

WHEELCHAIR, POSITIONING AND AMBULATION AIDS CATEGORY

# **ADMINISTRATION MANUAL**

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Assistive Devices Program

Ministry of Health and Long-Term Care

Updated July 2009

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**1**            **INTRODUCTION**

**100**          **The Policies and Procedures Administration Manual**

**Purpose of this Manual**

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

This Manual forms part of the contractual agreement between the Ministry of Health and Long-Term Care and the ADP Registered Vendor, and the agreement between the Ministry of Health and Long-Term Care and the ADP Registered Authorizer. The Ministry reserves the right to revise this Manual.

**Intended Target Audience**

This Manual is intended to be used by Registered Authorizers and Registered Vendors who have a contract with the Assistive Devices Program (ADP) to provide devices and services related to Ambulation Aids (MO), Wheelchairs (WH), and Positioning Devices (SE) for Mobility (Seating).

**105**          **The Assistive Devices Program (ADP)**

The Ministry of Health and Long-Term Care administers the Assistive Devices Program (ADP).

**Legislation Governing the Program**

The Minister has authority pursuant to paragraph 6(1)4 of the Ministry of Health Act, R.S.O. 1990, c.M.26 to enter into agreements for the provision of devices.

**Vision**

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

**Mandate**

To provide consumer 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.

**Goal**

The goal of the Wheelchair, Positioning and Ambulation Aids Category is to support an individual's purchase of a personalized mobility device that meets his/her basic mobility needs as defined by the ADP for funding purposes.

**110 Protecting Personal Health Information**

The Program must ensure that ADP personnel, registered authorizers and vendors are in compliance with the Personal Health Information Act, 2004 (PHIPA).

**See the Program Manual, Section 700, Protecting Personal Health Information and Section 705, Collection and Release of Information Policy.**

**115 DEFINITIONS**

For the purposes of this Manual, these are the meanings of the following terms:

**115.01 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 evidenced 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 evidenced by supporting documents.

**115.02 Applicant:** An individual who applies for ADP funding assistance for a:

- a) new ambulation aid, wheelchair and/or positioning device (seating), or

- b) modifications and/or adjustments to an existing device which was prescribed, authorized and vended by ADP, or
- c) replacement of an existing device which was prescribed, authorized and funded by the ADP.

- 115.03 Application Form:** The Application for Funding Mobility Devices form provided by the Program and used to request ADP funding assistance for a listed device.
- 115.04 Approved Amount:** The dollar amount specified in the device specific manual; where no dollar amount is specified in the device specific manual, the dollar amount determined by the Program.
- 115.05 Authorized Device:** A listed device which the authorizer, having assessed the needs of the applicant has specified as appropriate for the applicant.
- 115.06 Authorizer:** An Occupational Therapist or Physiotherapist who has met all registration requirements with the Program and holds an executed Authorizer Agreement with the Program.
- 115.07 Client:** A person who applies to the Program, is eligible, and receives funding assistance from the Program for a device.
- 115.08 Device Specific Manual:** The Listing and Approved Prices for Ambulation Aids, Section 3; Wheelchairs, Section 4; and Positioning Devices (Seating), Section 5.
- 115.09 Eligible Person:** A person who is an insured person within the meaning of the Health Insurance Act, R.S.O. 1990, c.H.6 or any successor legislation thereto; and meets the eligibility criteria as specified in the device-specific Administration Manual.
- 115.10 Listed Device:** Specific (make and model) and/or generic equipment that is approved for listing in the device-specific manual(s).
- 115.11 Manual:** The Wheelchair, Positioning (Seating) and Ambulation Aids Administration Manual (Section 1).
- 115.12 Ministry:** The Ministry of Health and Long-Term Care.
- 115.13 Personal Health Information:** The personal information as defined in Section 2 of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31 or any successor legislation thereto.

