

# Orthotic Devices Policy and Administration Manual

Assistive Devices Program  
Ministry of Health & Long-Term Care

February 2016

[www.health.gov.on.ca/adp](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.

<b>Section</b>	<b>Change</b>	<b>Date</b>
115.02	Updated to align with the new Authorizer Agreement.	October 1, 2014
200	Added manufacturer warranty requirements for components.	October 1, 2014
110	Added definitions of General Practitioner, Nurse Practitioner and Physician; added Nurse Practitioner to the Prescriber definition.	April 1, 2014
400	Added Nurse Practitioner; changed Physician to Prescriber.	April 1, 2014
410, 415, 505.02, 505.03, 505.06, 1010	Added Nurse Practitioner.	April 1, 2014
515.01	Added Specialist Physician.	April 1, 2014
300, 305	Updated to provide clearer policy statements regarding funding for cranial orthoses (helmets).	July 2, 2015
415	Removed the policy entitled "Confirmation of Eligibility for Cranial Orthoses – Paediatric Dentist as prescriber".	July 2, 2015
110, 805	Updated definitions and references for Authorizer and Certified Orthotist.	August 1, 2015
900	Added policy regarding Manufacturers as Vendors.	September 22, 2015

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# Introduction

# 1

# Part 1: Introduction Orthotic Devices Policy and Administration Manual

## 100 Purpose of the Manual

The purpose of this Manual is to present the policies and procedures for Funding of Orthotic Devices 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.

### 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 Orthotic Devices.

## 105 Protecting Personal Health Information

Authorizers and Vendors must comply with all applicable privacy laws governing information related to their Clients.

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

# 110 Definitions

Capitalized terms used in this Manual shall have the meaning associated with them as set out in the ADP Manual or such meanings as described below:

- 110.01 **Application Form** means the Application for Funding Orthotic Devices form provided by the Program and used to request ADP funding assistance for a listed device.
- 110.02 **Authorizer** means a Certified Orthotist who has met all registration requirements with the Program and holds an executed Authorizer Agreement with the Program.
- 110.03 **Certified Orthotist** means a person who has successfully completed the certification exams for Certified Orthotist through the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO) and who is registered as a "Certified Orthotist" who is in good standing with Orthotics Prosthetics Canada (OPC).
- 110.04 **Custom-Fitted Orthosis** means an orthosis that is first manufactured then fitted and adjusted directly to the client. The ADP funds a limited number of paediatric custom-fitted orthoses.
- 110.05 **Custom-made Orthosis** means an orthosis that is custom-fabricated in one of the following ways:
- Molded to Client** means a custom-made orthosis fabricated directly onto the client's body part, which is usually made of low-temperature thermoplastics.
- Molded to Client Model** means a custom-made orthosis fabricated on a positive cast impression of the client's body part, which is usually made of leather or high-temperature thermoplastics. Once formed, the orthosis is then fitted directly to the client.
- 110.06 **General Practitioner** means a Physician whose certificate of registration or medical licence is in general practice or family practice.



- 110.07 **Listed Device** means specific devices, additions, modifications and components that are approved for listing in the product manual.
- 110.08 **Manual** means the Orthotic Devices Policy and Administration Manual
- 110.09 **Nurse Practitioner** means a professional who holds a valid certificate of registration from the College of Nurses of Ontario (CNO) as a Registered Nurse in the Extended Class and entitled to practise in Ontario
- 110.10 **Occupational Therapist (OT)** means a regulated health care professional registered as a practicing member in good standing with the College of Occupational Therapists of Ontario.
- 110.11 **Orthosis or Orthotic Device** means any device, which may function to support or immobilize a body part, to correct or prevent deformity, and/or to assist or restore function.
- 110.12 **Orthotic Team** means the health professionals involved in the assessment of a client's needs to determine the most appropriate orthotic device required by the client.
- 110.13 **Personal Health Information** means the personal information as defined in Section 4 of the Personal Health Information Protection Act, 2004.
- See the ADP Manual Part 7, Personal Health Information and Part 3, Policy 320, Release of Information About Previous Funding for more details.
- 110.14 **Physician** means a member of the College of Physicians and Surgeons of Ontario who is qualified to practise medicine in Ontario under the *Medicine Act*, 1991, S.O. 1991, c.30 or any successor legislation thereto.
- 110.15 **Physiotherapist (PT)** means a regulated health care professional registered as a practicing member in good standing with the College of Physiotherapists of Ontario.
- 110.16 **Prefabricated Orthoses** means off-the-shelf orthoses requiring minimal device adjustment when fitted directly to the client

