

ADP Vendor Training

HEARING AIDS: Completing the Application for Funding Hearing Devices

April 2015

Introduction

This training module will provide you with a step-by-step guide to completing the ADP hearing aids funding application.

For specific information relating to eligibility criteria, see the [Hearing Devices Policy and Administration Manual](#).

This training module is

- Provide a step-by-step guide to completing the hearing aids application form accurately.

Vendors are encouraged to provide employees with the information in this training module.

Training Outline

Application Processing

Section 1:

- Applicant's Biographical Information & Confirmation of Benefits

Section 2:

- Devices and Eligibility
- Replacement Device
- Confirmation of Applicant's Eligibility

Section 3:

- Applicant's Consent and Signature

Section 4:

- Signatures
- Authorizer's Signature and Confirmation of Applicant's Eligibility
- Vendor Information
- Equipment Specifications

Submitting the Application Form

Application Processing

Program Information

Application Processing

Getting Applications Approved

- Applications that are complete, accurate and submitted for individuals who are eligible as found in the ADP's policy and administration manuals will be approved for funding.
- Correction fluid/tape **MUST** not be used on any part of the application. These applications will not be processed.

Mistakes and Omissions Result in Delays

- Applications that are not complete, not accurate or are submitted for individuals who are ineligible for program funding will be returned and notification sent to the vendor via the Application Status Report.

Section 1: Applicant's Biographical Information and Confirmation of Benefits

Health card information must be verified using the physical card.

The applicant's biographical information must match the information on the Health card, e.g. legal name and date of birth. Incorrect health card numbers will impact the application approval and processing time, and may result in the application being denied.

Applicants eligible for funding through WSIB or VAC Group A are not eligible for funding through the program, and must not submit an application

Section 1 – Applicant's Biographical Information			
PLEASE PRINT			
Last Name	First Name	Middle Initial	
Health Number (10 digits)	Version	Date of Birth (yyyy/mm/dd)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Long-Term Care Home (LTCH) (if applicable)			
Address			
Building Number	Street Name	Suite/Apt Number	
Lot/Concession/Rural Route	City/Town	ON	Postal Code
Home Telephone (include area code)		Business Telephone (include area code) Ext	
Confirmation of Benefits			
I am receiving social assistance benefits <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, check <input checked="" type="checkbox"/> one only:			
<input type="checkbox"/> Ontario Works Program (OWP) <input type="checkbox"/> Ontario Disability Support Program (ODSP)			
<input type="checkbox"/> Assistance to Children with Severe Disabilities (ACSD)			
I am eligible to receive coverage for Hearing Devices from:			
Workplace Safety & Insurance Board (WSIB) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Veterans Affairs Canada (VAC) – Group A <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2: Devices and Eligibility

Verify that the correct device and placement (i.e. right and/or left) is selected. This selection must correspond with the code entered in the equipment specifications section (Section 3).

Vendor quote for repair must be attached for replacement requests. Quotes should show the total cost to the client to get the hearing aid repaired, which may include vendor costs, such as shipping the device to the manufacturer. The actual repair cost must be based on the wholesale price.

Section 2 – Devices and Eligibility						
Device Selection (to be completed by Authorizer or Prescriber)						
Hearing Aid (s)	L	R	Other Hearing Devices	L	R	Date of Surgery (yyyy/mm)
Behind the Ear	<input type="checkbox"/>	<input type="checkbox"/>	Cochlear Implant Replacement Speech Processor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/>
In the Ear	<input type="checkbox"/>	<input type="checkbox"/>	Bone Anchored Hearing Aid Replacement Sound Processor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/>
Canal Aid	<input type="checkbox"/>	<input type="checkbox"/>	with abutment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/"/>
Completely in the Canal	<input type="checkbox"/>	<input type="checkbox"/>	without abutment	<input type="checkbox"/>	<input type="checkbox"/>	
FM System	<input type="checkbox"/>		Teletypewriter (TTY)	<input type="checkbox"/>		
			Flashing/Signalling Device	<input type="checkbox"/>		

Reason for Application: (check one or more as appropriate)

First access for Hearing Devices

Another type of device required in addition to Previously ADP Funded Device(s)

Replacement of Previously ADP Funded Hearing Device

Replacement Device Required Due To: (check one or more if applicable)

Change in medical condition. Previously funded equipment no longer meeting client's needs.
Hearing Aids Only: minimum 20db loss across 3 speech frequencies

Normal wear and applicant confirms that it is no longer under warranty.