***See the Assistive Devices Program Policy and Procedures Manual Section 700, Protecting Personal Health Information and Section 705, Collection and Release of Information Policy.***

- 115.14 Program:** The Ministry's Assistive Devices Program (ADP).
- 115.15 Registered Vendor:** A business or nonprofit organization that has met all registration requirements with the Program and holds an executed vendor contract with the Program.
- 115.16 Regulated Health Professional:** A health professional holding a valid certificate with a regulatory college specified by the Regulated Health Professions Act.
- 115.17 Vendor Personnel:** Includes the vendor's directors, officers, employees, independent contractors, members, subcontractors, shareholders, owners, agents and assigns.

***See Section 110 of the Assistive Devices Program Policy and Procedures Manual (Program Manual) for more definitions.***

## **120 ROLES AND RESPONSIBILITIES**

In the process of confirming eligibility for funding assistance, the ADP Applicant/Client and/or Agent, the ADP Registered Authorizer and the ADP Registered 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 Contract.

### **120.01 Role of the ADP Applicant/Client and/or Agent:**

- Has the right to choose from the list of ADP Registered Authorizers, any authorizer in their community working in the private or public sectors.
- Will be provided with accurate information from the ADP Registered Authorizer and the ADP Registered Vendor during the mobility assessment and the ADP application process that will enable him/her to 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 equipment.
- Must be informed about the Personal Health Information and Privacy Act, 2004 including their right to withhold any of his/her personal health information on the ADP application form, which may or may not impact on the Program's ability to process his/her application for funding.
- Has the right to seek a second opinion if they disagree with the ADP Registered Authorizer's assessment of his/her mobility equipment needs.
- Is responsible for paying his/her 25 per cent portion of the ADP approved amount for the mobility equipment directly to the ADP Registered Vendor.

### **120.02 Role of the ADP Registered 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 ADP application form in a timely fashion.
- Will inform his/her client and/or his/her agent about the ADP policies, eligibility criteria,

and procedures, so that the Applicant/Client and/or Agent can make a well informed decision regarding submitting an application to the Program.

- Will provide his/her client and/or his/her agent with a list of ADP Registered Vendors serving his/her community. (Lists are available on the ADP website.)
- 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 equipment that meets the client's functional requirements and the ADP eligibility criteria.
- Will work with client's vendor to enhance his/her own knowledge of ADP funded equipment by discussing the client's equipment needs and technical support requirements with the ADP Registered Vendor.
- Must follow-up with the client once the ADP funding has been approved to ensure the correct authorized equipment has been delivered and that the client's functional status for the authorized equipment 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.

**120.03 Role of the ADP Registered Vendor:**

- Is an essential resource for the ADP applicant/client and/or agent and the ADP Registered Authorizer regarding the makes and models of equipment available and the amount of technical support that may be required.
- Must provide a variety of assessment and trial equipment requested by the ADP Registered Authorizer (a reasonable variety and for a reasonable length of time).
- Will work cooperatively with the applicant/client and the ADP Registered Authorizer to ensure that the choice of equipment 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 ADP Registered Authorizer when the authorized equipment has been delivered to the ADP client to ensure appropriate follow-up is completed by the ADP Registered Authorizer.
- Must maintain a current knowledge of the mobility equipment listed by the ADP, keep an adequate stock of the equipment 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 contract.

**2**            **DEVICES COVERED**

Mobility devices approved for ADP funding are listed in the device specific product manuals. There are three types of devices:

1. Ambulation Aids including paediatric specific standing frames (MO) Section 3
2. Wheelchairs (WH) Section 4
3. Positioning Devices (Seating) (SE) Section 5

The procedure for **manufacturers** to apply for ADP approval of a new and/or updated product is available upon request from the Senior Program Coordinator.

**200**           **Ambulation Aids**

- forearm crutches
- wheeled walkers (two, three and four wheels)
- paediatric specific standing frames
- approved options for ambulation aids

**205**           **Wheelchairs**

- manual wheelchairs
- paediatric dependent wheeled bases
- power wheelchairs, power bases, power add-on devices, power scooters
- approved options for manual and power wheelchairs

**210**           **Positioning Devices for Mobility (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.

**215**           **Options**

ADP funding assistance is available for the options listed in the Ambulation Aids Options Chart found in the Product Manual Section 3, Ambulation Aids and the Manual Wheelchair Options Chart and/or the Power Wheelchair Options Chart found in the Product Manual Section 4, Wheelchairs.