- 110.17 **Prescriber** means a General Practitioner, Specialist Physician or Nurse Practitioner (for ‘Other Orthotic Devices’) or a Specialist Physician (for ‘Highly Specialized Orthotic Devices’) who prescribes orthotic devices.
- 110.18 **Product Manual** means the Listing and Approved Prices for Orthotic Devices.
- 110.19 **Regulated Health Professional** means a health professional holding a valid certificate with a regulatory college specified by the Regulated Health Professions Act.
- 110.20 **Rehabilitation Assessor** means an Occupational Therapist or Physiotherapist who has met all registration requirements with the Program and holds an executed Authorizer Agreement with the Program.
- 110.21 **Specialist Physician** means a Physician who specializes in one of the following areas of practice: geriatrics, general surgery, medical oncology, neurosurgery, neurology, orthopaedic surgery, paediatrics, plastic surgery, physiatry, radiation oncology or rheumatology. He/she is a Prescriber who has the authority to prescribe highly specialized orthoses and/or other orthotic devices.
- 110.22 **Underserviced Areas** means northern communities that have been designated as underserviced for specialists. Northern Ontario is defined as the territorial districts of Algoma, Cochrane, Kenora, Manitoulin, Muskoka, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming.

**See Section 110 of the ADP Manual for more definitions.**

## 115 Roles and Responsibilities

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

### 115.01 **Responsibilities of the Applicant/Client**

- Has the right to choose from the list of Authorizers, any Authorizer in their community working in the private or public sectors.
- Provides the necessary and accurate information to the Authorizer.
- Makes an informed decision based on the accurate and complete information provided by the Authorizer and the Vendor during the Orthotic Device assessment and the ADP application process.
- Determines whether or not to proceed with an application for ADP Funding and choice of Vendor.
- Provides the necessary and accurate information on the Application Form, Section 1, “Applicant’s Biographical Information”.
- Carefully reviews all of the information in the Application Form, Section 3, “Applicant’s Consent and Signature” prior to signing the form.
- Has the right to seek a second opinion if he/she disagrees with the Authorizer’s assessment of his/her needs.
- Is responsible for paying his/her 25 per cent portion of the Approved Price for the Orthotic Device directly to the Vendor.

### 115.02 **Roles and Responsibilities of the Authorizer**

- Is the gatekeeper to the Program and assumes the leadership role in the assessment and fitting process, confirmation of the Applicant’s eligibility, and completion of the ADP Application Form in a timely fashion.
- Maintains current knowledge of the fabrication and fitting techniques and of components for Orthotic Devices that he/she is registered to authorize.
- Confirms that the Applicant has a long-term physical disability or physical condition and requires the use of the Orthotic Device for a

period of six months or longer to participate in a variety of daily activities.

- 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.
- Identifies the need for the Orthotic Device as part of the Client assessment process, and authorizes the Orthosis that meets the Client's needs.
- Provides the Applicant/Client with the Approved Price for the Orthotic Device and explains any additional costs not covered by the ADP that the individual may expect to incur.
- Must follow-up with the Client after provision of the Orthotic Device to check the fit of the Orthosis and to confirm that the Device continues to meet the Client's needs.
- Is responsible for ensuring that any Client with a suspected change in medical condition is referred back to his/her Physician for medical review.
- Must not submit an Application Form to the Program for an individual who does not meet the ADP eligibility criteria.
- Must continue to meet all conditions specified in this/her executed Authorizer Agreement and all applicable Manuals.

### 115.03 **Roles and Responsibilities of the Vendor**

- Must employ an Authorizer who is registered with the ADP in the Orthotic Devices Category.
- Must provide quotes to the Client and the ADP as required.
- Must honour manufacturer's and vendor's warranties.
- Must continue to meet all conditions specified in their Vendor Agreement and the Manuals.