Vendor quote and/or copies of repair bills attached (other attachments will not be considered)

Section 2: Replacement Device

Replacement Device Required Due To: *(check one or more if applicable)*

- Change in medical condition. Previously funded equipment no longer meeting client's needs.
Hearing Aids Only: minimum 20db loss across 3 speech frequencies
- Normal wear and applicant confirms that it is no longer under warranty.
- Vendor quote and/or copies of repair bills attached (other attachments will not be considered)**

Devices older than five years may be deemed unrepairable by the manufacturer. Where applicable, this must be clearly stated on the vendor quote/attachment, not on the form.

Where the replacement is due to a change in medical condition, all supporting documentation (e.g. audiogram) must be kept on file. ADP may request copies at any time in order to verify the process that was followed to determine eligibility for funding.

Section 2: Confirmation of Applicant's Eligibility

All questions in the section **MUST** be answered by checking the appropriate box with Yes, No or N/A.

Authorizers must only check Yes for the boxes applicable to the device being prescribed.

Confirmation of Applicant's Eligibility (to be completed by Authorizer)		
Hearing Aids (answer required for question 1)		
1. There is documented evidence of the need for the hearing aid to meet applicant's basic daily listening needs based on established clinical assessment tools.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
FM Systems (answer required for questions 2-4)		
2. There is documented evidence of the ability of applicant/caregiver to use an FM System effectively to meet his/her basic daily listening needs and the benefits and limitations of FM technology have been explained to the applicant/caregiver.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. At the time the FM system was dispensed, the ADP Registered Vendor has obtained the applicant/agent's signature confirming that: <ul style="list-style-type: none">education was provided to the applicant/caregiver on the use, care/maintenance and trouble-shooting of the device; andapplicant / agent was provided details regarding the minimum 30 day trial period and a minimum 1 year warranty.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4. The ADP Registered Authorizer has documented confirmation prior to the end of the trial period that the FM System meets the applicant's basic daily listening needs and that the applicant is using the system as authorized.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
TTY or Flashing/Signalling Device (answer required for questions 5-6)		
5. The applicant has a hearing loss severe enough to impede normal use of a telephone even with the use of a hearing aid and a voice amplified telephone, and requires the long-term use of a TTY and accompanying flashing-signalling device if required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
6. The applicant has a speech impairment severe enough to impede normal use of the telephone even with the use of an augmentative communication aid and requires the TTY on a long-term basis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Section 4 - Signatures

The physician's **6-digit OHIP billing** is required. Where the audiologist signs the forms, the 4-digit college registration number must be included.

Health professionals signing the ADP application form must read and understand the consent statements within their section of the application form.

Signatures must be original and made in ink.

The authorizer must provide their ADP registration number, assessment date and sign the application. Applications expire one year after authorizer signs.

Section 4 - Signatures
Prescriber's Signature (to be completed by Physician OR Audiologist)

I certify that I have personally assessed the applicant named on this form in person. Based on my assessment of this individual's medical requirements, I have confirmed that the applicant named above has a hearing loss sufficient to warrant the use of a hearing device on a long-term basis as part of his/her total daily activities, and is not for exclusive use in sports, school, or work.

Physician's Last Name, First Name (PLEASE PRINT)		Ontario Health Insurance Billing Number (6 digits)			
OR		Audiologist's Last Name, First Name (PLEASE PRINT)			
		College Registration Number (4 digits)			
Signature	Date (yyyy/mm/dd)	Business Telephone (include area code)	Ext.		
X	/ /	-	-	-	-

Authorizer's Signature and Confirmation of Applicant's Eligibility

I hereby certify that I have personally assessed the applicant named on this form in person. Based on my assessment of this individual's medical requirements, I have confirmed his/her eligibility for funding assistance in accordance with all ADP funding guidelines. I have advised the applicant or his/her agent that he/she may purchase the ADP approved equipment from the ADP Registered Vendor of their choice, and have provided a list of ADP Registered Vendors in the applicant's community for their use.

PLEASE PRINT		Authorizer's First Name	
Authorizer's Last Name		ADP Authorizer Registration Number	
Business Telephone (include area code)	Ext.		
-	-		
Authorizer's Signature	Assessment Date (yyyy/mm/dd)		
X	/ /		

NOTE: Resident doctors with temporary billing numbers, are not allowed to sign the form.

Otolaryngologist's confirmation is required for:

- a first-time child applicant
- any child whose hearing loss is not stable
- All applicants who require a replacement hearing aid due to change in medical condition

Section 4 – Vendor Information

Vendor Information

I hereby certify that the applicant named above has received the items as authorized.