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

**220**      **Repairs**

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

**NOTE:** See Section 6 for policies specific to the Central Equipment Pool (CEP) for High Technology Wheelchairs.

**225**      **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.

**3**            **APPLICANT ELIGIBILITY FOR PROGRAM BENEFITS**

The following criteria must be met:

**300**           **Not Eligible for Other Benefits**

The applicant must not be entitled to coverage for the same authorized device, based on the same medical condition, under the *Workplace Safety and Insurance Act*, 1997, S.O. 1997, c.16, Schedule A or any successor legislation thereto.

The applicant must not be entitled to coverage for the same authorized device, based on the same medical condition, under the Veterans Treatment regulations made under the *Department of Veteran's Affairs Act* (Canada), R.S. 1985, c. V-1, or any successor legislation thereto (Group A).

**305**           **Valid Health Card**

The applicant must be insured as defined in the Health Insurance Act and have a valid Ontario Health Number.

***Authorizers please see the Program Manual Section 215, Requests for Access to OHIP Health Card Validation System.***

**310**           **Permanent Residence**

The applicant must hold permanent residency in Ontario.

Applicants who reside in a long-term care home must retain the authorized device(s) for their personal use and the home must agree to accept the authorized device(s).

An authorized device(s) for applicants who reside temporarily in an acute care or rehabilitation facility must be appropriate for use in their permanent residence.

**315**           **Physical Disability**

The applicant must have a chronic physical disability requiring the use of a mobility device for a minimum of six months.

4 **APPLICANT ELIGIBILITY CRITERIA FOR MOBILITY DEVICES**

400 **Functional Status**

**Ambulation Aids:** The applicant must be able to operate the authorized equipment independently.

**Manual Wheelchairs:** The applicant may or may not be able to propel the authorized equipment independently.

**Power Wheelchairs:** The applicant must be able to operate the authorized equipment independently.

**Positioning Systems (Seating):** The applicant must require the authorized equipment to support posture in order to facilitate mobility.

405 **Basic Mobility Requirements**

The Program has defined basic specifically for funding purposes.

Funding is restricted to those devices that meet the applicant's **basic mobility requirements** as defined by the ADP for funding purposes.

The equipment must be used on an **ongoing daily basis**.

The **required** and **intended** use of the equipment **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.

410 **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

**415            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.

**420            Applicant Identified Ineligible by the ADP**

An individual who applies for funding assistance may be deemed ineligible if the criteria for applicant access to the Program is not met and/or insufficient, incomplete and/or inaccurate information is provided on the application form.

In the case of a denial both the authorizer and the applicant will be advised of the reason for rejection.

The authorizer and/or the applicant may submit a request in writing that the application be reviewed if additional documentation which confirms the applicant's eligibility for funding is available and provided in writing.

**5**      **CONFIRMATION of ELIGIBILITY for EQUIPMENT REQUIRED**

In order to determine what equipment is clinically required and basic for ADP funding purposes, the authorizer must complete a comprehensive functional assessment. Equipment 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.

**500**      **Ambulation Aid**

If the individual can ambulate, it must be determined 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.

**505**      **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 can not 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.

**505.01**      **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 equipment trial results indicate that the equipment prescribed is the **minimum** equipment **required** to achieve **one or more** of the following goals:

- 1) **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.

- 2) **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.

## **505.02**      **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.

## **510**      **Power Mobility**

Where manual mobility is precluded because the individual can not propel a manual wheelchair independently to meet his/her basic and essential mobility requirements as defined by ADP for funding purposes, then power mobility may be explored.

If power mobility is the basic and essential 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 equipment 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.

**510.01**      **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; **and**
- the applicant does not have seating requirements now or in the foreseeable future; **and**
- the scooter is not intended to be a replacement for a car or another transportation modality.
- 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.

