

Mobility Devices Policy and Administration Manual

Assistive Devices Program
Ministry of Health & Long-Term Care

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<http://www.health.gov.on.ca/adp>

Table of Amendments

This page will list all substantive changes to policies and procedures listed in the Manual.

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Introduction

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Part 1: Introduction Mobility Devices Policy and Administration Manual

100 Purpose of the Manual

The purpose of this Manual is to present the policies and procedures for the funding of Mobility Devices (Wheelchair, Positioning (Seating) and Ambulation Aids) in one document. This Manual is intended to complement the Policy and Procedures Manual for the Assistive Devices Program (ADP Manual).

This Manual forms part of the agreement between the Ministry of Health and Long-Term Care and the Vendor, and the agreement between the Ministry of Health and Long-Term Care and the Authorizer. The Ministry reserves the right to revise this Manual. Capitalized terms used in this Policy and Procedures Manual shall have the meaning associated with them as set out in the ADP Manual.

100.01 **Intended Target Audience**

This Manual is intended to be used by Authorizers and Vendors who have an agreement with the Assistive Devices Program (ADP) to provide Devices and services related to Ambulation Aids, Wheelchairs, and Positioning Devices for Mobility (Seating).

105 Protecting Personal Health Information

- Authorizers and Vendors must comply with all applicable privacy laws governing information regarding their Clients.

- See the ADP Manual, Policy 700, Protection of Personal Information and Personal Health Information.

110 Roles & Responsibilities

In the process of confirming eligibility for funding assistance, the Applicant/Client, the Authorizer and the Vendor have a specific role and certain rights and responsibilities. Additional information may be found in the Program Manual, the Authorizer Agreement, and the Vendor Agreement.

110.01 Roles and Responsibilities of the Applicant/Client and/or Agent:

- Using information provided by the Authorizer and the Vendor during the mobility assessment and the ADP application process, will make an informed decision including but not limited to, whether or not to proceed with an application for ADP funding assistance, choice of Vendor and choice of make and model of Device.
- Should carefully review all the information on the Application Form “Applicant’s Consent and Signature” prior to signing this section.
- Has the right to seek a second opinion if they disagree with the Authorizer’s assessment of his/her mobility equipment needs.
- Is responsible for paying his/her 25 per cent portion of the ADP approved price for the mobility Device directly to the Vendor.

110.02 Roles and Responsibilities of the Authorizer:

- Is the gatekeeper to the Program and assumes the leadership role in the assessment process, confirmation of the Applicant’s eligibility, and completion of the Application Form in a timely fashion.
- Will provide the Applicant with accurate information about ADP policies and procedures, eligibility criteria and the estimated cost to purchase the Authorized Device.

- Will provide the Applicant with the applicant information sheet.
- Will provide the Applicant with a list of Vendors serving his/her community and advise Applicants to consider more than one Vendor to compare options, service plans and if relevant, prices. Lists are available on the ADP website.
- Maintains current knowledge of the Devices that he/she is registered to authorize
- Will identify the need for mobility equipment as part of the client assessment process, work with the Client's Vendor to ensure appropriate assessment and trial equipment is obtained and authorize the Device that meets the Client's functional requirements and the ADP eligibility criteria.
- Will work with the Client's Vendor to enhance his/her own knowledge of funded Devices by discussing the Client's equipment needs and technical support requirements with the Vendor.
- Must follow-up with the Client once the ADP funding has been approved to ensure the correct Device has been delivered and that the Client's functional status for the Device continues to be met.
- Must not submit an application for funding assistance to the Program for an individual who does not meet the ADP eligibility criteria.
- Must continue to meet all conditions specified in his/her executed Authorizer Agreement and all applicable Manuals.

110.03 **Roles and Responsibilities of the Vendor:**

- Is an essential resource for the Applicant/Client and/or Agent and the Authorizer regarding the Devices available and the amount of technical support that may be required.
- Must provide a variety of assessment and trial equipment requested by the Authorizer (a reasonable variety and for a reasonable length of time).

- Will work cooperatively with the Applicant/Client and the Authorizer to ensure that the choice of Device is appropriate to meet the individual's basic mobility requirements and provide quotes to the Client and/or his/her Agent and the ADP as required.
- Must notify the Authorizer when the Device has been delivered to the ADP Client to ensure appropriate follow-up is completed by the Authorizer.
- Must maintain a current knowledge of the mobility Devices listed by the ADP, keep an adequate stock of the Devices which they are authorized to sell to ADP Clients, honour manufacturer warranties, and provide after sale service.
- Must continue to meet all conditions specified in their executed Vendor Agreement and the Manuals.

