoses 2. Minimal customizability a. Seat Height b. Seat Width c. Weight capacity	
Powered Wheelchair – Type 2	1. Complex Rehabilitation 2. Typical for neurologic disorders 3. Highly customizable	

Manual Wheelchairs	Skilled Nursing Facility/non-customized	
Ultra-Lightweight	Typically for high functioning paraplegic patients	
Lightweight	Typical for those who can self-propel short distances due to diagnosis	
Complex	Typical for neurologic patients (ALS, SPASTIC CP, C4-5 quadriplegia). Highly customizable.	
Transport chairs	Rarely recommended due to poor stability on uneven terrain; difficulty maneuvering over cracks in pavement	

Power Operated Vehicle – 3 wheeled Scooters	1. Never appropriate due to instability 2. Easily tipped over, especially on an incline	
4-wheeled Scooters	1. Seat height 2. Seat width 3. Weight capacity	

Section 4: Scooter considerations

Physical:

Cervical Rotation

1. Pain / Arthritis
2. Pain Free Range of motion

Trunk Rotation

1. Pain / Arthritis
2. Pain Free Range of motion

Shoulder

1. Pain / Arthritis
2. Pain Free Range of motion
3. Patient must maintain unilateral shoulder flexion to negotiate the scooter

Thumb

1. Thumb must remain flexed and abducted to engage the tiller, which is difficult for anyone, let alone individuals with arthritis, RA, or neurological disorders

Neurological

1. Neurological disorders may present significant challenges in terms of postural / positional appropriateness
2. Ability to safely navigate the scooter due to movement disorders, such as tremors, Parkinson's / Paralysis Agitans, Ataxia

Structural:

Turning Radius

1. Turning radius for a typical scooter is approximately 82"
    - This distance must be possible in each room next to the bed, the toilet, the kitchen, and the dining room, i.e. BADL's
2. The ability to turn the scooter in a single space in the residence does not mean it is appropriate in the home.
3. If it is not appropriate or useable in the residence in order to complete BADL's, it is not appropriate.

A. Most residences cannot accommodate a scooter.

Reverse

1. Scooters are difficult to negotiate in reverse
2. This is the cause of much residential and scooter damage, the latter of which is passed on to the equipment provider during the warranty period and the Health Plan afterward.
3. Pain Free Range of motion

Shoulder

1. Pain/Arthritis
2. Pain Free Range of motion

From Hoveround Corporation (http://www.hoveround.com/pwc-or-scooter):
"If you need mobility assistance inside your home to perform your routine acts of daily living, then a **Hoveround power chair** may be the best choice to regain your mobility."

Feature/Benefit	MPV5 Power Chair	Power Mobility Scooter
Designed primarily for indoor use, but can also be used outdoors	X	
Designed primarily for outdoor use, but can also be used indoors		X
Easily navigate tight spaces and comes in the house	X	
Able to operate on a wide variety of outdoor surfaces	X	X
Joystick controller for steering installed on either arm of the chair	X	
Adjustable tiller and handle bar steering for easy control		X
Various seating options based on changing medical condition	X	
Available with a large variety of accessories such as bags, holders and baskets for even more convenience	X	X

Section 5: Scheduling a visit with a member

"Hello, my name is [Clinician's name] a physical(occupational) therapist with DME Consulting Group. We have been contracted by <<health plan name>> to perform a comprehensive in-home equipment assessment for {member's name}. I would like to schedule a time in the next few days that is most convenient to you. My visits are typically less than 1 hour. I will not be providing therapy during this visit, just gathering information so that <health plan name>> can make the best decision about all of your equipment needs."

The majority of people are eager and able to schedule an appointment with you. For the few who do not want to schedule, below are a couple ways to handle their refusal. Most of the time they end up scheduling with you.

- If the patient/member states they have already seen a therapist or that someone was already out to their home, advise them that therapist was from the equipment provider. The insurance company requires an independent, in-home equipment assessment in order to complete the process and render a decision.

- If the member refuses to schedule, in as friendly a tone as possible, let them know they are completely in their right to not schedule. Please also let them know that you will need to report to their insurance company that they refused to comply with their insurance company's process and that they will need to follow up with their insurance company about next steps. It's likely that their refusal will result in the process.