**515**            **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.

**6**            **Central Equipment Pool for High Technology Wheelchairs (CEP)**

**600**          **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.

**605**          **The Central Equipment Pool (CEP)**

The Central Equipment Pool (CEP) for High Technology Wheelchairs was implemented in September 1996. Its purpose is to recycle low volume, high cost items. CEP 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 equipment 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 repairs and maintenance are also provided at no cost to the client.

**610**          **Service Provider**

The service provider has an exclusive contract with the ADP to provide high technology wheelchairs to all ADP eligible clients. The contract is awarded as a result of a competitive tendering process. **Shoppers Home Health Care is the service provider effective March 1, 2007 to February 28, 2010. Contact numbers for CEP are 416-757-2011 or 1-800-395-6661.**

**615**          **Policy**

All individuals who meet the ADP eligibility criteria for power tilt and/or recline as a basic requirement for mobility (see Sections 3 and 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.

**620**          **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.

**625**      **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 equipment trial results indicate that the equipment is basic to achieve the following goals:

**625.01**      **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.

**625.02**      **Power Tilt and Power Recline**

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

**625.03**      **Power Elevating Leg Rests**

- 1) **Decrease in swelling** due to chronic edema in the lower extremities, where power tilt and/or recline is prescribed. Objective trial data must be provided.
- 2) **Repositioning of the lower extremities** where power recline 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.**

**630**      **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 equipment set-up(s) on the applicant's ability to achieve functional independent mobility.

- 1) **Description of Trial Equipment Set-up:** Clinical judgement is used to determine which equipment set-ups should be considered for assessment. Trials should progress from the most basic and economical, and progress 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 equipment 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.

**635**

**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.

7 **DEVICE ELIGIBILITY**

700 **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:

- 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 a type three wheeled walker and a wheelchair at the same time.

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

**Funding Periods**

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.

705 **Requests for a Replacement Device**

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

- a) can no longer be used at all;
- b) continues to be used on a **regular basis** but no longer meets the client's **total** needs as defined by the ADP for funding purposes;
- c) 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.

**705.01      Change in Functional Status and/or Body Size**

If during or following the designated funding period, a change in functional 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.

**NOTE:** Please see Section 810 Request for Custom Modifications to an ADP Listed device, for documentation required.

**705.02      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.

**705.03      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.

**705.04      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 excessive**, 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 when the manufacturer's warranty is in effect.

**8**            **APPLICATION FOR FUNDING MOBILITY DEVICES FORM**

The procedure to access the Program incorporates a **team approach** using a two-tiered delivery model involving (i) an ADP Registered Authorizer and (ii) an ADP Registered Vendor.

Application forms for mobility are not pre-numbered. The applicant's **health number** is the unique identifier for access to the Program. Once data entered successfully by the Program, each application form will be assigned a **unique ADP number**. This number will be used on all ADP correspondence, vendor reports and authorizer reports.

**800**            **Guide to Completing the Form**

The application form consists of six (6) pages.

Each page consists of a series of questions to be answered or statements to be confirmed either by inserting specific information (e.g. name, health card number, date of birth, medical condition, device code etc.) or by checking appropriate boxes with an "x".

Directions are included and **all mandatory areas must be completed for the application to be accepted by the ADP for processing.**

**A sample application form is attached as Appendix B**

The application form includes the following pages:

Page 1 – Applicant's Biographical Information and Confirmation of Eligibility

Page 2 – Ambulation Aids

Page 3 – Manual Wheelchairs

Page 4 – Power Wheelchairs & Power Bases & Power Scooters

Page 5 – Positioning Devices (Seating) for Mobility

Page 6 – Confirmation of Eligibility and Signatures

**800.01**        **Page 1 - Applicant's Biographical Information and Confirmation of Eligibility**

**This page must be completed in full by the authorizer and submitted with the application form.**

Information required includes:

- applicant's biographical information
- medical diagnosis/condition
- functional mobility status related to the need for an ADP funded device
- mobility equipment previously funded by the ADP
- reason for the current application being submitted
- device(s) currently required by the applicant

**800.02**     **Page 2 – Ambulation Aids**

This page must be completed in full by the authorizer and submitted with the application form **only** when **forearm crutches**, a **wheeled walker** and/or a **paediatric specific standing frame** have been prescribed.