### 115.04 **Roles and Responsibilities of the Rehabilitation Assessor**

- Conducts a rehabilitation assessment to determine the need for intervention for all highly specialized Orthotic Devices at the time of device prescription.
- Provides rehabilitation intervention as required for highly specialized Orthotic Devices.
- Completes training and/or follow up as needed for other Orthotic Devices.

# Devices Covered

# 2

# Part 2: Devices Covered

## 200 Devices Covered

Certain Orthotic Devices that are required to improve an individual's function in a variety of daily activities are funded by the ADP.

Orthotic Devices approved for ADP funding are listed in the product manuals. The following types of Devices and additions are funded:

1. Cranial Orthoses
2. Spinal Orthoses
3. Lower Extremity Orthoses
4. Upper Extremity Orthoses
5. Additions
6. Components
7. Modifications

For all components funded by the Program, the Vendor may only provide components for which the manufacturer provides a warranty that is typical in the orthotics industry. All components must have a minimum 1 year warranty.

The procedure for manufacturers or Authorizers to apply for ADP approval of new and/or updated Devices, additions or components is available on the ADP website at:

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

## 205 Additions and Components

ADP Funding is available for the additions and components listed in the Product Manual.

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

## 210 Repairs

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

## 215 Modifications to Orthotic Devices Not Funded by the ADP

Applicants may request funding assistance for modifications to Orthotic Devices that were not funded by the ADP.

The Authorizer must confirm and document during the assessment that:

- The type of Orthosis is a Listed Device; and
- The Orthosis will continue to be the primary Orthotic Device used by the Applicant; and
- The Orthosis is in good condition; and
- With the modifications requested, the Orthosis will continue to meet the Applicant's needs to continue to participate in a variety of daily activities.



# **Applicant Eligibility for Orthotic Devices**

# **3**

# Part 3: Applicant Eligibility Criteria for Orthotic Devices

## 300 General Eligibility

300.01 The Applicant must require an Orthotic Device to improve his/her function in a variety of daily activities for six months or longer.

300.02 To meet eligibility for funding of a cranial orthosis (helmet), the Applicant must require the cranial orthosis for:

- protection of the head, with a diagnosis of seizures, epilepsy or hemophilia, or
- protection of brain tissue as a consequence of a craniectomy, or
- protection of brain tissue required due to a cranial opening as a consequence of surgery for craniosynostosis (for exceptions, see policy 305).

As well, the Applicant must require the use of the cranial orthosis for six months or longer and the Authorizer must determine that an off-the-shelf or commercially available helmet does not meet the needs of the Applicant before considering the custom-made cranial orthosis. This information must be documented in the Authorizer's clinical notes.

## 305 Non Eligible Items

ADP Funding is not provided for:

a. Braces and splints required for:

- Less than six (6) months duration;
- Nocturnal use, static positioning or rest positioning only;
- Acute post-operative Orthoses;
- Acute conditions (for example, fracture braces);
- Solely for one (1) activity such as work, school or sports.

**Note:** The ADP will fund an Orthosis that is used for rest, positioning or during sleep provided that it is also used during the day for two (2) or more functional activities.

- b. Orthoses used for treatment purposes (for example, orthoses used for shaping or molding the cranium, including those used to treat plagiocephaly and following endoscopic surgery for craniosynostosis);
- c. Foot Orthoses and short ankle-foot Orthoses (SAFO's or UCBL Orthoses) which provide support under the foot and up to the ankle joint;
- d. Centrally fabricated Orthoses, when measurements or a cast is taken of the client's body part and the Orthosis is ordered from a central manufacturing facility;
- e. Prefabricated Orthoses;
- f. A second Orthosis of the same type for the same body area (back-up device);
- g. Cranial orthoses used for protection related to self-injury, behavioural issues and/or developmental disabilities;

- h. Custom-made and off-the-shelf shoes;
- i. Custom shoe modifications;
- j. Treatment Devices including, but not limited to, transcutaneous nerve stimulators (TNS), neuromuscular stimulators, continuous passive motion machines (CPM's), and electromagnetic bone growth stimulators;
- k. Repairs to Orthoses;
- l. Orthoses purchased from suppliers that are not registered with the ADP.

