

PRESSURE MODIFICATION DEVICES

ADMINISTRATION MANUAL

POLICIES AND PROCEDURES

Assistive Devices Program

Ministry of Health and Long-Term Care

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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 Pressure Modification Devices 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 registered vendor, and the agreement between the Ministry of Health and Long-Term Care and the registered authorizer. The Ministry reserves the right to revise this Manual.

Intended Target Audience

This Manual is intended to be used by:

- Prescribers of pressure modification devices who are specialist physicians, general practitioners in oncology (GPO) or family physicians recognized by the ADP to prescribe a specific type of pressure modification device;
- ADP Registered Authorizers who are occupational therapists (OT), physiotherapists (PT), registered nurses (RN) or certified orthotists registered with the ADP to authorize a specific type of pressure modification device;
- ADP registered certified fitters and manufacturer/distributor representatives registered with the ADP to measure and fit pressure modification devices;
- ADP Registered Vendors registered with the ADP to vend a specific type of pressure modification device; and
- ADP Registered Burn Teams and Lymphedema Teams.

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 Pressure Modification Devices Category is to support an individual's purchase of a pressure modification device that meets his/her 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 Assistive Devices Program

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 for a pressure modification device which has been prescribed according to ADP policy.
- 115.03 Application Form:** The Equipment/Supply Authorization (ESA) 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 individual 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 ADP for a device.
- 115.08 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.
- 115.09 Manual:** The Assistive Devices Program Policy and Procedures Manual and the device specific Policy and Procedures manuals.
- 115.10 Ministry:** The Ministry of Health and Long-Term Care.
- 115.11 Physician:** A member of the College of Physicians and Surgeons of Ontario who is qualified to practise medicine in Ontario under The Medicine Act, S.O. 1991 C.30 or any successor legislation thereto.
- 115.12 Prescriber:** A specialist physician, family physician, or GPO who prescribes pressure modification devices.
- 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 of Health and Long-Term Care's Assistive Devices Program.

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.

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

120 Definitions for the Pressure Modification Devices Category

120.01 Burn Team: A team of health professionals registered with the ADP to authorize pressure garments and pressure orthoses for the management of hypertrophic scars. Team members must meet together with the client in a permanent location.

120.02 Certified Fitter: An individual who holds a training certificate recognized by the ADP and issued by a manufacturer of pressure modification devices. The certified fitter is employed by an ADP Registered Vendor of pressure modification devices and can measure, fit and educate clients requiring custom-fitted or custom-made pressure garments for hypertrophic scar management, custom-fitted or custom-made lymphedema compression garments or sleeves, or sequential extremity pumps/accessories.

120.03 Certified Orthotist (CBC Orthotist): A health care professional certified by the Canadian Board of Prosthetists and Orthotists (CBCPO) to practise in the field of fitting and manufacturing orthotic devices, and who is a member in good standing with the CBCPO. The certified orthotist is responsible for all direct client activities and ensures that the prescribed device is properly casted, fabricated, modified, fitted and dispensed to the ADP client.

120.04 Chronic Use: Refers to the need for a pressure modification device for management of hypertrophic scars or chronic lymphedema for more than six (6) months of regular daily use.

120.05 Custom-fitted Pressure Garment for Hypertrophic Scar Management: A pressure garment manufactured first, then fitted and adjusted to the client directly.

120.06 Custom-made Pressure Garment for Hypertrophic Scar Management: A pressure garment fabricated according to individualized measurements of the client's body. Once made the garment is fitted to the client directly.

120.07 Custom-fitted Lymphedema Compression Garment: A compression garment manufactured first, then fitted and adjusted to the client directly.

120.08 Custom-made Lymphedema Compression Garment: A compression garment fabricated according to individualized measurements of the client's body. Once made the garment is fitted to the client directly.

120.09 Daily: Over a period of twenty-four (24) hours.

120.10 Family Physician: A physician whose certificate of registration or medical licence is in general practice or family practice.

- 120.11 General Practitioner in Oncology (GPO):** A general practitioner who provides oncology care in the primary care setting or who functions in the role of a GPO at a Cancer Care Centre or an Oncology Associate.
- 120.12 Hypertrophic Scarring:** Hypertrophic scarring is secondary to deep partial thickness or full thickness traumatic skin loss which may be due to chemical, electrical, thermal or infectious agents, or friction burns.
- 120.13 Chronic Lymphedema:** For the purposes of ADP funding purposes chronic lymphedema is a condition which has been present for at least six (6) months.
- (a) **Primary Lymphedema:** is an inherited condition of the lymphatic system which prevents the system's normal functioning and transport of fluid. The condition may be present at various times in life. Secondary causes of lymphedema must be excluded. For the purposes of ADP funding, the conditions of hemangioma and lymphangioma are included in this definition.
- (b) **Secondary Lymphedema:** is a malfunction of the lymphatic system, secondary to an acquired abnormality which prevents the normal transport of fluid in the lymphatic system. This results in chronic swelling of an extremity.
- 120.14 Lymphedema Team:** A team of health professionals registered with the ADP to prescribe and authorize sequential extremity pumps and accessories for individuals with primary lymphedema. The team may elect to prescribe and authorize compression garments and sleeves as well.
- 120.15 Manufacturer/Distributor Representative:** An employee of a manufacturer or distributor, registered with the ADP as a vendor of pressure modification devices. The manufacturer/distributor representative is employed by an ADP Registered Vendor of pressure garments for hypertrophic scar management, lymphedema compression garments and sleeves or sequential extremity pumps.
- 120.16 Oncology Associate:** A physician, other than an Oncologist, who holds Royal College of Physicians and Surgeons of Canada certification and provides oncology care.
- 120.17 Pressure Modification Device:** An assistive device that produces external pressure to an individual's body to help manage the effects of hypertrophic scarring or chronic lymphedema.