- If a member refuses to schedule, please send us a message in the ACTIVITY section with as much detail as possible so we can communicate with the plan.

All activities with the member must be documented in the ACTIVITY section of the web portal and that they be initially contacted within 24 hours.

Section 6: When you're asked the dreaded questions

Are you going to approve the (fill in the blank with the equipment type)?
When will my (fill in the blank) be delivered?
The insurance company just sent you here to deny the equipment, right?
Do I qualify?

There is a simple answer to all of these questions:

"We don't approve or deny equipment and services. Instead, we provide Considerations."

The health plan is the final authority on what is ultimately provided for their members. Yes, our findings factor heavily in their consideration because we are providing objective feedback about what someone needs to remain safely in their home. Put another way: we evaluate someone to understand the lowest cost combination of equipment & services that will allow a member to remain safe in their residence. This is a perspective and information-set health plans typically do not have access to until they meet us.

It's important to remember:

- Sometimes the member needs nothing.
- And many other times the member doesn't know what they need or how much.

For these two reasons, our motto is "*just the facts*".

Therefore, when a member asks if you are going to get the equipment for them, the best response is along these lines:

> *"That decision is above my pay grade. Your insurance company asked me to understand all your equipment and service needs. That is why I need you to be open with me about your situation so I can provide accurate information to your health plan."*

- Please feel free to put your spin & style on this statement -

A statement like this allows a member to identify with you and put their preconceived notions about the health plan aside. This also helps members feel comfortable sharing with you. Remember, many of the people we see feel like no one really hears them, including their doctor and especially the health plan. What a fantastic opportunity to change the way we care for people at a local level!

Section 7: Members in Distress

Occasionally we encounter members who are under physical, emotional or circumstantial distress. Our professional license makes each of us mandatory reporters. Below is the protocol for taking action to help members who are in a distressed state.

- Identify the issue to the best of your ability
- If there is no imminent threat, contact local adult or child protective services as soon as possible
    a. Best Practice: save these numbers to your phone for each county in which you assess patients for the Company
    b. Update the *Activity* section of the Company web portal at [https://dme-cg.com/requests/index.php]
- If there is an imminent threat, contact 911 immediately and remain with the member until first-responders arrive.
    a. Update the *Activity* section of the Company web portal at[https://dmecg.com/requests/index.php]
- If you are in a threatening circumstance, move to a safe location and:
    a. Email compliance@DME-CG.com and send an email to: admin@dme-cg.com and cc: jim@dme-cg.com
    b. Update the *Activity* section of the Company web portal at [https://dme-cg.com/requests/index.php]

Your safety and the safety of health plan members is our #1 priority. If you are EVER in doubt, please err on the side of caution and follow the protocol.

Section 8: The Company Completed Report Example

5/19/2014

Harry Martin
Preferred IPA
1025 N Brand Blvd, Suite 100
Glendale, CA 91202
818-265-0800…8188-459-6000

Re: Fake Patient
DOB: 03/09/1988
CIN#: Test ID001
Auth#: FAKE-REQUEST101

Dear Harry,

Fake is a 26-year-old male who was seen to evaluate the medical necessity of a manual wheelchair with tilt-in-space. An on-site assessment was performed by Ron Bell, MPT on 5/17/2014. The primary complaint at this time is Joh's chair is no longer safely operable. The chair is nine-year-old and is literally falling apart. The family has had it repaired regularly, but the level of spasticity and tone exhibited John places an extraordinary amount of strain on the chair.

Relevant Diagnoses Include:

1. Cerebral palsy, paraplegic, congenital

Socially:
Fake lives with his parents in a wheelchair accessible, single story home in Beverly Hills, CA. Fake receives 60-80 hours per week of in-home support. Fake spends 0 hours per day without assistance. Fake participates in the following activities: Dependent for all basic activities of daily living Fake's activity goals are: To attend a day program.

Cognitively:

1. AVPU (Alert, Verbal, Pain, Unresponsive) rating: A+O x 2.
2. Rancho level cognitive functioning scale rating: Level II – Generalized Response

Fatigability: Unknown

Current DME:

1. A manual wheelchair with tilt-in-space, which is 9 years old and in dilapidated condition. Fake spends 7-10 hours per day in this chair. Provider of this equipment: Medical/Medicaid.