## 310 Individual Identified as Ineligible by Authorizer

An Application Form, must **not** be submitted to the ADP if, after assessing the Orthotic needs of his/her client, the Authorizer confirms that the individual does not meet ADP eligibility criteria.

## 315 Applicant Identified as Ineligible by 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 or inaccurate.

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

# Confirmation of Eligibility for Devices Required

# 4

# Part 4: Confirmation of Eligibility for Device(s) Required

## 400 First Access

The Applicant must be diagnosed by a Prescriber.

The Prescriber confirms that the Applicant has a chronic physical disability requiring the regular use of an Orthotic Device and refers the Applicant to an Authorizer.

See Policies 405 and 410 for the applicable service delivery model.

## 405 Confirmation of Eligibility for Highly Specialized Orthotic Devices

Applicants who have a complex, chronic physical disability may require a highly specialized Device to facilitate functional performance. He/she may also require rehabilitation intervention from an OT or PT. The need for OT/PT intervention is determined through a rehabilitation assessment conducted during the time that the Orthosis is initially prescribed. The actual implementation of the OT/PT treatment plan is not required for payment by the ADP for the Orthosis.

This category of Devices includes and is restricted to the provision of the following Orthotic Devices:

1. Reciprocating Gait Orthoses; and

2. Shoulder-Elbow-Wrist-Hand-Finger Orthoses, which include, but are not limited to:
  - Brachial Plexus Orthoses,
  - Electrically Powered Prehension Orthoses.

Provision of funding for these Devices requires consultation from (either independently or as a group):

1. A Specialist Physician ( Prescriber), and
2. A Certified Orthotist ( Authorizer), and
3. An OT/PT (Rehabilitation Assessor)

In the following circumstances:

1. All initial provisions of these Orthotic Devices;
2. All replacements of these Orthotic Devices at any time;
3. All modifications to these Orthotic Devices at any time.

## **410 Confirmation of Eligibility for Other Orthotic Devices**

Applicants who require an 'Other Orthotic Device' may not necessarily need an assessment by an OT and/or PT at the time the Orthosis is prescribed. The Certified Orthotist would ensure that a referral is made to the OT/PT for any required training and/or follow-up.

This category of devices includes all other Orthotic Devices funded by the ADP. Provision of Funding for these Devices requires consultation from (either independently or as a group):

1. A Specialist Physician or General Practitioner or Nurse Practitioner (Prescriber), and
2. A Certified Orthotist (Authorizer)

In the following circumstances:

1. All initial provisions of these Orthotic Devices;
2. All replacements or modifications of these Orthotic Devices due to a change in medical condition;
3. All changes to existing additions or components due to a change in medical condition.

Refer to Policy 505 for details of required assessments for replacement of other Orthotic Devices due to growth/atrophy, change in medical condition and wear.



# Device Eligibility

# 5

# Part 5: Device Eligibility

## 500 Number of Devices Funded & Funding Periods

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

### Funding Periods

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

1. Orthotic Devices molded to a Client and paediatric custom-fitted orthoses – 1 year
2. Orthotic Devices molded to the Client model and standing frames and parapodiums - 2 years

## 505 Requests for a Replacement Device

Orthotic Devices funded by the ADP are only eligible for replacement when the Client's current Device is no longer usable. Orthotic Devices are not automatically replaced when the minimum replacement period has been reached. Proven need for replacement of the Orthotic Device must exist.

Orthotic Devices that jeopardize the Client's safety or no longer meet the Client's needs secondary to physiological growth, atrophy, a change in medical condition or normal wear are eligible for replacement funding.

In these situations, the Client may re-apply for Funding by submitting a completed Application Form.

#### 505.01 **Replacement of Highly Specialized Orthotic Devices**

This category includes and is restricted to the provision of the following Orthotic Devices:

1. Reciprocating Gait Orthoses; and
2. Shoulder-Elbow-Wrist-Hand-Finger Orthoses, which include, but are not limited to:
  - Brachial Plexus Orthoses
  - Electrically Powered Prehension Orthoses

For all replacements of these Orthotic Devices at any time, consultation from the following health professionals is required. The consultation may take place either independently or as a group.