For ADP funding purposes pressure modification devices include:

- i) pressure garments and pressure orthoses for the management of hypertrophic scars,
- ii) compression garments and sleeves for chronic lymphedema, and
- iii) sequential extremity pumps and accessories for primary lymphedema.

120.18 Specialist Physician: A physician who prescribes pressure modification devices for hypertrophic scar management and holds a certificate in plastic surgery, physiatry or general surgery.

A physician who prescribes lymphedema compression devices and holds a certificate in vascular surgery, plastic surgery, medical oncology, radiation oncology, internal medicine, paediatrics, physiatry, orthopaedic surgery or general surgery.

NOTE: A GPO may apply for prescriber status for lymphedema compression garments.

120.19 Style: A particular design, shape or pattern of garment.

2. DEVICES COVERED

200.01 Pressure Modification Devices for Hypertrophic Scar Management

The Program provides funding assistance for specified pressure garments and pressure orthoses for the management of hypertrophic scar management.

See section 405 for more detail.

200.02 Lymphedema Compression Devices

The Program provides funding assistance for specified graduated compression garments and compression sleeves for the management of chronic lymphedema.

The ADP provides funding assistance for sequential extremity pumps and accessories for the management of primary lymphedema.

See sections 505 and 605 for more detail.

The ADP will fund the pressure gradient for compression garments that is clinically required by the individual, as determined by the ADP Registered Authorizer and/or certified fitter.

Clients must purchase ADP funded pressure modification devices from an ADP Registered Vendor.

205 Non-Eligible Pressure Modification Devices

The Program does not provide funding assistance for the following:

- Pressure Modification Devices purchased from non-registered vendors,
- Pressure Modification Devices used for:
 - Post-operative use or any use for less than six (6) months duration;
 - Acute physical conditions of less than six (6) months duration;
 - Venous insufficiency or thrombo-embolosis,
- Pressure inserts, silastic elastomer and dressings for hypertrophic scar management or vascular conditions,
- Elasticized wraps and bandages, such as Tubigrip (R), Coban (R), or tensors,
- Pressure Modification Devices implanted or inserted into the body,
- Hyperbaric Pressure Chambers.

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 the OHIP Health Card Validation System.

310 Permanent Residence

The applicant must hold permanent residency in Ontario.

315 Physical Disability

The applicant must have a chronic physical disability requiring the use of a pressure modification device for longer than six (6) months of regular daily use, except for sequential extremity pumps which must be used at least five (5) days per week and at least two (2) hours per day.

4 MANAGEMENT OF HYPERTROPHIC SCAR MANAGEMENT - GARMENTS/ORTHOSES

400 Eligibility

An individual who has hypertrophic scarring and requires a pressure garment and/or a pressure orthosis for a minimum of six (6) months of regular daily use is eligible for ADP funding assistance.

405 Devices Covered

The following devices for the management of hypertrophic scars are eligible for ADP funding:

- Specified pressure garments custom-made to a client's measurements and fitted to the individual,
- Specified pressure garments pre-manufactured and then custom-fitted to the individual,
- Specified pressure orthoses molded to the client.

Each authorization of pressure garments for hypertrophic scar management consists of two (2) outfits, one to wash and one to wear.

Each prescription/authorization of pressure orthoses for hypertrophic scar management consists of one (1) pressure orthosis.

410 Authorization of Garments/Orthoses

An individual who requires a pressure modification device for hypertrophic scar management and who is accessing the ADP for the first time, or who has had a change in medical condition must be assessed by an ADP Registered Burn Team.

410.01 ADP Registered Burn Team

The Burn Team prescribes and authorizes pressure garments and/or pressure orthoses for the management of hypertrophic scars.

Every ADP Registered Authorizer must be affiliated with an ADP Registered Burn Team.

The Team must consist of at least:

- (i) a specialist physician, licensed to practise medicine in Ontario, who holds a certificate in the specialty of plastic surgery, physiatry, or general surgery. The physician acts as the prescriber of the pressure garments and/or pressure orthoses, and

- (ii) an occupational therapist (OT) and/or physiotherapist (PT) who is an ADP Registered Authorizer for pressure garments and/or pressure orthoses for hypertrophic scar management.

Team members must meet together with the client in a permanent location.

Burn Team membership may also include:

- (a) A Canadian Board certified orthotist, employed by an ADP Registered Vendor of custom-made and/or custom-fitted pressure orthoses, and who is an ADP Registered Authorizer. The certified orthotist's membership on the Team will depend on whether the Team wants to prescribe and authorize these devices.
- (b) A certified fitter and manufacturer/distributor representative, employed by an ADP Registered Vendor for pressure garments, may be affiliated with Teams if he/she is measuring and fitting pressure garments. The certified fitter and manufacturer/distributor representative must be registered with the ADP for pressure garments for hypertrophic scar management.

410.02 Burn Team Responsibilities:

- Assess the individual's need for an ADP funded pressure garment and/or pressure orthosis for hypertrophic scar management,
- Prescribe and authorize the initial pressure garment and/or pressure orthosis,
- Confirm the applicant's need for a pressure modification device to the ADP Registered Vendor,
- The OT, PT, certified fitter or manufacturer/distributor representative fits the pressure garment to the applicant and provides any necessary follow-up,
- The OT and/or PT in consultation with the certified orthotist, certified fitter or manufacturer/distributor representative is involved in training the applicant in how to apply, remove, use, care for and maintain the device, and
- Provide education to the applicant about hypertrophic scar management.