Devices Covered

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Part 2: Devices Covered

200 Devices Covered

Mobility Devices approved for ADP funding are listed in the Product Manual – Mobility Devices. There are three types of Devices:

1. Ambulation Aids
2. Wheelchairs
3. Positioning Devices (Seating)

In order to list devices with the Program the manufacturers/distributor responsible for the product in Ontario must warranty the product for a minimum of 2 years from the date the Device is delivered to the Client.

For all generic Mobility Devices funded by the Program, the Vendor may only provide Devices that have a minimum 2 year warranty. The warranty period is determined from the date the Device is delivered to the Client.

The Device Listing Package for manufacturers/distributors to apply for ADP approval of a new and/or updated product is available on the [ADP Web site](#).

205 Ambulation Aids

- Forearm crutches
- Wheeled walkers (two, three and four wheels)
- Paediatric specific standing frames
- Approved options for ambulation aids

210 Wheelchairs

- Manual wheelchairs
- Paediatric dependent wheeled bases
- Power wheelchairs, power bases, power add-on devices, power scooters
- Approved options for manual and power wheelchairs

215 Positioning Devices (Seating)

All positioning Devices funded by the ADP must be required to support posture and/or provide pressure relief in a wheelchair specifically to facilitate mobility. The Program does not provide funding assistance only to facilitate non- mobility related activities including, but not limited to feeding, sleeping, motor vehicle transportation, and/or transfers.

Types of positioning products funded by ADP include:

- Modular/commercially available and custom fabricated devices to support the head, neck, trunk, pelvis and extremities in a wheelchair; and
- Power dynamic seating systems (tilt/recline/elevating leg rests)

NOTE: Where incontinence is identified as a medical condition on Page 1 of the Application for Mobility Devices form, funding assistance is available for a second seat cushion cover.

220 Options

ADP funding assistance is available for the options listed in the appropriate Options Chart found in the Product Manual, including Ambulation Aids Options, Manual Wheelchair Options Chart and/or the Power Wheelchair Options.

NOTE: The Applicant must pay the Vendor directly for any non ADP funded items he/she may choose to purchase.

225 Repairs/Batteries

ADP does not provide funding towards the cost of repairs and/or maintenance and/or batteries for any Device.

NOTE: See Part 5 for policies specific to the Central Equipment Pool (CEP) for High Technology Wheelchairs.

230 Modifications to Wheelchairs Not Funded by ADP

Individuals may request funding assistance for modifications and/or the addition of seating for a wheelchair that they have purchased privately or have acquired as a donation for their sole use.

The Authorizer must confirm and document during the assessment that:

- The wheelchair (make and model) is on the approved list of ADP devices; and
- The wheelchair is in good working order; and
- With the modifications requested, the wheelchair will suit the Applicant's basic mobility requirements as defined by the ADP for funding purposes.

Applicant Eligibility Criteria for Mobility Devices

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Part 3: Applicant Eligibility Criteria for Mobility Devices

300 Functional Status

Ambulation Aids: The Applicant must be able to operate the Device independently.

Manual Wheelchairs: The Applicant may or may not be able to propel the Device independently.

Power Wheelchairs: The Applicant must be able to operate the Device independently.

Positioning Systems (Seating): The Applicant must require the Device to support posture in order to facilitate mobility.

305 Basic Mobility Requirements

Funding is restricted to those Devices that meet the Applicant's basic mobility requirements as defined by the ADP for funding purposes:

The Device must be used on an ongoing daily basis.

The required and intended use of the Device must be to provide mobility on an ongoing daily basis within the Applicant's place of residence and to gain entry/exit from the Applicant's place of residence.

An Applicant's place of residence may be a home, apartment building, long-term care home, chronic care facility etc.

310 Non Eligible Mobility Requirements

The Program does not provide funding for equipment used intermittently or as an alternative means of transportation (e.g. substitution for car, taxi or bus).

Funding is not provided for mobility devices, including components, used solely for:

- Travelling to and from destinations in the community
- Post-operative needs
- Pain management
- Training, exercise or therapeutic purposes
- Recreation and social activities
- Work
- School
- Sports
- Feeding, sleeping and other non-mobility related activities.