1. A Specialist Physician ( Prescriber), and
2. A Certified Orthotist ( Authorizer), and
3. An OT/PT (Rehabilitation Assessor)

#### 505.02 **Replacement Due to Growth/Atrophy – Other Orthotic Devices**

Other Orthotic Devices are all other Devices other than those noted under Highly Specialized Orthotic Devices.

The ADP will fund a replacement Orthotic Device at any time if required because of growth/atrophy.

A **new** Application Form must be used when a replacement Orthotic Device is required. Check the box for growth/atrophy.

When replacement within the designated funding period is required due to an Applicant's growth/atrophy, the form must be completed and signed by:

1. The Certified Orthotist (Authorizer), and
2. The Vendor.

When replacement after the designated funding period is required due to an Applicant's growth/atrophy, the form must be completed and signed by:

1. The Certified Orthotist (Authorizer), and
2. One of the following:
  - Specialist Physician or General Practitioner or Nurse Practitioner (Prescriber)

OR

  - An Occupational Therapist or Physiotherapist (Rehabilitation Assessor), and
3. The Vendor.

#### 505.03 **Replacement Due to Change in Medical Condition – Other Orthotic Devices**

The ADP will fund a replacement Orthotic device at any time if required because of a change in medical condition.

A **new** Application Form must be completed when a replacement Orthotic Device is required. Check the box for change in medical condition.

When replacement is required due to an Applicant's change in medical condition, the form must be completed and signed by:

1. A Specialist Physician or General Practitioner or Nurse Practitioner (Prescriber), and
2. The Certified Orthotist (Authorizer), and
3. The Vendor.

#### 505.04 **Replacement Due to Wear – Other Orthotic Devices**

If, **during the designated funding period** the Orthotic Device previously funded requires replacement as a result of normal wear due to heavy use, not due to client negligence, the Program will provide pro-rated funding for a replacement Device.

A new Application Form must be submitted.

When replacement within the designated funding period is required due to normal wear, the form must be completed and signed by:

1. The Certified Orthotist (Authorizer), and
2. The Vendor.

The Prescriber is **not required** in this case.

#### 505.05 **Replacements of Existing Additions and Components – Other Orthotic Devices**

Replacements of existing additions or components are funded **at any time** due to growth/atrophy or wear. Prorating may apply to components if the reason for replacement is wear.

A new Application Form must be submitted.

The Application Form must be completed and signed by:

1. The Certified Orthotist (Authorizer), and
2. The Vendor.

#### 505.06 **Damage Beyond Repair – After Replacement Period – Other Orthotic Devices**

If, **following the designated funding period** the Orthotic Device previously funded is irreparably damaged due to normal use or where past and current costs of repairs are excessive, the Program will fund a new Orthotic Device.

When replacement **after the designated funding period** is required due to wear, the form must be completed and signed by:

1. The Certified Orthotist (Authorizer), and
2. One of the following:
  - a Specialist Physician or General Practitioner or Nurse Practitioner (Prescriber) OR
  - an Occupational Therapist or Physiotherapist (Rehabilitation Assessor), and
3. The Vendor

#### 505.07 **Loss or Damage**

The Program does not provide replacements in cases where the Orthotic Device is lost or damaged beyond repair during the designated funding period.

## 510 **Warranty**

There are two types of warranties: (i) Warranty Against Breakage, and (ii) Warranty for Satisfactory Fit.

#### 510.01 **Warranty Against Breakage**

The Vendor must warrant, in writing, that under normal use, the Device is guaranteed against breakage for:

- six (6) months - custom-made Orthoses molded to Client model, parapodiums and standing frames; and
- Two (2) months - paediatric Custom-fitted Orthoses and Custom-made Orthotic Devices molded to the Client.

## 510.02 **Warranty for Satisfactory Fit**

After the final fitting of the device, the Vendor must warrant, in writing, that under normal use, the fit of the authorized Device will remain satisfactory to the Client or to the Orthotic Team. Unless there has been a significant change in the Client's medical condition, physiological growth or atrophy, the warranty for satisfactory fit will be valid for a period of:

- Three (3) months - Custom-made orthoses molded to client model, parapodiums and standing frames, and
- Thirty (30) days - paediatric Custom-fitted orthoses and Custom-made orthoses molded to client.