415 Assessment Procedures

415.01 Client First Access

For first access to the ADP an assessment must be completed by all Burn Team members.

415.02 Client Repeat Access

A new ESA form must be completed when a replacement device is required. The reason for the replacement must be entered in Section 3 of the ESA form.

Devices may be replaced when the client's current device is no longer usable. Pressure modification devices, which jeopardize the applicant's safety or no longer meet the applicant's

needs secondary to physiological growth, atrophy, change in medical condition, or normal wear, not due to client negligence, are eligible for replacement funding.

For all replacement devices an assessment must be completed by an ADP Registered Authorizer and the certified fitter, if available.

For all replacement devices due to a change in the client's medical condition, an assessment must be completed by a Burn Team physician.

An ADP client with a suspected change in medical condition should be referred back to the Burn Team's specialist physician for a medical review.

415.03 Pressure Garments Measured and Fitted by a Burn Team Therapist (OT/PT)

The authorizer measures the applicant and specifies on the ESA form the quantity, ADP catalogue numbers and descriptions of the pressure garments and orders the garments from an ADP Registered Vendor for hypertrophic scar management.

The vendor mails the garments to the authorizer, who then fits them to the applicant and educates him/her about their proper use and care and provides the warranty information.

The authorizer ensures that all required information is completed on the ESA form and obtains the signature of the applicant/agent on the 'receipt of goods' form. Both forms are mailed to the vendor.

415.04 Pressure Garments Authorized by an OT/PT and Measured and Fitted by a Certified Fitter or Manufacturer/Distributor Representative

The authorizer assesses the applicant and specifies on the ESA form the quantity, ADP catalogue numbers and descriptions of the garments and refers the applicant to the certified fitter or manufacturer/distributor representative and communicates the applicant's pressure modification device needs to them.

The certified fitter or manufacturer/distributor representative measures the applicant for the appropriate garments, fits them to the applicant and educates him/her about their proper use and care.

The vendor provides the applicant with the warranty and care instructions and invoices the ADP and the applicant.

415.05 Pressure Orthoses Authorized by Both the OT/PT and the Certified Orthotist

The OT or PT assesses the applicant's need for occupational therapy or physiotherapy intervention. In this role, the OT or PT is acting as a Rehabilitation Assessor.

The certified orthotist assesses the applicant's needs and specifies the description, quantity and ADP catalogue numbers for the orthosis, and ensures that the authorized device is properly fabricated, fitted and dispensed to the applicant.

420 Device Funding Replacement Periods

Garments – a maximum of five (5) authorizations is allowed in a 12 month period. Each authorization consists of two (2) outfits, one to wash and one to wear. An outfit consists of a one-layered set of garments worn at one time.

Pressure orthosis – replacement allowed after one (1) year from the authorizer's assessment date for a previously funded similar device.

If additional replacements are required, a Special Request for Funding Form (see Appendix B) must be completed and submitted to the ADP.

If modifications to existing devices are required, a Special Request for Funding Form (see Appendix B) must be completed and submitted to the Program.

The ADP does not provide funding assistance for a replacement device if the device is lost, stolen or damaged beyond repair due to client negligence. Clients are advised to obtain home, auto, travel, extended health or out of country insurance for financial assistance in the event of loss.

To obtain the history of a client's previous ADP funding, a Release of Information About Previous Funding form must be submitted to ADP. See the Assistive Devices Program Policy and Procedures Manual, Section 1000.11.

425 Guide to Completing the ADP Equipment Supply/Authorization (ESA) Form

The applicant may obtain an ADP Equipment/Supply Authorization (ESA) Form from the Burn Team, ADP Registered Authorizer, ADP Registered Vendor or the ADP.

The ESA form consists of five (5) sections.

Section 1 - Biographical Information

Section 2 - Diagnosis and Equipment Type

Section 3 - Equipment/Supplies Required

Section 4 - To be completed by Applicant or Agent – Consent

Section 5 - To be completed by Vendor – Signatures and Declaration

A sample ESA form is attached as Appendix A

425.01 Section 1 - Biographical Information

This section is completed by the applicant or his/her agent and must include:

- Applicant's biographical information,

- Ontario Health Number and version code if applicable,
- Information regarding social assistance benefits through Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance to Children with Severe Disabilities (ACSD).

425.02 Section 2 - Diagnosis and Equipment Type

This section is completed by the Burn Team physician for individuals accessing the Program for the first time or who have undergone a change of medical condition, and must include:

- Primary diagnosis causing the hypertrophic scarring and indication as to right and/or left side, upper or lower extremity,
- Secondary diagnosis, as applicable,
- Surgical procedure, including date (dd/mm/yyyy) of surgery, as applicable,
- Specific instructions or special needs, including any medical conditions and /or factors that would directly affect the fabrication and/or fitting of the device,
- Description of the type of device required by the applicant, (under “Instructions, special needs”),
- Prescriber’s name (printed) and signature (signature stamps or proxy signatures not accepted),
- Prescriber’s Ontario Health Insurance Billing number,
- Prescriber’s business telephone number,
- Prescription date (dd/mm/yyyy).

