

Administrative Manual

for Enteral Feeding Program

Assistive Devices Program

Ministry of Health and Long-Term Care

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1.1 INTRODUCTION

The Vision

To enable people with physical disabilities to increase their independence through access to assistive devices responsive to individuals' needs.

The Mandate

To provide customer centered support and funding to Ontario residents who have long-term physical disabilities to provide access to personalized assistive devices appropriate for the individual's basic needs.

To provide Ontario residents with fair and affordable access to a range of devices and to provide vendors with a fair and predictable return on their investment.

The Goal of the Enteral Feeding Program

The goal of the Enteral Feeding Supply Category is to provide funding support to individuals for the purchase of appropriate enteral feeding equipment and supplies resulting in improved nutrition and increased participation in daily activities.

Purpose of the Manual

The purpose of this manual is to present the policies and procedures of the Enteral Feeding Program of the Medical Supply Category of the ADP. The manual is intended for use by:

- 1) Physicians who prescribe enteral feeding equipment and supplies;
- 2) Regulated health professionals involved in the assessment and prescription of enteral feeding equipment and supplies;
- 3) Registered Enteral Feeding Vendors.

Format of the Manual

The manual is divided into several sections. Each section covers the related issues and topics. When there is a change in the Policies and Procedures of the Enteral Feeding Program, only the updated pages will be provided, rather than a complete reprint of the manual.

1.1 DEFINITIONS

Agent: A person who is legally authorized to act on the applicant's behalf.

(1) The following persons can sign an application on behalf of an individual to verify information and to consent to the collection, use and/or disclosure of information:

- a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
- b) the applicant's attorney under a continuing power of attorney;
- c) the applicant's guardian of property;
- d) the applicant's attorney under a power of attorney for personal care; and
- e) the applicant's guardian of the person,

as evidence by supporting documents.

(2) Only the following persons can sign on behalf of the individual to indicate that payment is to be made out to someone other than the applicant:

- a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
- b) the applicant's attorney under a continuing power of attorney; and
- c) the applicant's guardian of property,

as evidence by supporting documentation.

Applicant: A person who applies to the Program for funding assistance for a device

Application Form: A form provided by the Program and used to request funding assistance for a device.

Approved Price: Is the price listed in the Enteral Feeding Program Device Catalogue. The price listed is the cost for one unit of the item.

Authorized Device: A device which a prescriber, having assessed the applicant, has specified as appropriate for the applicant.

Client: A person, who applied to the Program, was eligible, and who received funding assistance from the Program for a device.

Continuing Power of Attorney: A Continuing Power of Attorney is a legal document in which a person gives someone else the legal authority to make decisions about their finances if they become unable to make those decisions themselves. The person who is named as the attorney does not have to be a lawyer. The power of attorney is called "continuing" because it can be used after the person who gave it is no longer mentally capable.

Enteral Feeding equipment and supplies: Equipment and supplies, which aid in the administration of enteral formula. Selection of equipment is dependent on the route of administration. Enteral feedings may be nasogastric, nasojejunal or surgically placed as a gastrostomy or jejunostomy.

Equipment/Supply Authorization (ESA) Form: A form provided by the Program and submitted to ADP to request funding assistance for enteral feeding equipment and supplies.

Gastrostomy: A surgical opening from the abdominal wall into the stomach resulting in a stoma on the abdominal wall.

Gastrostomy (G) Tube: Short, hollow tube usually made from latex or silicone available in different diameter sizes. Inserted through the gastrostomy site, it is held in place by an internal balloon and sometimes sutures.

Gastrostomy Extension: A feeding tube inserted through an existing gastrostomy site into the duodenum or jejunum.

Guardian of Property: A Guardian of Property is someone who is appointed by the Public Guardian and Trustee or the courts to look after an incapable person's property or finances. The Person must be at least 18 years old. A guardian is different from an attorney; an attorney is chosen by the individual before becoming incapable, to act on their behalf. A guardian is appointed after incapacity. A guardian can be a statutory guardian or a guardian appointed by the court.

Jejunostomy: A surgical opening from the abdominal wall into the jejunum resulting in a stoma on the abdominal wall.

Jejunostomy (J) Tube: Long, hollow tube usually made from polyurethane or silicone available in different diameter sizes. Inserted through the jejunostomy site, it is held in place by sutures.

Nasogastric (NG) Tube: Long, hollow tube usually made from plastic or silicone, available in different diameter sizes, inserted through the nose into the stomach. The tube is often inserted prior to the feeding and removed immediately after the feeding is completed.