During the warranty period, the Vendor must provide or cause to be provided any service including repairs or replacement of the Device or any components free of charge.

When there is repeated technical failure, the Device will be replaced by the issuer of the warranty. Repair and service of Devices are the responsibility of the Vendor, manufacturer or service designate.

ADP Funding is not available when the manufacturer's or Vendor's warranty is in effect.

# 515 **Modifications**

Modifications to Listed Devices are eligible for Funding at any time when required due to a relevant change in the Client's medical condition, physiological growth, or atrophy. The ADP will only fund claims of \$100 or greater.

## 515.01 **Modifications of Highly Specialized Orthotic Devices**

The Specialist Physician (Prescriber), Authorizer and Rehabilitation Assessor must complete the assessment for any Funding request for modifications of these Devices.

515.02 **Modifications of Other Orthotic Devices**

The Authorizer completes the assessment for modifications of Other Orthotic Devices due to growth/atrophy or normal wear at any time.



# Funding and Payment

# 6

# Part 6: Funding and Payment

## 600 Policies

No payment of an approved Device shall be made by the Ministry to anyone other than a Vendor in respect of Orthotic Devices. Lists of Vendors in specific geographic areas can be obtained from the ADP Web site at:

<http://health.gov.on.ca/en/pro/programs/adp>

Detailed information about Funding amounts and payment is found in the ADP Manual: **Part 3, Clients and Part 9, Invoice Processing and Payment.**

## 605 Funding Amount for ADP Clients

The Program will pay seventy-five per cent (75%) of the Approved Price for Orthotic Devices, additions, components and modifications listed in the Product Manual.

The Program will pay seventy-five per cent (75%) of the cost of Devices and modifications, where there is no price listed in the Product Manual, as approved by the ADP.

Vendors may **not** bill the Client more than the Approved Price for the approved Orthotic Device.

Vendors **may** charge the Client less than the Approved Price.

The Vendor **must** charge the Client twenty-five per cent (25%) of the Approved Price and invoice the ADP for 75% of the purchase 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 Devices, both the Client portion (25%) and the ADP portion (75%) must be adjusted accordingly.

## 610 Funding for Ministry of Community and Social Services (MCSS) Benefits 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 will receive one hundred per cent (100%) of the Approved Price for all Device codes

## 615 Delivery of Devices

The Vendor will provide the Orthotic Device(s), additions, components and/or modifications with a fully itemized invoice to the Client, advise the Client regarding warranty and follow up services offered and provide a copy of the vendor's warranty and instructions regarding care and maintenance of the Device.

## 620 Expiry Date of the Application for Funding Orthotic Devices Form

The Application Form is considered current and valid for one (1) year from the Authorizer assessment date.

**Note:** The expiry date will **NOT** be extended. After the expiry date a new assessment must be completed and a new Application Form must be submitted to the Program.

**Note:** The Authorizer assessment date must precede the delivery of the Orthotic Device, additions, components and/or modifications to the Client.

# Invoicing Procedures

# 7

# Part 7: Invoicing Procedures

## 700 Guide to Completing the Invoice

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

## 705 ADP Processing Errors

In the event of an ADP processing error being identified following Funding approval, the ADP will co-operate with the Authorizer 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.

## 710 Authorizer Prescription Errors & Omissions

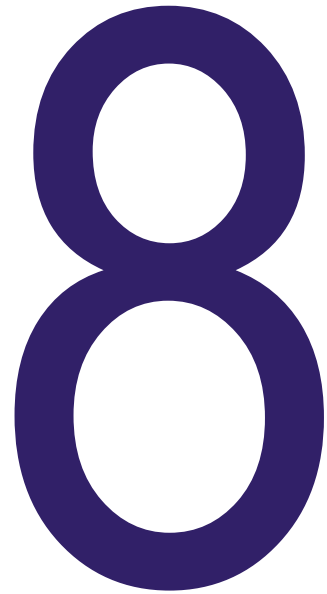
In the event of an Authorizer prescription error and/or omission being identified following Funding approval, the ADP will co-operate with the Authorizer to make any necessary corrections.

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.

## **715 Client Refusal of a Delivered Orthotic Device(s)**

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

# Authorizers





# Part 8: Authorizers

## 800 Authorizer Status

Certified Orthotists wishing to be registered with the Program as Authorizers for Orthotic Devices must be registered as Authorizers in the Orthotic Devices category.