425.03 Section 3 - Equipment/Supplies Required

This section is completed by the ADP Registered Authorizer and must include:

- Confirmation of previous ADP access for a pressure modification device,
- Rationale for replacement device as applicable, indicating change in medical condition, growth, atrophy and /or normal wear,
- Quantity of each device authorized and quantity supplied,
- Reference to specific side of body affected (R for right; L for left; B for bilateral, if identical prescription),
- Full description of each device/line item and nine (9) digit ADP catalogue number,
- Authorizer’s/fitter’s signature(s), date(s) (dd/mm/yyyy), ADP registration number(s), and telephone number including area code (if applicable),
- Burn Team ADP registration number as applicable in box labelled, “ADP Clinic Registration Number”,
- Cost of each device/line item not to exceed ADP approved price*
- Amount to be paid by the applicant/agent,*
- Amount to be billed to the ADP*.

NOTE: The rationale for all replacement devices must be written on the ESA form or it will be returned to the vendor for completion.

* The ADP Registered Vendor may complete these areas.

425.04 Section 4 - To be completed by Applicant/Agent

The applicant or his/her agent completes this section by signing his/her name and date of signature.

425.05 Section 5 - To be completed by Vendor

This section is completed by the ADP Registered Vendor and must include:

- Vendor's name and business address,
- Vendor's ADP registration number,
- Vendor's signature and date (dd/mm/yyyy).

The original ESA form may be submitted, when completed in full 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 vendor for correction.

430 Request for Special Approval

A Request for Special Approval form must be completed and forwarded to the Prosthetics & Orthotics Program Coordinator when funding is requested for:

- Orthoses worn out within the minimum replacement period due to heavy use not associated with apparent client negligence;
- Modifications required to a garment or orthosis;
- More than five (5) authorizations of compression garments in a twelve (12) month period required due to client's physiological growth, atrophy and/or change in medical condition.

A sample Request for Special Approval form is attached as Appendix B

A Request for Special Approval form must include the following information:

- Applicant's name, date of birth (dd/mm/yyyy), and Ontario Health Card Number
- Confirmation of client's receipt of MCSS benefits
- Diagnosis (physical disability)
- ESA form number

- ADP Registered Authorizer's name
- Authorizer's ADP registration number, phone and fax numbers
- Rationale for request
- ADP device description, quantities, and side of body (L for left, R for right, B for bilateral)
- Nine (9) digit ADP device code and ADP approved price
- Authorizer's signature and date (dd/mm/yyyy)

The completed Request for Special Approval form must be faxed or mailed to:

Program Coordinator-Prosthetics & Orthotics
Assistive Devices Program
Ministry of Health and Long Term Care
5700 Yonge Street, 7th Floor
Toronto, ON M2M 4K5
Fax: 416-327-8192

The special approval number will be faxed back to the authorizer

NOTE: to receive ADP funding assistance the request must be approved and the special approval number must be assigned by the ADP before the date the applicant receives the device from the ADP Registered Vendor.

The special approval number must be placed in the box provided in Section 2 of the ESA form and must also appear on the vendor's invoice.

435 Warranty

435.01 Warranty Under Normal Use

The ADP Registered Vendor must warrant the garment/orthosis against breakage or tearing for:

- Thirty (30) days for a custom-made or custom-fitted pressure garment for hypertrophic scar management.
- Thirty (30) days for all orthoses.

The warranty must be provided to the client in writing.

435.02 Warranty for Satisfactory Fit

Whoever fits the garment/orthosis to the client must warrant satisfactory fit of the device for a minimum of one (1) month from the date the garment/orthosis was delivered to the client, unless there is a relevant change in the client's size due to growth or atrophy.

During the warranty period, the vendor/manufacture will provide all services including repairs or replacement of the authorized garment/orthosis free of charge.

When there is repeated technical failure, the garment/orthosis 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 does not contribute towards the cost of repairs under any circumstances.

See Section 575 of the Assistive Devices Program Policy and Procedures Manual (Program Manual) for Warranties of Purchased Devices

5 **MANAGEMENT OF LYMPHEDEMA -
GRADUATED COMPRESSION GARMENTS/SLEEVES**

500 **Eligibility**

An individual who has chronic primary or secondary lymphedema and requires a graduated compression garment for a minimum of six (6) months of regular daily use is eligible for ADP funding assistance.

An individual who has chronic lymphedema and requires the use of a compression sleeve for longer than six (6) months of daily/nightly use, in conjunction with the use of graduated compression garments is eligible for ADP funding assistance. In these cases the applicant's edema can not be managed effectively with the use of nighttime bandaging.

Contributing factors may include:

- A high density edema;
- Multiple skin folds;
- Complicated shape of the extremity;
- The individual's inability to apply the bandages.

505 **Devices Covered**

The following devices, for the management of chronic lymphedema, are eligible for ADP funding:

- Specified graduated compression garments custom-made to a client's measurements and fitted to the individual,
- Specified graduated compression garments pre-manufactured and then custom-fitted to the individual,
- Specified compression sleeves and accessories.

Each authorization of graduated compression garments for lymphedema management consists of two (2) outfits, one to wash and one to wear.

Each authorization of compression sleeves consists of one sleeve per extremity. One gauge is allowed during the five (5) year replacement period.

510 **Authorization of Compression Garments/Sleeves**

510.01 **Garments Measured and Fitted by an ADP Registered Authorizer (OT/PT/RN)**

The authorizer measures the applicant and orders the garments from the vendor.

The vendor mails the garments to the authorizer, who then fits them to the applicant and educates him/her about their proper use and care.