Nasojejunal (NJ) Tube: Long, hollow tube usually made from polyurethane or silicone, available in different diameter sizes, inserted through the nose into the jejunum.

Nurse Practitioner: A health professional holding a valid certificate with the College of Nurses of Ontario in the Extended Class.

Power of Attorney for Personal Care: A Power of Attorney for Personal Care is a legal document in which one person gives another person the authority to make decisions on their behalf if they become mentally incapable.

Prescriber/Physician: A member of the College of Physicians and Surgeons of Ontario who is qualified to practice medicine in Ontario under The Medicine Act, S.O. 1991 C.30 or any successor legislation thereto.

Program: The Ministry's Assistive Devices Program (ADP).

Registered Enteral Feeding Vendor: A business or non-profit organization that has met all registration requirements for the Enteral Feeding Program and holds an executed vendor agreement with the program.

Regulated Health Professionals: A health professional holding a valid certificate with a regulatory college specified by the Regulated Health Professions Act.

Skin Level or Low Profile Device: A gastrostomy tube that lies flat to the skin (e.g., button).

1.2 ELIGIBILITY CRITERIA FOR PERSONS REQUIRING ENTERAL FEEDING EQUIPMENT AND SUPPLIES

To qualify for financial assistance the following criteria must be met.

- 1.2.1** An applicant must be an Ontario resident with a valid Ontario Health Card Number.
- 1.2.2** An applicant must have a physical disability requiring the use of enteral feeding equipment and supplies for six months or longer.
- 1.2.3** An applicant must have a functional or mechanical impairment requiring the intervention of enteral feeding.
- 1.2.4** An applicant must reside in one of the following:
 - a) the community,
 - b) a group home facility where:
 - i) the facility is their long-term residence, and
 - ii) the supplies are for their personal use
- 1.2.5** An applicant is not eligible if they reside in one of the following:
 - a) an acute or chronic care facility, or
 - b) a Long-Term Care facility, or
 - c) a Schedule I or II MCSS residential facility
- 1.2.6** An applicant must not be receiving or be eligible to receive the same benefits from the Workplace Safety & Insurance Board (WSIB) or from the Department of Veterans Affairs (DVA), Group A.
- 1.2.7** If an applicant is receiving social assistance benefits under Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance to Children with Severe Disabilities (ACSD), they are eligible to receive funding assistance for 100% of the ADP approved price.
- 1.2.8** The Enteral Feeding Program does not provide financial assistance for feeding tubes inserted by a physician in hospital as an in-patient or out-patient. It is the responsibility of the hospital to supply these tubes to patients.

1.3 ELIGIBILITY CRITERIA FOR ENTERAL FEEDING PUMPS

- 1.3.1** An applicant is eligible for an enteral feeding pump only if they require feeding to be delivered by a pump for 6 hours or more over a 24-hour period.
- 1.3.2** An applicant is eligible for a replacement of their enteral feeding pump after 5 years of use and only if the pump is beyond economical repair. An applicant requesting a replacement pump must submit a work order from the vendor or manufacturer outlining the nature of the repairs and subsequent costs.
- 1.3.3** The replacement date is calculated using the physician or nurse practitioner's authorization date. The replacement date represents the earliest date that the client can be considered for a replacement of their feeding pump.
- 1.3.4** ADP will not consider replacement of an enteral feeding pump where there is repeated technical failure during the manufacturer's warranty period. It is expected that the issuer of the warranty will replace the defective pump.
- 1.3.5** ADP will not consider replacing a stationary pump with a portable pump during the 5-year period unless there is a significant change in medical condition (e.g., the individual must be fed continuously for extended periods during the day). Therefore, it is important that the client's current and potential lifestyles and/or functional abilities are assessed before determining the type of pump that best meets the individual's needs.
- For example, individuals who will be increasingly active and ambulatory (i.e., child attending school in the near future or an individual that must travel to work) may consider purchasing a portable pump. An individual requiring a wheelchair for mobility may consider purchasing a stationary pump. An older adult with upper extremity arthritis may consider purchasing a pump with push buttons rather than dial controls.
- 1.3.6** To access funding assistance for an enteral feeding pump, an Equipment/Supply Authorization (ESA) form must be completed. When completing the ESA form for the feeding pump, list only the feeding pump. A second ESA form must be completed for enteral feeding equipment and supplies, including any one-time items such as an IV pole or carrying case.