Is the Patient able to self-propel a manual wheel chair? No
Current: Yes Location: Coccyx Stage: II
Are there complaints of Pain? No

Additional Information:
Fake's current chair is no longer safely operable. He is unable to get to medical appointments and is no longer able to attend the adult day program in his community.

Assessment:
The current mobility-related equipment does not allow the patient to safely, consistently and effectively complete his basic activities of daily living.

Fake is non-ambulatory, dependent for all mobility, has a current and extensive prior decubitus history, is unable to perform independent weight shifts and exhibits impaired sitting balance. While Fake is unable to self-propel any manual wheelchair, he doesn't demonstrate the cognitive wherewithal to safely negotiate a powered wheelchair. He requires a custom manual wheelchair replacement as his current chair no longer meets his dependent, medical, mobility related needs. His nine-you-old chair is no longer repairable as parts are no longer available. It would not be economically repairable given the age of the chair, the cost for repairs and the anemic warranty, which accompanies repairs. Fake's residence is wheelchair accessible for ingress/egress as well as within. The family uses a Hoyer lift for transfers which is in good working order. They also use a tilt-in space bath chair for his bathing. This too is in good working order.

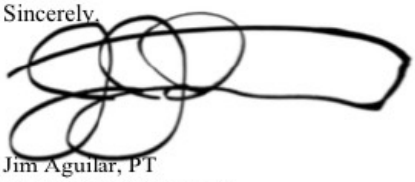
Based on the information on the following pages, the current request does meet the criteria for medical necessity at this point in time.

Recommendations:

1. A custom manual wheelchair with the tilt-in-space and a Robo cushion

Should you have any questions, suggestions, comments or concerns please feel free to contact me.

Sincerely,



Jim Aguilar, PT
PT License #: PT18893
P: 866-886-9992
F: 866-871-5895
Email: jjarpt@me.com

cc: A copy of this report was not copied to any physician due to no current fax number.

Section 9: Your Company Contacts

Subject	Email Group	Email Address	Group targets
Administration – all matters related to daily operations	Internal DME-CG team responsible for daily operations	Admin@DME-CG.com	Administrative Team, Director of Admin
Information - all inquiries related to DME-CG services, request for proposals, request for additional information, and those seeking employment opportunities. Link from DME-CG homepage.	DME-CG leadership team responsible for responding to information requests	Info@DME-CG.com	Director of Admin, CEO, COO, CIO, CCO
Compliance matters that require resolution and a response	Leadership Team responsible for management of compliance matters and all Sanction Pre-Check correspondence	Compliance@DME-CG.com	CCO, CEO, COO, HR
Reviewers knowledge and schedule sharing	All Reviewers engaged in DME-CG Assessment Reviews	ReviewerTeam@DME-CG.com	All Reviewers, CEO, Clinical Leadership
Human Resources matters	DME-CG leaders responsible for HR issues	hr@dme-cg.com	HR, COO

Appendix

DME Consulting Group In-Home Assessment Form

(Please Read Prior to Performing Assessment)

Dear Clinician:

This completed In-Home Assessment will provide a better picture of the client's needs and how he/she performs basic/instrumental activities of daily living including getting to medical appointments. Remember you may be going out to do this assessment secondary to a request for a specific piece of medical equipment. Your assessment, however, should be an all-inclusive, in-home assessment to determine what equipment and/or services the member needs to either safely complete or participate in basic activities of daily living.

Below are some helpful hints for completing the assessment:

- You are performing a comprehensive assessment, not developing a plan of care.
- Please minimize the use of abbreviations, particularly in any narratives.
- You are assessing a health plans "member" – not a patient.
- Please take photos with your mobile device (no PHI or faces in photos please) of existing equipment and specific rooms if relevant to your findings and considerations.
- You are not approving or denying any equipment requests – that responsibility belongs to the plan.
- Think of your assessment as providing "eyes" and insight to complement existing clinical documentation. Begin to perform your assessment when the member (or caregiver) answers the door – early observations are often the most valuable.
- Take a photo of the front door when you arrive – this time/date/geography stamp is an important part of the record.