Information required includes:

- confirmation of applicant’s eligibility for the authorized device
- identification of the type of device authorized
- prescription details for the authorized device (required for wheeled walkers only)
- request for ADP funded options
- identification of non-ADP funded options (information provided for vendor use only)
- equipment set-up directions (information provided for vendor use only)
- request for **MOCM**, custom modifications to an ADP listed device (see Section 810)

When the vendor provides the authorized equipment to the applicant following the completion of the assessment, the applicant and the registered vendor must complete the “**Equipment Specifications and Proof of Delivery**” section.

Information required includes:

- description of item – make and model – must be an ADP listed device
- serial number of the base device excluding options
- vendor’s invoice number
- ADP device code of the make and model authorized (9 digits)
- ADP Price
- Applicant signature and delivery date confirming receipt of the equipment

**NOTE:**

- Where this section is completed the vendor will be paid directly by the Program for the authorized ambulation aid, including all ADP approved options. The vendor will no longer be required to submit an invoice to the Kingston payment office.
- If this section is not complete the vendor will continue to submit invoices per Program Manual **Section 9 Invoice Submission, Processing and Payment**.

**800.03**     **Page 3 – Manual Wheelchairs**

This page must be completed in full by the authorizer and submitted with the application form **only** when a **manual wheelchair** has been authorized.

Information required includes:

- confirmation of applicant’s eligibility for the authorized device
- identification of the type of device authorized
- prescription details for the authorized device
- request for ADP funded options
- identification of non-ADP funded options (information provided for vendor use only)
- equipment set-up directions (information provided for vendor use only)
- request for clinical rationale (see Section 805)
- request for WCM2, custom modifications to an ADP listed device (see Section 810)

**800.04**     **Page 4 – Power Wheelchairs & Power Bases & Power Scooters**

This page must be completed in full by the authorizer and submitted with the application form **only** when a **power wheelchair, power base or power scooter** has been authorized.

Information required includes:

- confirmation of applicant's eligibility for the authorized device
- identification of the type of device authorized
- prescription details for the authorized device
- request for ADP funded options
- identification of non-ADP funded options (information provided for vendor use only)
- equipment set-up directions (information provided for vendor use only)
- request for clinical rationale (see Section 805)
- request for WCM2, custom modifications to an ADP listed device (see Section 810)

**800.05**      **Page 5 – Positioning Devices (Seating) for Mobility**

This page must be completed in full by the authorizer and submitted with the application form **only** when a **positioning device(s)/seating** have been authorized.

Information required includes:

- confirmation of applicant's eligibility for the authorized device
- product specific description
- quantity (number) required
- ADP device code
- identification of non-ADP funded options (information provided for vendor use only)
- equipment set-up directions (information provided for vendor use only)
- request for clinical rationale (see Section 805)
- request for **SEMND2005** custom modifications to an ADP listed device (see Section 810)

**800.06**      **Page 6 – Confirmation of Eligibility and Signatures**

**This page must be completed in full by the applicant or agent, authorizer and vendor and submitted with the application form.**

Information required includes:

1. Applicant's confirmation of receipt of social assistance benefits as **at authorizer assessment date**.
2. Authorizer's signature and confirmation of applicant's eligibility for funding assistance.

**NOTE:** The authorizer assessment date is the date that the clinical assessment is completed and the prescription details are confirmed, **not** the date the application form was completed (if different).

3. Applicant's or Agent's consent and signature.
4. Vendor information. Space is provided for the required information should two (2)

vendors be involved in the provision of the equipment.