315 Individual Identified Ineligible by Authorizer

An Application for Mobility Devices form, requesting ADP funding assistance, must not be submitted to ADP if, after assessing the mobility requirements of his/her Client, the Authorizer confirms that the individual does not meet ADP eligibility criteria.

320 Applicant Identified Ineligible by the ADP

An Applicant may be deemed ineligible if the criteria for his/her access to the Program are not met or where information supplied in connection with an Application Form is insufficient, incomplete and/or inaccurate.

In cases of denial, the Vendor, the Authorizer and the Applicant will be advised of the reason.

Confirmation of Eligibility for Device Required

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Part 4: Confirmation of Eligibility for Device Required

In order to determine what Device is clinically required and basic for ADP funding purposes, the Authorizer must complete a comprehensive functional assessment. Device trials should be provided from the most basic to the more complex, taking the individual's medical condition and all environmental and safety issues into consideration. Once the assessment has been completed and the Authorizer confirms eligibility for ADP funding assistance the Application for Mobility Devices form may be completed. The Authorizer must provide the medical diagnosis in the appropriate section on the application form and avoid including a list of symptoms. Further details related to the need for the device must be provided within the functional mobility section of the form using precise language to confirm eligibility.

400 Ambulation Aid

If the individual can ambulate, the Authorizer must determine what Devices, if any, can be used safely and independently in order to meet the ADP eligibility criteria.

NOTE: Factors that will influence the prescription details include the Applicant's medical condition and prognosis, and ambulation needs now and in the foreseeable future.

405 Manual Wheelchair Mobility

Where independent ambulation is not possible, a manual wheelchair may be clinically required and basic for ADP funding purposes.

In order to receive funding assistance, the individual must require the use of personalized postural support and/or pressure relief (seating) in order to maintain a functional sitting position in the wheelchair.

The Authorizer must confirm that the individual's basic mobility requirements cannot be met by the use of a generic/transport chair.

The individual's ability to propel a manual wheelchair is not a specific eligibility requirement for ADP funding.

NOTE: Factors that will influence the prescription details include the Applicant's medical condition and prognosis, and seating needs now and in the foreseeable future.

405.01 **Manual Wheelchair with Manual Dynamic Tilt System**

Manual dynamic tilt systems are funded by the ADP as an integral component of a manual wheelchair or as a separate system interfaced with a manual wheelchair.

A request for funding assistance towards the purchase of a manual dynamic tilt system will only be considered where the clinical assessment findings and Device trial results indicate that the Device prescribed is the minimum Device required to achieve one or more of the following goals:

- Increase sitting tolerance where there is risk of tissue trauma due to unrelieved pressure and inability to weight shift independently and/or there is an inability to maintain a functional postural position where abnormal tone is a factor. In both of these situations, it must be demonstrated that fixed seating alone is not an adequate solution.
- Maintain skin integrity where there is past/present history of tissue trauma, inability to weight shift independently and fixed seating alone is not an adequate solution.

The goals will only be achieved where there is an attendant available to regularly alter the angle of tilt in space.

An application for funding assistance towards the purchase of manual dynamic tilt should not be considered where the purpose is solely for non-mobility related

activities including, but not limited to pain management, facilitation of transfers, feeding, toilet activities, and/or rest.

NOTE: Factors that will influence the prescription details include the Applicant's medical condition and prognosis, and seating needs now and in the foreseeable future.

405.02 **Power Add-On Device**

A power add-on device is attached to a manual wheelchair to assist the Applicant meet his/her basic mobility requirements as defined by the ADP for funding purposes.

A power add-on device may be authorized only when it is not anticipated that the Applicant will require the use of a power wheelchair to meet his/her long-term basic mobility requirements.

These Devices are not funded as a substitute for a power wheelchair. The Applicant must be able to operate a manual wheelchair independently and require continual or intermittent use of manual and power mobility to meet his/her basic mobility requirements as defined by the ADP for funding purposes.

The manual wheelchair must be in good condition and be suitable for mounting of the power add on device.

NOTE: Factors that will influence the prescription details include the Applicant's medical condition and prognosis, and seating needs now and in the foreseeable future.

410 **Power Mobility**

Where manual mobility is precluded because the individual cannot propel a manual wheelchair independently to meet his/her basic mobility requirements as defined by ADP for funding purposes, then power mobility through the use of a power mobility Device may be explored.