Occupational Therapists and Physiotherapists wishing to be registered with the Program as Rehabilitation Assessors for Orthotic Devices must be registered as Authorizers in the Orthotic Devices category.

## 805 Requirements for Authorizer Status

An Authorizer for Orthotic Devices must be a Certified Orthotist who has met all registration requirements with the Program.

A Rehabilitation Assessor must be an Occupational Therapist who holds a valid certificate of registration from the College of Occupational Therapists of Ontario or a Physiotherapist who holds a valid certificate of registration from the College of Physiotherapists of Ontario and who is licensed to practice in Ontario.

## 810 General Authorizer Policies

Detailed information about Authorizer registration, policies and procedures, are found in the **ADP Manual: Part 4, General Authorizer and Vendor Policies and Part 5, Authorizers.**

# Vendors

# 9

# Part 9: Vendors

## 900 Vendor Status

Vendors wishing to submit a request for funding to the Ministry for Orthotic Devices must be registered as Vendors in the Device category.

Vendors applying for registration status for Orthotic Devices must submit the names of staff members who have **professional qualifications to fabricate and/or fit Orthotic Devices** and proof of such qualifications.

### 900.01 **Manufacturers As Vendors**

Despite policy 605 in the ADP Manual, Manufacturers and Distributors as Vendors, manufacturers of custom made Orthotic Devices may apply to become ADP registered Vendors.

The ADP will not register as a Vendor a manufacturer or distributor of components.

An ADP registered Vendor must meet, on an ongoing basis, the device specific requirements to become registered with the ADP. See policy 600, Becoming Registered and Maintaining Vendor Status with the Program, in the ADP Manual and the Vendor Registration section on the ADP website.

## 905 Staffing Requirements for Vendors

An ADP registered Vendor must meet, on an ongoing basis, the device specific requirements to become registered with the ADP. See policy 600, Becoming Registered and Maintaining Vendor Status with the Program, in the ADP Manual and the Vendor Registration section on the ADP website.

# 910 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](http://www.health.gov.on.ca/en/pro/programs/adp/policies_procedures_manuals/docs/pp_adp_manual.pdf)

## Underserviced Areas

# 10

# **Part 10: Underserviced Areas**

## **1000 Self-Assessment of Northern communities**

Northern communities must perform ongoing self-assessments to identify themselves to the Ministry as being in need of recruitment and retention assistance. Those that meet criteria established by the Ministry of Health and Long-Term Care's Underserviced Area Program (UAP) are designated as underserviced areas.

## **1005 Prescriber Status for Highly Specialized Orthotic Devices**

In underserviced areas of Ontario, General Practitioners or Nurse Practitioners may apply to the Program for consideration for highly specialized Orthotic Device Prescriber status. A detailed letter describing the Physician's or Nurse Practitioner's experience with Orthotic prescription, education, publications, clinical application of Orthotics and special interest in Orthotics should be sent along with his/her curriculum vitae or resume. A written confirmation of the ADP's decision about his/her Orthotic Devices Prescriber status will be sent to the Physician or Nurse Practitioner.

# Contact Information

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# Part 11: Contact Information

## 1100 Program Addresses

### 1100.01 **Assistive Devices Program**

Assistive Devices Program  
Ministry of Health and Long-Term Care  
5700 Yonge Street, 7th Floor  
Toronto, Ontario M2M 4K5

Email: [adp@ontario.ca](mailto:adp@ontario.ca)  
Telephone: Toronto area (416) 327-8804  
Toll free: 1-800-268-6021  
TTY: 1-800-387-5559  
Fax: (416) 327-8192 or (416) 327-8963

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

Health Professionals Website:  
<http://www.health.gov.on.ca/en/pro/programs/adp>

### 1100.02 **Financial Management Branch**

Ministry of Health and Long-Term Care  
Financial Management Branch, Program Payments Unit  
P.O. Box 48  
49 Place d'Armes, 2nd Floor  
Kingston Ontario K7L 5J3

Telephone: In Kingston (613) 548-6477  
Toll free: 1-800-267-9458  
Fax: (613) 548-6514