The authorizer ensures that all required information is completed on the ESA form and obtains the signature of the applicant/agent on the 'receipt of goods' form. Both forms are mailed to the vendor.

510.02 Garments Measured by an ADP Registered Authorizer and Fitted by an ADP Certified Fitter and/or Manufacturer/Distributor Representative (Change of Size or Garment Style)

The authorizer measures the applicant and specifies on the ESA form the quantity, ADP catalogue numbers and descriptions for the compression garments.

The ADP certified fitter or manufacturer/distributor representative measures the applicant for the appropriate garments, fits them to the applicant and educates him/her about their proper use and care.

The ADP Registered Vendor provides the warranty and care instructions and invoices the ADP and the applicant.

510.03 Garments Measured and Fitted by a Certified Fitter or Manufacturer/Distributor Representative (Identical Replacement)

The ADP certified fitter or manufacturer/distributor representative measures the applicant for the appropriate garments, fits them to the applicant and educates him/her about their proper use and care.

The vendor provides the warranty and care instructions and invoices the ADP and the applicant.

510.04 Compression Sleeves

The authorizer determines the applicant's clinical requirement for the compression sleeve(s).

The authorizer confirms that the applicant's edema cannot be managed effectively with the use of nighttime bandaging, in conjunction with daily use of graduated compression garments.

The authorizer confirms the applicant's need for the compression sleeve(s) with his/her family physician. This consultation must be documented in the authorizer's clinical notes.

The authorizer refers the applicant to an ADP Registered Vendor who employs an ADP registered certified fitter trained to assess and dispense compression sleeves.

The certified fitter measures the applicant for the appropriate compression sleeve(s) and educates the applicant about their proper use and care.

515 Assessment Procedures

Individuals who are accessing the ADP for funding for compression sleeves must be assessed by an ADP authorizer for pressure modification devices. If the applicant has previously

accessed funding for garments, the physician assessment is not required. In these cases, the authorizer must consult with the physician and document this consultation.

515.01 Client First Access

The specialist physician/GPO acts as prescriber for graduated compression garments and sleeves for lymphedema management. The prescriber need not be a member of an ADP Lymphedema Team.

Individuals who are accessing the ADP for the first time for garments must also be assessed by an ADP Registered Authorizer for graduated compression garments (OT, PT or RN).

515.02 Client Repeat Access

A new ESA form must be completed when a replacement device is required. The reason for the replacement must be entered in Section 3 of the ESA form.

Devices may be replaced when the client's current device is no longer usable. Pressure modification devices, which jeopardize the applicant's safety or no longer meet the applicant's needs secondary to physiological growth, atrophy, change in medical condition or normal wear, not due to client negligence, are eligible for replacement funding.

For replacement garments, the applicant must be assessed on a biannual basis (every 2 years) by their family physician, an ADP Registered Authorizer and an ADP certified fitter.

For replacement garments due to a change of size or style, within the 2 years, the applicant must be assessed by an ADP Registered Authorizer and an ADP certified fitter and/or a manufacturer/distributor representative.

For replacement garments, where the identical garment is being prescribed within the 2 years, the applicant may be assessed by the ADP certified fitter and/or manufacturer/distributor representative only.

520 Device Funding Replacement Periods

Garments – a maximum of three (3) authorizations are allowed in a twelve (12) month period. Each authorization consists of two (2) outfits, one to wash and one to wear. An outfit consists of a one-layered set of garments worn at one time.

Compression Sleeves and Gauge – the replacement period is five (5) years. Clients must be encouraged to utilize the refurbishing/restoration program offered by the manufacturer.

If additional replacements are required, a Special Request for Funding Form (see Appendix B) must be completed and submitted to the ADP.

The ADP does not provide funding assistance for a replacement device if the device is lost, stolen or damaged beyond repair due to client negligence. Clients are advised to obtain home,

auto, travel, extended health or out of country insurance for financial assistance in the event of loss.

To obtain the history of a client's previous ADP funding, a Release of Information About Previous Funding form must be submitted to ADP. See the Assistive Devices Program Policy and Procedures Manual, Section 1000.11.

525 Guide to Completing the ADP Equipment Supply/Authorization (ESA) Form

The applicant may obtain an ADP Equipment/Supply Authorization (ESA) Form from a specialist physician, GPO, family physician, an ADP Registered Authorizer, an ADP Registered Vendor or the ADP.

The ESA form consists of five (5) sections:

Section 1 - Biographical Information

Section 2 - Diagnosis and Equipment Type

Section 3 - Equipment/Supplies Required

Section 4 - To be completed by Applicant or Agent - Consent

Section 5 - To be completed by Vendor – Signatures and Declaration

A sample ESA form is attached as Appendix A

525.01 Section 1 - Biographical Information

This section is completed by the applicant or his/her agent and must include:

- Applicant's biographical information,
- Ontario Health Number and version code if applicable,
- Information regarding social assistance benefits through Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance to Children with Severe Disabilities (ACSD).

525.02 Section 2 - Diagnosis and Equipment Type

This section is completed by the specialist physician or GPO for individuals accessing the Program for the first time and by the client's family physician for biannual (every 2 years) re-assessments or in the case of a change of medical condition, and must include:

- Primary diagnosis and indication as to right and/or left side, upper or lower extremity,
- Secondary diagnosis, as applicable,
- Surgical procedure, including date (dd/mm/yyyy) of surgery, as applicable,
- Specific instructions or special needs, including any medical conditions and /or factors that would directly affect the fabrication and/or fitting of the device,
- Description of the type of device required by the applicant, (under "Instructions, special needs"),

- Prescriber's name (printed) and signature (signature stamps or proxy signatures not accepted),
- Prescriber's Ontario Health Insurance Billing number,
- Prescriber's business telephone number,
- Prescription date (dd/mm/yyyy).