If a power mobility Device is the basic requirement for the individual the Authorizer may prescribe a power wheelchair/base, a power add-on device, or a scooter.

Only a prescription for the most basic and essential Device required by the Applicant and defined by the ADP for funding purposes may be submitted.

NOTE: Factors that will influence the prescription details include the Applicant's medical condition and prognosis, and seating needs now and in the foreseeable future.

410.01 **Power Scooter**

ADP funding should only be requested for a power scooter when:

- Power mobility is basic as defined by the ADP for Funding purposes;
- The Applicant does not have seating requirements now or in the foreseeable future;
- The scooter is not intended to be a replacement for a car or another transportation modality; and
- The Applicant can transfer independently on to and off the scooter

NOTE: There must be no application submitted for ADP funding when the scooter is recognized to be a benefit but not a basic mobility requirement as defined by the ADP for funding purposes.

415 Funding for Both a Wheelchair and a Lower Extremity Prosthesis

A wheelchair should not be authorized until both the individual's ambulatory status using the prosthesis and his/her permanent residence has been established.

As part of the assessment process, the Authorizer must ensure and document that the authorization of the wheelchair is not contradictory to any goals the amputee team may have established with the individual.

Central Equipment Pool for High Technology Wheelchairs (CEP)

5

Part 5: Central Equipment Pool for High Technology Wheelchairs (CEP)

500 Definition of High Technology Wheelchair

For the purpose of ADP funding assistance, a high technology wheelchair is defined as a power wheelchair and/or power base that includes a power dynamic positioning device - tilt and/or recline – as a component.

505 The Central Equipment Pool (CEP)

The Central Equipment Pool (CEP) for High Technology Wheelchairs provides ADP Clients throughout Ontario with new and recycled high technology wheelchairs at discounted prices and provides a rebate on the Client's costs once the Device is returned to the pool. A consistent level of service to ADP Clients across the province is provided, regardless of their location. Clients are provided with quality reconditioned equipment that meets their individual requirements when available. Technical support, assessment/loaner equipment, a province wide on call emergency service, and warranty repairs and preventative maintenance are also provided at no cost to the Client.

510 Contact

The Central Equipment Pool (CEP) for High Technology Wheelchairs is operated by Motion Specialties. Contact numbers for CEP are 416-701-1351 or 1-800-395-6661.

515 Policy

All individuals who meet the ADP eligibility criteria for power tilt and/or recline as a basic requirement for mobility (see Part 4) and who wish to apply for ADP funding assistance, must apply through CEP. All the components of the system, power wheelchair/base, positioning devices (seating), and the power positioning devices (tilt and /or recline) must go through CEP. Requests for the addition of power dynamic tilt and/or recline to an existing power wheelchair/base must also go through CEP.

520 Procedure

The ADP Authorizer must provide a complete prescription that includes all the components of the system (power wheelchair/base, positioning devices (seating)), and the power positioning devices (tilt and /or recline) that the Client requires and that meet the ADP eligibility criteria.

The application submitted to the ADP must include the Application for Funding Mobility Devices form and applicable attachments and the Justification for Funding Chart.

Only CEP is authorized to provide service and modifications to CEP equipment.

525 Eligibility Criteria for Power Dynamic Positioning Devices

Funding assistance towards the purchase of power tilt, power recline, power elevating leg rests or any combination thereof either as an integral component or as a separate system interfaced with a power wheelchair/base, will be considered for individuals who meet the ADP eligibility criteria, have no ongoing caregiver support that effectively achieves the goals listed below, and for whom

the clinical assessment findings and Device trial results indicate that the Device is basic to achieve the following goals:

525.01 **Power Tilt or Power Recline**

1. Maintain skin integrity where there is a high risk of tissue trauma and a loss of ability to effectively weight shift independently;
2. Maximize respiratory function where there are measurable limitations, and objective data can be provided to show improvements with power tilt/power recline;
3. Maintain independent mobility through increased sitting tolerance, where there is an inability to maintain a functional sitting position due to abnormal tone/reflex activity, postural instability, and/or joint/spinal contractures/deformities.

525.02 **Power Tilt and Power Recline**

Clinical assessment results demonstrate that power tilt or power recline alone is not an adequate solution to achieve goals 1), 2), and 3) above.