1.4 EQUIPMENT CARE AND MAINTENANCE

- 1.4.1** It is expected that the registered vendor will provide instructions for the effective use, care and maintenance of all enteral feeding equipment it supplies.
- 1.4.2** The ADP does not pay or contribute towards the cost of repairs or maintenance for enteral feeding equipment and supplies.
- 1.4.3** The registered vendor will provide or arrange for the provision of repair and maintenance services for all enteral feeding equipment it supplies.

1.5 FUNDING POLICIES

- 1.5.1** The ADP will pay 75% of the approved price listed in the Enteral Feeding Program Device Catalogue for all enteral feeding equipment and supplies. The client will pay the remaining 25%. It is the client or their agent's responsibility to pay the vendor the client portion
- 1.5.2** The vendor may charge the client less than the approved price but they may not charge the client more than the approved price.
- 1.5.3** If a client is receiving social assistance benefits under Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance to Children with Severe Disabilities (ACSD), the ADP will pay 100% of the approved price listed in the Enteral Feeding Program Device Catalogue for all enteral feeding equipment and supplies.

1.6 COMPLETING THE APPLICATION FORM

An application must be fully completed in order for the applicant to access financial assistance. The application is an Equipment/Supply Authorization (ESA) form. Only original applications can be submitted to the program. Photocopies and facsimile copies will not be accepted.

1.6.1 Application or ESA forms can be obtained by calling the following telephone numbers:

From the Toronto area:	416-314-5518
Toll Free:	1-800-268-1154
TDD/TTY from the Toronto area:	416-327-4282
TDD/TTY Toll Free:	1-800-387-5559

1.6.2 The ESA form consists of 5 sections and has 4 parts. All sections must be accurately completed, signed and dated to avoid delays in processing the claim. If the information recorded on the application is incorrect, a line must be drawn through the information. The new information can be recorded above the line. All changes must be made and initialed by the appropriate individual. White out will not be accepted as a means of correcting information recorded on the application.

1.6.3 Section 1: Biographical Information

This section of the form identifies the applicant and must be completed by the applicant or the applicant's agent. It must contain the following information:

- ◆ Applicant's last name, first name and initial
- ◆ date of birth
- ◆ sex
- ◆ home address, including postal code and apartment number
- ◆ home telephone number, including area code
- ◆ Ontario Health Card Number (and version code if applicable)
- ◆ Social assistance benefits received, through OW, ODSP, ACSD

1.6.4 Section 2: Diagnosis and Equipment Type

This section of the form identifies the applicant's diagnosis and mechanical or functional impairment. It must be completed by a physician (prescriber) or a nurse practitioner. The physician or nurse practitioner certifies that the applicant has a long-term disability or illness and requires the use of enteral feeding equipment and supplies for a period of six months or longer. It must contain the following information:

- ◆ Diagnosis and functional or mechanical impairment requiring the intervention of enteral feeding
- ◆ Surgical procedure, including date of surgery (if applicable)
- ◆ Any instructions or special needs that may influence the type or quantity of supplies required
- ◆ The type of equipment required by the applicant in generic terms
- ◆ The prescriber's name, printed and signed (N.B. signature stamps or proxy signatures are not accepted)
- ◆ Prescriber's Ontario Health Insurance Billing number
- ◆ Prescriber's telephone number
- ◆ Prescriber's authorization date

1.6.5 Section 3: Equipment/Supplies Required

This section of the form lists the equipment and supplies requested. It must be completed by the prescribing physician, the nurse practitioner, a health care professional with an expertise in enteral nutrition or the Registered Enteral Feeding Vendor. It must contain the following information:

- ◆ Description of equipment items (see the Device Catalogue)
- ◆ ADP catalogue numbers (see the Device Catalogue)
- ◆ Quantity of supplies provided at the time of initial purchase
- ◆ Total cost of the individual supplies provided, not to exceed the ADP catalogue prices
- ◆ Total cost of supplies provided to the client (100%) less the amount paid by the client (applicant)/agent (25%)
- ◆ Amount to be billed to ADP (75%) or, for clients receiving social assistance, 100%
- ◆ It is not necessary for ADP-registered vendors to sign this section

1.6.6 Section 4: Applicant's Declaration

This section of the form contains the applicant's declaration statement. The applicant or their agent must sign and date the declaration statement. By signing this section, the applicant or their agent:

- a. authorizes the release of confidential information about the applicant to the Ministry of Health and Long Term Care, its agents and the registered vendor
- b. certifies that the device is needed and the applicant does not have a similar device in good working condition that was previously funded by the program
- c. certifies understanding of the program eligibility criteria for funding
- d. certifies that the information given is true and correct

1.6.7 Section 5: Vendor's Declaration

This section of the form identifies the vendor providing the enteral feeding equipment and supplies. It is to be completed and signed by the ADP registered vendor. It must contain the following information:

- ◆ Vendor name and business address
- ◆ Vendor ADP registration number
- ◆ Vendor's signature. The vendor certifies that the information on the form is true, complete and correct and that the vendor has supplied the items specified in Section 3
- ◆ Vendor signature date

1.6.8 Once the ESA form is fully complete:

- ◆ The vendor submits Part 1 (yellow) of the ESA form to:

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

Incomplete ADP ESA forms will be returned.

- ◆ Part 2 (blue) of the ESA form may be retained by the physician or nurse practitioner for their own records
- ◆ Part 3 (pink) of the ESA is retained by the ADP-registered vendor,
- ◆ Part 4 (green) of the ESA form must be given to the applicant or the applicant's agent by the vendor for the applicant's records or for third party payment purposes.

1.7 RENEWALS AND CHANGES IN EQUIPMENT/SUPPLY NEEDS

- 1.7.1** Financial assistance for enteral feeding supplies expires every 3 years. At that time, the nutritional status of the client must be re-assessed by a physician or a nurse practitioner to determine if the client still meets the medical eligibility criteria and to review the enteral feeding supplies required. For financial assistance to continue a new ESA form must be fully completed and submitted to the ADP.
- 1.7.2** The expiry date is based on the physician or nurse practitioner's authorization date. The expiry date represents the last date that the client could receive supplies and have them funded by the program.
- 1.7.3** If a client's nutritional status changes, for example if the client's enteral feeding needs change from enteral bolus (gravity) feeding to more controlled feeding requiring the use of an enteral feeding pump, a new ESA form for an enteral feeding pump must be completed and submitted to the ADP. The physician or nurse practitioner must provide written justification for the change.
- 1.7.4** If the change in a client's nutritional status also requires a change in the enteral feeding supplies, the registered enteral feeding vendor must be provided with written notification. The written notification must include the following: the client's name, health card number, the current EA number, the new items required, along with the ADP catalogue number and the ADP approved price and the effective date.
- 1.7.5** When completing a new ESA form, for renewal of enteral feeding supplies or due to a change in the client's nutritional status, follow the instructions outlined in section 1.6.

1.8 PURCHASING EQUIPMENT

- 1.8.1** When the physician or nurse practitioner has completed section 2 of the ESA form, they should remove Part 2 (blue) of the form and retained this document for their own records.
- 1.8.2** The physician or nurse practitioner may refer the applicant to a Regulated Health Care Professional or to a Registered Enteral Feeding Vendor. The health care professional or the registered vendor will assist the applicant with determining what equipment and supplies they may need. Only equipment and supplies listed in the Enteral Feeding Device Catalogue are eligible for financial assistance.
- 1.8.3** Upon receipt of the application, the Regulated Health Care Professional or the Registered Enteral Feeding Vendor will complete section 3 of the ESA form. The following information must be included:
- a. Description of equipment and supply items requested (See Device Catalogue)
 - b. ADP catalogue numbers for each item requested (See Device Catalogue)
 - c. The unit price for each item requested (Not to exceed the ADP approved price).
 - d. The total cost of the items
 - e. The amount paid by the applicant (25% of the Approved Price listed in the ADP Device Catalogue)
 - f. The amount billed to ADP (100% or 75% of the Approved Price listed in the APD Device Catalogue)
- 1.8.4** Once the application has been completed by the physician or the nurse practitioner and the appropriate equipment and supplies have been determined, the applicant will take the ESA form to the vendor of their choice.
- 1.8.5** Applicant's requiring enteral feeding equipment and supplies must purchase them directly from a vendor registered for the Enteral Feeding Program at the ADP.

1.8.6 Once the ESA form is fully complete:

- ◆ The vendor submits Part 1 (yellow) of the ESA form to:
Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5.

Incomplete ESA forms will be returned.