525.03 Section 3 - Equipment/Supplies Required

This section is completed by the ADP Registered Authorizer and must include:

- Confirmation of previous ADP access for a pressure modification device,
- Rationale for replacement device as applicable, indicating change in medical condition, growth, atrophy and /or normal wear,
- Details related to a change in medical condition,
- Quantity of each device authorized and quantity supplied,
- Reference to specific side of body affected (R for right; L for left; B for bilateral, if identical prescription),
- Full description of each garment/device item and nine (9) digit ADP device code ,
- Authorizer's/fitter's signature(s), date(s) (dd/mm/yyyy), ADP registration number(s), and telephone numbers including area codes (if applicable),
- Cost of each device/line item not to exceed ADP approved price*
- Amount to be paid by the applicant/agent,*
- Amount to be billed to the ADP*.

NOTE: The rationale for all replacement devices must be written on the ESA form or it will be returned to the vendor for completion.

* The ADP Registered Vendor may complete these areas.

525.04 Section 4 - To be completed by Applicant/Agent

The applicant or his/her agent completes this section by signing his/her name and date of signature.

525.05 Section 5 - To be completed by Vendor

This section is completed by the ADP Registered Vendor and must include:

- Vendor's name and business address,
- Vendor's ADP registration number,
- Vendor's signature and date (dd/mm/yyyy).

The original ESA form may be submitted, when completed in full 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 vendor for correction.

530 Request for Special Approval

A Request for Special Approval form must be completed and forwarded to the Prosthetics & Orthotics Program Coordinator when funding is requested for:

- Garments or devices worn out within the minimum replacement period due to heavy use which is not associated with client negligence;
- More than three (3) authorizations of graduated compression garments in a twelve (12) month period are required due to physiological growth, atrophy and/or change in medical condition.

A sample Request for Special Approval form is attached as Appendix B

A Request for Special Approval form must include the following information:

- Applicant's name, date of birth (dd/mm/yyyy), and Ontario Health Card Number
- Confirmation of client's receipt of MCSS benefits
- Diagnosis (physical disability)
- ESA form number
- ADP Registered Authorizer's name
- Authorizer's ADP registration number, phone and fax number
- Rationale for request
- ADP device description, quantities, and side of body (L for left, R for right, B for bilateral)
- Nine (9) digit ADP device code as applicable and ADP approved price
- Authorizer's signature and date (dd/mm/yyyy).

The completed Request for Special Approval form must be faxed or mailed to:

Program Coordinator-Prosthetics & Orthotics
Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street, 7th Floor
Toronto, ON M2M 4K5
Fax: 416-327-8192

The special approval number will be faxed back to the authorizer

NOTE: to receive ADP funding assistance the request must be approved and the special approval number must be assigned by the ADP before the date the applicant receives the device from the ADP Registered Vendor.

The special approval number must be placed in the box provided in Section 2 of the ESA form and must also appear on the vendor's invoice.

535 Warranty

535.01 Warranty Under Normal Use

The ADP Registered Vendor must warrant the garment/sleeve against breakage or tearing for:

- Thirty (30) days for a custom-made or custom-fitted pressure garment for the management of lymphedema.
- Ninety (90) days from the date of purchase for manufacturer defects for a compression sleeve. This warranty should be confirmed with the specific manufacturer.

The warranty must be provided to the client in writing.

535.02 Warranty for Satisfactory Fit

Whoever fits the garment to the client and the vendor who dispenses the garment/sleeve must warrant satisfactory fit of the garment/sleeve for a minimum of one (1) month after delivery of the garment/sleeve to the client, unless there is a relevant change in the client's size due to growth or atrophy.

During the warranty period, the vendor will provide all services including repairs or replacement of the garment/sleeve 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 does not contribute towards the cost of repairs under any circumstances.

See Section 575 of the Assistive Devices Program Policy and Procedures Manual (Program Manual) for Warranties of Purchased Devices

6 **MANAGEMENT OF LYMPHEDEMA –
SEQUENTIAL EXTREMITY PUMPS/ACCESSORIES**

600 **Eligibility**

Individuals who have a diagnosis of primary (congenital) lymphedema are eligible for ADP funding for a sequential extremity pump and accessories.

The individual must require the extremity pump for a minimum of five (5) days out of seven (7) per week, and a minimum of two (2) hours per day.

The individual must require the pump and accessories for longer than six (6) months of regular use.

605 **Devices Covered**

The following devices, for the management of primary lymphedema, are eligible for ADP funding:

- Specified sequential extremity pumps and their accessories.

Each authorization consists of one (1) extremity pump per applicant, one (1) sleeve/boot per affected limb, and additional required accessories.

610 **Authorization of Pumps and Accessories**

An individual who requires a sequential extremity pump and accessories for the management of lymphedema must be assessed by an ADP Registered Lymphedema Team. The Team may also prescribe and authorize graduated compression garments and sleeves.

610.01 **ADP Registered Lymphedema Team**

The Lymphedema Team prescribes and authorizes sequential extremity pumps and accessories for the management of lymphedema.