525.03 **Power Elevating Leg Rests**

1. Decrease in swelling due to chronic edema in the lower extremities, where power tilts and/or reclines is prescribed. Objective trial data must be provided.
2. Repositioning of the lower extremities where power reclines is prescribed and self-elevating leg rests are not effective to regain a functional position.

Assistance towards the purchase of power tilt, power recline and/or power elevating leg rests should not be considered where the purpose is solely for pain management, to facilitate transfers, toilet activities, swallowing, and/or rest.

530 Guidelines for Completing Justification for Funding Chart

The information provided on the Justification for Funding Chart will enable the Authorizer to confirm the Applicant's eligibility for ADP funding assistance for power tilt and/or recline and power elevating leg rests. The Authorizer will document under each of the following headings, the impact of the Device set-up(s) on the Applicant's ability to achieve functional independent mobility.

1. Description of Trial Device Set-up: Clinical judgment is used to determine which Device set-ups should be considered for assessment. Trials should progress from the most basic and economical, to more complex and costly. Documentation should include reference to those set-ups that were not considered due to medical and/or safety concerns/limitations.
2. Skin Integrity (Tissue Trauma): May include documentation of reddened areas, results of pressure mapping etc.
3. Respiratory Function: Objective information and/or clinical observation that describes Applicant's respiratory function.
4. Positioning (Postural Alignment): Factors affecting the Client's ability to achieve functional positioning for mobility. May include the presence of abnormal tone/reflex activity, postural instability, weak musculature, joint/spinal contractures/deformities, and/or the effect of gravity.
5. Maximum Sitting Tolerance: Maximum times (specify) tolerated and reasons for any limitations.
6. Level of Independent Mobility: Information provided will describe the impact of the Device set-up on the Client's ability to drive the wheelchair safely and independently. Environmental restrictions should also be noted.
7. Lower Extremity Edema: Findings may include objective data (e.g. circumferential measurements) and/or clinical observations.

8. Caregiver Availability and Requirements: Includes the availability and limitations of the caregiver to consistently meet the Applicant's needs in the areas of skin integrity, respiratory function, and postural alignment.

535 Power Dynamic Positioning Devices - Justification for Funding Chart

The chart, attached as APPENDIX A, must be completed in full and submitted with the Application Form when power tilt and/or power recline and/or power dynamic leg rests have been authorized.

Device Eligibility

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Part 6: Device Eligibility

600 Number of Devices Funded & Funding Periods

Based on the Authorizer's clinical assessment findings, the Applicant may require more than one Device.

ADP funding assistance may be requested for up to:

- One wheelchair (manual, power, power add-on system, scooter)
- One positioning (seating) system for the wheelchair; and
- Two different ambulation aids (e.g. walker and pair of forearm crutches).

Applicants may not request ADP funding assistance for an Adult Wheeled Walker Type 3 and a wheelchair.

Applicants who require seating to provide postural support or pressure relief are not eligible for ADP funding assistance for a scooter.

Designated Funding Period

This is a minimum period of time that a Device is expected to remain useful.
Designated Funding Periods:

1. Ambulation Aids - 5 years
2. Wheelchairs - 5 years
3. Power Dynamic Positioning Devices - 5 years

4. Positioning Devices (Seating) - 2 years.

605 Requests for a Replacement Device

If during or following the designated funding period, the Device previously funded:

1. Can no longer be used at all;
2. Continues to be used on a regular basis but no longer meets the Client's basic mobility requirements as defined by the ADP for funding purposes; or
3. Will only be used as a back-up if the new Device(s) breaks down

The client may re-apply for funding assistance by submitting a completed Application for Funding Mobility Devices form with the appropriate attachments.

605.01 **Change in Functional Mobility Status and/or Body Size**

If during or following the designated funding period, a change in functional mobility status or body size leaves the Applicant unable to use the previously funded Device, the Program will consider full contribution towards the cost of a replacement Device.

If instead of replacing the Device, the existing Device requires modifications and/or adjustments to meet the Client's mobility requirements, the Program will consider full contribution towards the cost of the modifications and/or adjustments.

605.02 **Device in Use But Not Meeting Client's Basic Needs**

If during or following the designated funding period, the Authorizer determines that the previously funded Device no longer meets the Applicant's total needs but is still useful to the Applicant on a regular basis, the ADP may consider partial contribution towards the cost of the primary mobility device.