1.9 INVOICE PROCESSING AND PAYMENT

- 1.9.1** When a client has been approved to received financial assistance for enteral feeding supplies and equipment, a Registered Enteral Feeding Vendor can invoice the Ministry of Health and Long-Term Care (MHLTC).
- 1.9.2** Registered Vendors can submit their invoices to the Supply and Financial Services Branch (S & FSB) of the MHLTC.
- 1.9.3** Registered Vendors can only invoice the MHLTC for devices listed on the ESA form and only for equipment and supplies listed in the Enteral Feeding Program Device Catalogue. Registered vendors may not charge more than the ADP approved price. They may charge less.
- 1.9.4** A client must receive their enteral feeding equipment and supplies before the vendor submits an invoice to the S & FSB.
- 1.9.5** The Enteral Feeding Program requires a client signature on or included with all invoices as proof of delivery of enteral feeding equipment and supplies to the client. This will confirm that the client has received the items invoiced.
- 1.9.6** Invoices submitted to the S & FSB must contain the following information:
- ◆ Vendor name and address
 - ◆ ADP vendor registration number
 - ◆ Invoice date
 - ◆ Delivery date (if applicable)
 - ◆ Client's (applicant's) name and address
 - ◆ ADP Equipment/Supply authorization (ESA) form number (located in the upper right hand corner of the ADP ESA form, in red)
 - ◆ Description of supplies provided and quantity
 - ◆ ADP catalogue number
 - ◆ Vendor's selling price (may not exceed the ADP price listed in the Enteral Feeding Device Catalogue)
 - ◆ The cost to the client (applicant) or agent (25%)
 - ◆ Amount to paid by ADP (75%) or, for clients receiving social Assistance, 100%
- 1.9.7** Submitted invoices that are fully completed and accurate and match a fully completed and accurate application form will be paid according to the ADP's payment policy. This payment is usually made on an approved application within (30) days of receipt of the completed and accurate invoice.

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- 1.9.8** When a registered vendor submits an invoice with invalid, illegible or missing data the invoice will not be paid. The entire invoice will be placed "on hold"
- 1.9.9** A "Hold Report" which accompanies the vendor's payment remittance advice will list the invoices that are "on hold" and describe the error conditions for each invoice. Vendors must review the "Hold Report" and make the appropriate corrections. The invoice data must be corrected and recorded in the space provided on the "Hold Report" and returned to the S & FSB. Telephone calls to make corrections will not be accepted.
- 1.9.10** If a registered vendor has concerns regarding the processing of invoices and payments they should direct their questions to the ADP Payment Unit in Kingston (see Section 1.11 for telephone number and address).
- 1.9.11** If a registered vendor has concerns regarding the processing of ESA forms they should direct their questions to the Claims Assessment Unit of the ADP (see Section 1.11 for telephone number and address).
- 1.9.12** The vendor submits the original invoice to:
- Ministry of Health and Long-Term Care
Supply and Financial Services Branch
Health Care and Related Payment Unit
3rd Floor
49 Place d'Armes, P.O. Box #48
Kingston ON K7L 5J3
FAX 613-548-6514

1.10 STALE-DATED POLICIES

- 1.10.1** The application form is stale-dated when the Program receives the application form more than one (1) year after the physician's authorization date.
- 1.10.2** A valid and payable invoice is considered stale-dated if the S & FSB receives the invoice greater than one (1) year after the delivery date of the item. An invoice that is stale-dated will not be processed for payment.

1.11 DIRECTORY INFORMATION

<u>TYPE OF REQUEST</u>	<u>PERSON TO CONSULT</u>
Policy & Procedures	Program Co-ordinator - Medical Supplies Toronto: 416-327-8804 (Toll Free) 1-800-268-6021
Vendor Registration	Vendor Registration Clerk Toronto: 416-327-8804 (Toll Free) 1-800-268-6021
Request for ESA forms and ADP Information Brochures	InfoLine Toronto: 416-314-5518 (Toll Free) 1-800-268-1154
Claims Approval Enquiries Claims Denial Enquiries Client Eligibility Client ADP Numbers	Claims Assessment Clerk, Enteral Feeding Toronto: 416-327-8804 (Toll Free) 1-800-387-4670
Invoice Enquiries Enquiries	Health Care Payment Clerks Payment Kingston: 613-548-6477 (Toll Free) 1-800-267-9458

Written enquiries may be directed to:

Ministry of Health and Long-Term Care
Operational Support Branch
Assistive Devices Program
5700 Yonge Street, 7th floor
Toronto ON M2M 4K5

OR

Ministry of Health and Long-Term Care
Supply and Financial Services Branch
Health Care and Related Payment Unit
3rd Floor
49 Place d'Armes, P.O. Box #48
Kingston ON K7L 5J3
FAX 613-548-6514