5. Reference check list of pages and attachments being submitted.

**805**      **Providing Clinical Rationale as Requested by the Program**

The Program requires that the authorizer document specific clinical rationale to confirm the applicant's eligibility for certain devices and/or equipment options. **Designated space is provided on the application form.** Rationale is to be provided in point form and must refer specifically to the ADP eligibility criteria. For power dynamic positioning devices, the justification for funding chart must be attached to the application form.

**810**      **Request for Custom Modifications to an ADP Listed Device**

The authorizer may request funding for custom modifications to an **ADP listed device** if required to meet eligibility criteria:

- MOCM – ambulation aids
- WCM2 – wheelchairs
- SEMND2005 – positioning devices (seating)

The **authorizer** must document specific **clinical rationale** to support the request. (designated space is provided on the application form).

The **vendor** must attach a **quote** that provides an **itemized cost of parts**, using the current suggested MSRP for commercially available items; and a breakdown of **labour** by **hours**. The ADP will pay no more than \$40.00 per hour for labour.

**815**      **Submission of Application for Mobility Devices Form**

The original Application for Funding Mobility Devices form may be submitted, when completed in full, with the appropriate attachments to:

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

**NOTE:** Applications with missing or incomplete information will be returned directly to the authorizer or vendor as applicable for correction.

**820**      **Notification of Approval/Denial/Rejection**

1. In the case of funding **approval** notification will be provided on the vendor's Remittance Advice Report and Status of Application Report.
2. In the case of funding **denial/rejection** notification will be sent to the applicant **and** the

prescribing ADP authorizer **and** the vendor through the Status of Application Report.

**825      Status of Application Report (Authorizer)**

A report will be generated on a monthly basis and mailed to the registered authorizer, listing the applications received by the Program and including the following information:

- applicant name
- applicant health card number
- ADP unique claim number assigned
- codes requested (including quantity)
- status of the application

**9**            **FUNDING AND PAYMENT**

**900**          **Policies**

No payment of an approved device shall be made to anyone other than an ADP Registered Vendor in the wheelchair, positioning (seating) and/or ambulation aids category. Lists of registered vendors in specific geographic areas can be obtained directly from the ADP.

Detailed information about payment is found in the Program Manual **Section 9 Invoice Submission, Processing and Payment**.

**905**          **Funding Amount for ADP Clients**

The Program will pay seventy-five per cent (75%) of the ADP approved price for ambulation aids, wheelchairs, and positioning devices listed in the device specific manual.

Vendors may **not** bill the client more than the ADP price for the approved device. See device specific product manuals for components included in the ADP approved price.

Vendors **may** charge the client **less** than the ADP approved price.

The vendor **must** charge the client twenty-five per cent (25%) of the purchase price and bill ADP for 75% of the purchase price.

**NOTE:** Should the vendor charge the client less than the maximum ADP approved amount, both the client portion (25%) and the ADP portion (75%) must be adjusted accordingly.

**910**          **Funding for 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)

Applicants receiving social assistance benefits through OW, ODSP or ACSD on the ADP Authorizer's date will receive one hundred per cent (100%) of the ADP approved price for all approved device codes

**915**          **Delivery of Equipment**

- 1) For product specific device codes; headrests (SEH%), back supports (SEB%), seat cushions (SES%), complete seating systems (SEC%) and power dynamic seating the vendor will deliver the equipment as prescribed with a copy of the manufacturer's warranty and user's manual as applicable.
- 2) For devices prescribed generically the vendor will deliver the make and model within the product equivalent type as prescribed and selected by the client; advise the client regarding warranty and after purchase services offered; and provide a copy of the manufacturer's warranty and user's manual as applicable.

**NOTE:** The vendor must notify the authorizer regarding delivery to allow his/her follow-up to be completed.

920 **Payment Procedures**

Vendors receive a **Status of Applications Report**, a **Remittance Advice Report** and a **Hold Report** and an **Invoices Deleted Report** every two weeks from the Ministry's Supply and Financial Services Branch, Health Care and Related Payment Unit.

These reports show the **ADP assigned number** and include the following information:

1. **Status of Applications Report:**

- **Approved:** Please note that the client will **not** receive notification of approval.
- **Rejected:** Vendor should contact the authorizer if the application has been rejected.
- **In Process:** The application has been received and entered into the system and is pending adjudication.