The Team must consist of at least:

- (i) a physician, licensed to practise medicine in Ontario who holds a certificate in the specialty of vascular surgery, radiation oncology, medical oncology, internal medicine, paediatrics, orthopaedic surgery, plastic surgery, physiatry, or general surgery, and
- (ii) an OT and/or PT who is an ADP Registered Authorizer for lymphedema compression garments and extremity pumps/accessories, and
- (iii) a representative of an ADP Registered Vendor for extremity pumps and

accessories affiliated with the team.

The ADP Registered Authorizer must be affiliated with an ADP Registered Lymphedema Team.

Where possible, the team members must meet together with the applicant in a permanent location. Alternately, the team members may meet individually with the applicant and subsequently consult regarding the outcome of their assessments and their recommendations. All clinical findings and recommendations must be documented in their clinical notes.

610.01 Lymphedema Team Responsibilities

- The specialist physician provides medical clearance for a trial assessment with the extremity pump.
- The authorizer assesses the applicant's response to the extremity pump. A trial series of pump downs plus regular volumetric or circumferential measurements of the applicant's affected limb, before and after the application of the pump, will help to determine whether the applicant will respond to this modality.
- The team reviews the applicant's response to the extremity pump and gives final approval as to the device's suitability.
- The authorizer and certified fitter or manufacturer/distributor representative provide training to the applicant in how to apply, remove, use, care for, and maintain the pump.
- The team schedules regular follow-up visits with the applicant to check the applicant's progress and the performance of the extremity pump and accessories. Adjustments to the device may be made or further training in its use may be provided as needed.
- The team evaluates the need for changes to the compression device and refers any applicant with a suspected change in medical condition back to the Team's specialist physician for medical review.

615 Assessment Procedures

615.01 Client First Access

For first access to the ADP an assessment must be completed by an ADP Registered Lymphedema Team.

615.02 Client Repeat Access

Regardless of the reason for replacement of a pump and/or accessory, the client must be assessed by an ADP Registered Lymphedema Team.

Rationale must be provided to support the request and clearly entered in Section 3 of the ESA form.

All replacements of sleeves/boots for extremity pumps due to a change in the applicant's size or medical condition can be prescribed and authorized by any ADP Registered Lymphedema Team.

Devices may be replaced when the client's current device is no longer usable. Pressure modification devices, which jeopardize the applicant's safety or no longer meet the applicant's needs secondary to physiological growth, atrophy, change in medical condition or normal wear, not due to client negligence are eligible for replacement funding.

An ADP client with a suspected change in medical condition should be referred back to the Lymphedema Team's specialist physician for a medical review.

620 Device Funding Replacement Periods

Sequential extremity pumps - five (5) years.

Accessories - three (3) years.

If additional replacements are required, a Special Request for Funding Form (see Appendix B) must be completed and submitted to the program.

The ADP does not provide funding assistance for a replacement device if the device is lost, stolen or damaged beyond repair due to client negligence. Clients are advised to obtain home, auto, travel, extended health or out of country insurance for financial assistance in the event of loss.

To obtain the history of a client's previous ADP funding, a Release of Information About Previous Funding form must be submitted to ADP. See the Assistive Devices Program Policy and Procedures Manual, Section 1000.11.

625 Guide to Completing the ADP Equipment Supply/Authorization (ESA) Form

The applicant may obtain an ADP Equipment/Supply Authorization (ESA) Form from a Lymphedema Team, an ADP Registered Authorizer, an ADP Registered Vendor or the ADP.

The ESA form consists of five (5) sections:

Section 1 - Biographical Information

Section 2 - Diagnosis and Equipment Type

Section 3 - Equipment/Supplies Required

Section 4 - To be completed by Applicant or Agent - Consent

Section 5 - To be completed by Vendor – Signatures and Declaration

A sample ESA form is attached as Appendix A

625.01 Section 1 - Biographical Information

This section is completed by the applicant or his/her agent and must include:

- Applicant's biographical information,
- Ontario Health Number and version code if applicable,
- Information regarding social assistance benefits through Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance to Children with Severe Disabilities (ACSD).

625.02 Section 2 - Diagnosis and Equipment Type

This section is completed by the Lymphedema Team specialist physician and must include:

- Primary diagnosis and indication as to right and/or left side, upper or lower extremity,
- Secondary diagnosis, as applicable,
- Surgical procedure, including date (dd/mm/yyyy) of surgery, as applicable,
- Specific instructions or special needs, including any medical conditions and /or factors that would directly affect the fabrication and/or fitting of the device,
- Description of the type of device required by the applicant, (under "Instructions, special needs"),
- Prescriber's name (printed) and signature (signature stamps or proxy signatures are not accepted),
- Prescriber's Ontario Health Insurance Billing number,
- Prescriber's business telephone number,
- Prescription date (dd/mm/yyyy).

625.03 Section 3 - Equipment/Supplies Required

This section is completed by the ADP Registered Authorizer and must include:

- Confirmation of previous ADP access for a pressure modification device,
- Rationale for replacement device as applicable indicating change in medical condition, growth, atrophy and /or normal wear,
- Quantity of each device authorized and quantity supplied,
- Reference to specific side of body affected (R for right; L for left; B for bilateral, if identical prescription),
- Full description of each garment/device item and nine (9) digit ADP device code,
- Authorizer's/fitter's signature(s), date(s) (dd/mm/yyyy), ADP registration number(s), and telephone numbers including area codes (if applicable),
- Signature of the certified fitter or manufacturer/distributor representative under "Signature of ADP Registered Dispenser or Assessor",
- Lymphedema Team's ADP registration number as applicable in box labelled, "ADP Clinic Registration Number",

- Cost of each device/line item not to exceed ADP approved price*,
- Amount to be paid by the applicant/agent,*
- Amount to be billed to the ADP*.