PLEASE PRINT

Vendor Business Name	ADP Vendor Registration Number	
Vendor Representative's Last Name	Vendor Representative's First Name	
Position Title	Business Telephone (include area code)	
Vendor Location		
Vendor Representative's Signature X	Date (yyyy/mm/dd) / /	Invoice Number

Vendors must review the information provided for accuracy.

Incorrect or incomplete information, may delay the application processing.

ADP Vendor Registration Number

All vendors registered with ADP are issued a unique ADP vendor registration number. Applications with invalid vendor registration numbers or submitted by vendors not registered with the program will not be approved.

Vendor Representative Information

The vendor representative must sign and date the form.

Signatures must be original and made in ink.

The unique invoice number must be included for payment to be made.

Common Invoice Errors

ADP Device code on the invoice does not belong to the approved device type

The device selected in Section 2, *Devices and Eligibility*, must match the device code entered in Section 4, *Equipment Specifications* (e.g. Behind-the-Ear on page 1, and code HA0000939 on page 3)

Delivery date must be on or after the authorization date

Hearing aids must not be delivered to the client before the authorizer has signed the ADP application form.

Vendor invoice number has been previously used and is not unique

Vendors will only be paid once per invoice number. Once a payment has been made, applications submitted with the same invoice number will not be approved.

Section 4: Equipment Specification

Equipment Specifications (to be completed by Vendor)

Device Placement	ADP Device Code	Make & Model Description	Serial Number	ADP Portion	Client Portion
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> N/A					
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> N/A					
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> N/A					
<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> N/A					

Applications with incorrect or missing codes will **NOT** be paid.

Vendors are required to complete all details pertaining to the equipment specifications. This information can be found in the [Hearing Aids and FM System Product Manual](#) on the ADP website.

Device placement must correspond with selections made in Section 2 (Devices and Eligibility), of the application. Select N/A for a FM System.

The Client portion figure must include the hearing aid, ear molds and dispensing fees.

Submitting the Application Form

Only original applications signed in ink will be processed.

Photocopies of applications, scanned/e-mailed applications and faxed applications will not be accepted.

Vendors must retain a copy of the original application for their records.

Verify that all sections have been completed accurately prior to submitting. Applications with missing or incorrect information will not be approved.

The use of correction fluid/tape to correct information will not be accepted.

Submitted application forms that are incomplete, or are incorrectly completed, will not be approved and/or will be subject to processing delays.

Vendor Responsibilities

Vendors have a number of responsibilities as part of their participation in the ADP. A full list is available in the Hearing Devices Policy and Administration Manual.

- Order and provide prompt delivery of the Authorized Device specified on the Application Form.
- Provide counseling and instructions necessary for the proper and effective use, operation, care and maintenance for all Devices sold.
- Provide the Applicant with a fully itemized invoice for the Authorized Device purchase together with a copy of the manufacturer's warranty and user manual. The original invoice must be kept with the applicant's file together with a copy of the application form. The ADP may request a copy of the invoice at any time.
- Honour manufacturer's warranty for the benefit of Clients and provides after-sales service such as repair and maintenance services.
- Provide repair quotes, as necessary, to the Applicant and/or to the ADP.
- Retain all supporting documentation on file and provide to the ADP as requested.

Common Mistakes and Omissions

Mistakes and omissions result in delays to the application. Here are a few common mistakes which may delay the application processing:

- Invalid Health card number or personal information does not match information in the OHIP files (e.g. date of birth or legal name)
- Applicant/agent details and signature missing
- Prescriber's signature missing
- Incorrect physician billing number
- Authorizer/Prescriber not registered with ADP
- Application has expired
- Physician's contact information does not match information in the OHIP files e.g. address
- Replacement reason missing
- No device selected
- Incorrect device type, placement and/or code
- Information selected on page 1 (device type/placement) about device does not match page 3 (ADP device code)

Application Delays/Denials

Applications may be delayed/denied for a number of reasons. Although not exhaustive, here is a list of common reasons:

Delays

- Invoice number is missing or incorrect.
- Replacement must be selected if at least one device is being replaced.
- Multiple reasons for funding provided e.g. first-access and replacement.

Denials

- Applicant does not meet eligibility requirements for the hearing device, e.g. applicant is not eligible for health services (OHIP) on the assessment date.
- Applicant has exceeded the number of devices permitted for the funding period.

Additional Resources

[Policies and Procedures Manual for the ADP](#)

[Hearing Devices Policy and Administration Manual](#)

[Applicant Information Sheet](#)

[Hearing Devices Application Form](#)

[Hearing Aids and FM Systems Device Codes](#)

[Hearing Aids and FM Systems Approved Products Manual](#)

Program Information

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

Mailing Address

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