If approved, the ADP contribution will be determined by deducting a pro-rated amount from the ADP share of the cost of the new Device now being requested.

The pro-rated amount will be based on the age and designated funding period of the original Device.

605.03 **Original Device in Use Only as a Back-Up**

If during or following the designated funding period, the Device previously funded by the ADP is no longer meeting the Client's needs and once replaced will be used only in the case of emergency when and if the new Device breaks down, the Program may waive the deduction when calculating the contribution towards the cost of the new Device.

605.04 **Damage Beyond Repair**

If, during or following the designated funding period, the Device previously funded is irreparably damaged through normal use, or where past and current costs of repairs are in excess of one third of the original purchase price, the Program will consider a pro-rated contribution towards the cost of replacing the Device.

If approved, funding assistance will be a pro-rated contribution based on the age and designated funding period of the original Device.

ADP Funding is not available during the period of time in which the manufacturer's warranty for a particular Device remains in effect.

Funding and Payment



Part 7: Funding and Payment

700 Policies

Detailed information about payment is found in the ADP Manual, **Part 9, Invoice Processing and Payment**.

705 Funding Amount for ADP Clients

The Program will pay 75 percent (75%) of the Approved Price for Mobility Devices listed in the Product Manual.

Vendors may not bill the Client more than the Approved Price for the approved device.

Vendors may charge the Client less than the Approved Price.

The Vendor must charge the Client 25 percent (25%) of the Approved Price and bill ADP for 75 percent (75%) of the Approved Price.

NOTE: Should the Vendor charge the Client less than the maximum Approved Price or provide a rebate or discount to the Client for their device, both the Client portion (25%) and the ADP portion (75%) must be adjusted accordingly.

710 Funding for Ministry of Community and Social Services Benefits (MCSS) Recipients

Co-payment for Clients receiving Social Assistance Benefits:

- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Assistance to Children with Severe Disabilities (ACSD)

For Clients receiving social assistance benefits through OW, ODSP or ACSD as of the date reviewed and approved by an Authorizer, the ADP will pay 100 percent (100%) of the Approved Price for Mobility Devices listed in the Product Manual.

Invoicing

8

Part 8: Invoicing Procedures

800 Invoicing Procedures

Refer to the ADP Manual, Part 9, Invoice Processing and Payment for details.

805 ADP Processing Errors

In the event of an ADP processing error being identified following funding approval, the ADP will co-operate with the Authorizer and Client to make any necessary corrections.

The Authorizer must notify the ADP in writing of the error(s) along with a request for the approval to be amended.

810 Authorizer Prescription Errors & Omissions

In the event of an Authorizer prescription error and/or omission being identified following funding approval, the ADP will co-operate with the Authorizer to make any necessary corrections.

The Authorizer must return a copy of the page of the Application Form to the ADP with the errors highlighted along with a request for the approval to be amended.

815 Client Refusal of Delivered Device

In the event of Client refusal, either at the time of delivery or immediately thereafter, the ADP will co-operate with the Client, Authorizer and Vendor to resolve the situation.

Authorizers

9

Part 9: Authorizers

900 Authorizer Status

Occupational Therapists and Physiotherapists who hold a valid certificate of registration from the College of Occupational Therapy of Ontario or the College of Physiotherapists of Ontario, respectively, licensed to practice in Ontario and has a minimum of two (2) years post-graduate clinical experience, requesting to be able to authorize wheelchairs, positioning devices for mobility and/or ambulation aids must be registered as Authorizers in the respective device category. Registered Authorizers for wheelchairs must also be registered Authorizers for positioning devices (seating).

905 General Authorizer Policies

Detailed information about Authorizer registration, policies and procedures, are found in the Policies and Procedures Manual for the Assistive Devices Program Part 4 General Authorizer and Vendor Policies, and Part 5 Authorizers.

Vendors

10

Part 10: Vendors

1000 Vendor Status

Vendors wishing to submit a request for funding to the Ministry for wheelchairs, positioning devices for mobility and/or ambulation aids must be registered in the device category. Registered Vendors for wheelchairs must also be registered Vendors for positioning devices (seating).

Vendors applying for registration status for wheelchairs, positioning devices (seating) and/or ambulation aids must provide a letter from each of the manufacturers whose products they intend to sell through the ADP, confirming that they are an authorized dealer. Registered Vendors must be authorized dealers for at least two product lines in each device category that they wish to vend for the ADP.