Following your review of the evaluation data collected, we ask that you write an assessment summary under "The Summary/Considerations" section that provides the plan our algorithmic approach in determining medical necessity. The assessment summary should begin the thinking process of what is the least costly equipment alternative(s) for the member to perform mobility related activities of daily living (MRADL's).

If you have questions before or after the assessment, please email **info@dme-cg.com** or call **(866) 886-9992**.

Thank you in advance for your participation in a very important part of the assessment process.

DME-CG Therapist Assessment Form

(Please complete all questions legibly)

1. What type of residence does the member live in?_____
   a. Is itaccessible ingress/egress? ○ Yes ○ No
   b. If no, why not?_____
      i. If not, take a picture.
      ii. Is the entrance modifiable with a portable ramp? ○ Yes ○ No
      (A portable ramp accommodated up to a 20" and requires a 10' straight clearance)
      iii. If it cannot be modified with a portable ramp, could a custom ramp work? ○ Yes ○ No
      Does the member have any plans to install a custom ramp? ○ Yes ○ No
   c. Is the homeaccessible within? ○ Yes ○ No
      i. Take pictures of any questionable spaces.
      ii. Are there stairs? ○ Yes ○ No
      iii. Is there space for the turning radius of a wheelchair? ○ Yes ○ No
      iv. Are doorways wide enough for a wheelchair? ○ Yes ○ No
      If not, provide measurements:_____

2. With whom does the member live?_____
   a. Do they receive any formal in-home support services? ○ Yes ○ No
   If so, how much? _____
   b. Do they have informal assistance from family/friends? ○ Yes ○ No
   If yes, please describe._____
   c. How many hours is this person alone per day (average)?_____

3. Member height _____
4. Member weight _____

5. Is the member on oxygen?_____L/min (PRN or constant)
   a. Any shortness of breath noted? ○Yes ○ No

6. Does the member have visual deficits? What are they? Would this impair use of the requested equipment?

   _____

7. Sitting balance: _____

8. Standing balance:_____
   a. What did you observe during the functional assessment?

   _____

   b. Describe falls in the past year (where, what was the member doing, were they using a device, etc.)

   _____

9. How often does the member have medical appointments? _____
   a. How does she/he get to these appointments? _____
   b. Would the provision change how the member gets to appointments? ○ Yes ○ No
      i. How so? _____

10. Any previous or upcoming relevant surgeries? ○ Yes ○ No
    List surgery and date: _____

11. Pain: List location with ratings on a scale of 1-10 (10 = worst pain)

Location	Current	Best	Worst

12. Is there a history of pressure sores? ○ Yes ○ No
    a. Where? _____
    b. When? _____
    c. Stage? _____
    d. Can the member independently weight shift? ○ Yes ○ No

13. Describe any cognitive deficits and if they would impact the use of equipment:
    _____
    _____

14. Impairments:
    a. Limitations in passive range: _____
    b. Limitations in active range: _____
    c. Strength deficits: _____
    d. Coordination deficits: _____
    e. Endurance limitations: _____

15. Does the member have edema? ○ Yes ○ No
    a. If so, where? _____

16. How much assist does the member need for basic ADLs?
    a. Bed mobility: _____
    b. Sit-to-stand: _____
    c. Transfers: _____
    d. Bathing: _____
    e. Dressing: _____
    f. Grooming: _____
    g. Eating: _____
    h. Toileting: _____
    i. Stair management: _____

17. How are instrumental ADLs addressed?
    a. Shopping:
    b. Housekeeping:
    c. Food prep:
    d. Phone usage:
    e. Transportation:
    f. Medication management:
    g. Finances:

18. What equipment does the member have? Take pictures if able.

Type	Age	Condition	Payer

19. What medical equipment appears appropriate to help the member complete basic activities of daily living?

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20. Is the member a functional ambulator? ○ Yes ○ No
    a. Is an assistive device used, and if so, what kind?
    b. Normal distance?
    c. Best distance?
    d. Worst distance?
    e. Fall risk?

21. Does the member have the requisite combination of strength, coordination, endurance, and/or pain- free active range of motion to self-propel any manual wheelchair? Yes ○ No ○

22. Summary/Considerations:

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