2. **On Hold Report:** Refers to those invoices that can not be processed and identifies the error(s).

3. **Remittance Advice Report:** Indicates the date that the vendor's invoice will be paid.

4. **Invoices Deleted Report:** An invoice "on hold" due to errors will be deleted from the system if it has not been corrected by the vendor within ninety (90) days.

925 **Expiry Date of the Application for Mobility 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.

**10            ERRORS/OMISSIONS/REFUSALS**

**1000        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.

**1005        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.

**1010        Client Refusal of Delivered Equipment**

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.

11 **AUTHORIZERS**

1100 **ADP Registered Authorizer Status**

Occupational Therapists and Physiotherapists wishing to be registered with the Program for 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).

1105 **General Authorizer Policies**

Detailed information about authorizer registration, policies and procedures, are found in the Program Manual **Section 200 Authorizer Registration** and **Section 400 General Authorizer Policies**.

1110 **Authorizer Agreement**

The Program must establish relationships with health professionals in order to ensure that ADP clients are assessed for cost-effective devices that best suit their needs.

The Agreement sets out the responsibilities of ADP Registered Authorizers. In particular please note that in order to **maintain** registered status the authorizer must:

- maintain an understanding of policy and procedures related to the Program and the Wheelchair, Positioning (Seating) and Ambulation Aids Category.
- maintain a good working knowledge of equipment authorization and knowledge of currently available products listed in the device specific product manual(s).
- recommend equipment only for individuals whom he/she has assessed in person and determined eligible for funding assistance.
- not attempt to influence ADP eligible clients to purchase the authorized equipment from any specific ADP registered vendor.
- not accept from any ADP Registered Vendor payment in cash or kind (directly or indirectly) for recommending any device and/or their assessment services.
- not have a professional affiliation with a registered vendor or listed manufacturer.
- once the ADP funded equipment has been delivered to the client, provide follow-up to ensure that the equipment has been delivered and set up as authorized and that it continues to meet the client's requirements.

1115 **Record Keeping**

Accurate record keeping is essential. The Program may ask to see the authorizer's clinical assessment findings to confirm the applicant's eligibility and/or as part of the Program's authorizer audit review procedures.

**NOTE:** Authorizers are required to keep and/or have immediate access to a complete copy of all Application for Mobility Devices forms submitted to the Program.

12 **VENDORS**

1200 **ADP Registered Vendor Status**

Vendors wishing to bill the Program for wheelchairs, positioning devices for mobility and/or ambulation aids must be registered as vendors in the respective 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.

1205 **General Vendor Policies**

Detailed information about vendor registration, policies and procedures, are found in the Program Manual **Section 300 Becoming A Registered Vendor with the Program**, **Section 500 General Vendor Policies**, and **Section 900 Invoice Processing and Payment**.

**Note in Particular:**

- (i) Section 500 Maintaining Registration Status with the Program
- (ii) **Section 510 Relationships of Long-Term Care Facilities & Registered Vendors**
- (iii) Section 505 Relationships of Hospitals and Registered Vendors
- (iv) Section 535 Confidentiality
- (v) Section 540 Solicitation of Business
- (vi) Section 545 Advertising
- (vii) Section 550 Informing Persons about the Program
- (viii) Section 570 Refusal to Supply for Safety Reasons
- (ix) Section 575 Warranties of Purchased Devices
- (x) Section 580 Repairs of Purchased Devices

1210 **Relationships of Long-Term Care Homes and Registered Vendors**

Long-Term Care Homes may enter into an agreement with a vendor who is registered with the ADP to provide ambulation aids and/or wheelchairs and positioning devices (seating). Under the terms of the agreement the vendor may have "preferred" or "exclusive" access to the residents of the 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 maintain 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 equipment from that vendor.

**1215 Payment for Mobility Assessments**

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

**APPENDIX A**

**Assistive Devices Program (ADP)  
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".