Vendors applying for registration status must submit the names of staff members who have professional qualifications to fabricate and/or fit particular devices and proof of such qualifications. Vendors who do not provide repair services on their premises must submit a copy of all service agreements.

1005 General Vendor Policies

Detailed information about Vendor registration and policies and procedures is found in the ADP Manual in the following areas:

- Part 4, General Authorizer and Vendor Policies;
- Part 6, Vendors;
- Part 7, Personal Health Information, and

- Part 9, Invoice Processing and Payment.

Note in Particular:

- i. Policy 405, Conflict of Interest
- ii. Policy 415, Advertising
- iii. Policy 420, Referrals
- iv. Policy 600, Applying for Registration – New Vendor
- v. Policy 601, Applying for Registration – Additional Vendor Location or Additional Category of Devices
- vi. Policy 602, Maintaining Registration as a Vendor
- vii. Policy 615, Relationships of Hospitals and Vendors
- viii. Policy 620, Vendors Sharing Proceeds with Long-Term Care Homes
- ix. Policy 640, Informing Persons of the Program
- x. Policy 660, Refusal to Supply for Safety Reasons
- xi. Policy 665, Warranties of Purchased Devices
- xii. Policy 670, Repairs of Purchased Devices
- xiii. Policy 700, Protection of Personal and Personal Health information
- xiv. Policy 905, Rebates

The ADP Manual is available at:

http://www.health.gov.on.ca/en/pro/programs/adp/policies_procedures_manuals/docs/pp_adp_manual.pdf

1010 Relationships of Long-Term Care Homes and Registered Vendors

A Vendor may enter into agreement with a Long-term care (LTC) home.

The registered Authorizer and registered Vendor must adhere to ADP policies and procedures when a resident of the home is applying for and/or has obtained ADP funding assistance towards the purchase of a mobility device.

The ADP will not enter into or continue a current Vendor agreement with any Vendor who has a financial relationship and/or an exclusive relationship with a long-term care home, whereby the Vendor and the LTC home share in any profits made from the Vendor's sale of Devices funded by the Assistive Devices Program.

ADP Clients must be given choice of Vendor. The Client may be informed about an agreement the home may have with a particular Vendor but must not be advised or expected to purchase their Device from that Vendor.

1015 Payment for Mobility Assessments

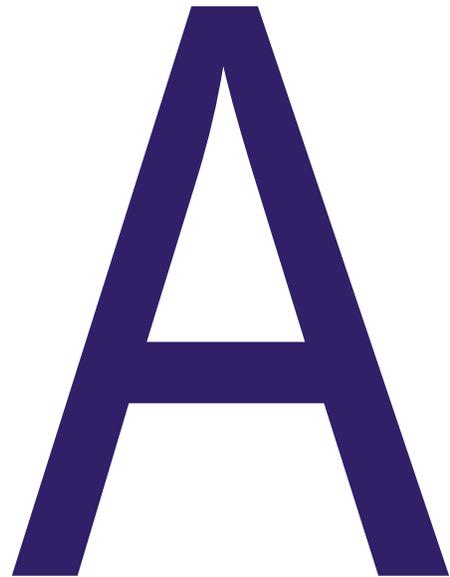
A Vendor may not provide payment to an Authorizer directly or indirectly for a clinical assessment of an individual that includes an application for funding assistance being submitted to the Program.

1020 Delivery of Device

The Vendor will provide the Authorized Device together with a fully itemized invoice to the Client, advise the Client regarding the warranty and after-purchase services offered, and provide a copy of the manufacturer's warranty and user manual for the Device.

The Vendor must notify the Authorizer regarding the delivery of a Device to allow his/her follow-up to be completed.

Appendices



Appendix A

Power Dynamic Positioning Devices - Justification for Funding Chart

Applicant Name Applicant Health Card Number Authorizer Assessment Date							
Page No:	Justification for Power Tilt, Power Recline and/or Power Elevating Leg Rests Report of Objective Findings						
Description of Trial Equipment Set-Up	Skin Integrity (Tissue Trauma)	Respiratory Function	Positioning (Postural Alignment)	Maximum Sitting Tolerance (specify time)	Level of Independent Mobility	Lower Extremity Edema	Caregiver Availability & Requirements
Make copies of this form as required. Complete Client information and page number for each sheet submitted. We recommend enlarging this form to 8 ½" by 14".							