NOTE: The rationale for all replacement devices must be written on the ESA form or it will be returned to the vendor for completion.

* The ADP Registered Vendor may complete these areas.

625.04 Section 4 - To be completed by Applicant/Agent

The applicant or his/her agent completes this section by signing his/her name and date of signature.

625.05 Section 5 - To be completed by Vendor

This section is completed by the ADP Registered Vendor and must include:

- Vendor's name and business address,
- Vendor's ADP registration number,
- Vendor's signature and date (dd/mm/yyyy).

The original ESA form may be submitted, when completed in full 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 vendor for correction.

630 Request for Special Approval

A Request for Special Approval form must be completed and forwarded to the Prosthetics & Orthotics Program Coordinator when funding is requested for a replacement sequential extremity pump and/or accessories that are worn out within the minimum replacement period, due to heavy use which is not associated with client negligence.

A sample Request for Special Approval form is attached as Appendix B

A Request for Special Approval form must include the following information:

- Applicant's name, date of birth (dd/mm/yyyy), and Ontario Health Card Number
- Confirmation of client's receipt of MCSS benefits
- Diagnosis (physical disability)
- ESA form number

- ADP Registered Authorizer's name
- Authorizer's ADP registration number, phone and fax number
- Rationale for request
- ADP device description, quantities, and side of body (L for left, R for right, B for bilateral)
- Nine (9) digit ADP device code as applicable and ADP approved price
- Authorizer's signature and date (dd/mm/yyyy).

The completed Request for Special Approval form must be faxed or mailed to:

Program Coordinator-Prosthetics & Orthotics
Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street, 7th Floor
Toronto, ON M2M 4K5
Fax: 416-327-8192

The special approval number will be faxed back to the authorizer

NOTE: to receive ADP funding assistance the request must be approved and the special approval number must be assigned by the ADP before the date the applicant receives the device from the ADP Registered Vendor.

The special approval number must be placed in the box provided in Section 2 of the ESA form and must also appear on the vendor's invoice.

635 WARRANTY

635.01 WARRANTY UNDER NORMAL USE

The ADP Registered Vendor of pressure modification devices will warrant the device, in writing, against breakage or tearing under **normal** use for:

- One (1) year for sequential extremity pumps;
- One (1) year for accessories (sleeves and boots) for the extremity pumps.

During the warranty period, the vendor will provide or cause to be provided any service including repairs or replacement of the authorized device or any accessories free of charge.

When there is repeated technical failure, the device will be replaced by the issuer of the warranty. Repair and service of extremity pumps is the responsibility of the vendor, manufacturer or service designate.

ADP does not contribute towards the cost of repairs under any circumstances.

7 FUNDING AND PAYMENT FOR PRESSURE MODIFICATION DEVICES

Policies

No payment of an approved device shall be made to anyone other than an ADP Registered Vendor in the pressure modification devices category. The vendor must be registered to provide a specific type of pressure modification device.

Funding Amount for ADP Clients

The Program will pay seventy-five per cent (75%) of the ADP approved price for a pressure modification device listed in the Product Manual Section 3

Only those ADP approved devices listed in the Product Manual Section 3 are eligible for funding assistance. Equipment substitutions, listed against ADP codes for other devices, will not be funded.

Vendors may **not** bill the client more than the ADP price for the approved device. 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.

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

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

8 SUBMISSION OF APPLICATION FOR FUNDING FORM – ALL DEVICE TYPES

Once the ADP ESA form is fully completed,

- 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 to the vendor.

- Part 2 (blue) of the ESA form may be retained by the authorizer;
- Part 3 (pink) of the ESA form is retained by the ADP Registered Vendor;
- Part 4 (green) of the ESA form must be given to the applicant/agent by the vendor for the applicant’s records or for third party payment purposes.

As the applicant’s signature confirming receipt of the pressure modification device(s) is now required on the invoice, vendors may submit ESA forms to the ADP for processing before the provision of the device/equipment to the applicant. In such cases, the vendor certification statement, in Section 5 should be changed to:

“I hereby certify that... the equipment/supplies as listed will be provided...”

Applicants and the ADP must not be billed for the device(s) until the applicant has received the pressure modification device(s).

Applicants/agents must verify receipt of the equipment by signing the invoice or a document stating proof of delivery. The proof of delivery statement must read:

I, (print applicant’s name), verify that I have received the equipment as listed on the ADP Equipment/Supply Authorization	
Form # _____	
Applicant/Agent Signature	Date (dd/mm/yyyy) of Receipt

The Proof of Delivery must be sent with the invoice to Kingston Payments Unit.

The ADP registered pressure modification devices vendor must inform the applicant in writing about the precise cost breakdown and warranty conditions. The billing procedure for the pressure modification devices can be explained verbally.

All dates (dd/mm/yyyy) on the ESA form should be the same day or prior to the date of receipt of the pressure modification device(s), which is indicated on the invoice or proof of delivery document.

The ESA form must be submitted within twelve (12) months of the authorization date specified in Section 3. Applications that are greater than twelve (12) months old are considered staledated and will not be approved.

The application must be submitted within twelve (12) months of the assessment date specified by the certified fitter or manufacturer's/distributor's representative in Section 3, when replacing an identical device and where applicable. Applications that are greater than twelve (12) months old are considered staledated and will not be approved.