MEMORANDUM

To: ADP Registered Authorizers, Vendors and Clinics
   Hypertrophic Scar Management Devices
   Lymphedema Management Devices

From: The Assistive Devices Program (ADP)

Date: April 19, 2011

Re: Application for Funding Pressure Modification Devices form (NEW)

On June 13, 2011, the Assistive Devices Program (ADP) will implement a new information technology system. The new system will provide a modern and efficient platform to document all client transactions, claims adjudication and vendor payments.

As a result of the transition to the new system and to facilitate both stakeholder access and claim processing of requests for funding of hypertrophic scar management devices and lymphedema management devices, a new application form has been created. The new form replaces the generic Equipment Supply Authorization (ESA) form currently used for submitting ADP funding requests for hypertrophic scar management devices and lymphedema management devices.

Please note that no changes have been made to current policy, eligibility criteria, assessment requirements or pricing for hypertrophic scar management devices and lymphedema management devices.

Service Delivery Change

Upon approval of a request for a garment, the maximum number for a given replacement period will be approved. Pre-approval of the maximum quantity will allow the vendor to invoice against the approved claim as additional garments are required.

The applicant will not have to re-submit an application form for each subsequent garment. A new application form will have to be submitted at the end of the replacement period (e.g. two years).

Note: There is no longer the requirement to provide the ADP device code for each item selected. The new format includes a check box alongside the description of each device. The authorizer checks the device(s) required.
The new Application for Funding Pressure Modification Devices form includes the following features:

- The form has been structured to collect only that information required to process a request for ADP funding
- Decreased use of written information (use of check boxes) will expedite application submission and processing time
- Forms will no longer be pre-numbered; a claim specific ADP number will be created when the application is data entered at the ADP. A blank sample of the application form will be posted on the ADP web site in fill and print format
- **Device codes** for the selection of all hypertrophic scar management devices and lymphedema management devices are no longer required on the new form; the description of each device is found on the new form. Although reference to device codes has been removed from the device selection part of the application form, the codes themselves will continue to be used on vendor invoices submitted for payment. Device codes and ADP prices are listed in the product manual.

**Application for Funding Pressure Modification Devices: overview of the new form structure:**

The new form is divided into four sections; the flow of the form is intuitive in nature, that is, it takes the stakeholders through a logical progression of assessment and device selection leading to the submission of a completed application form. It will take less time for the form to be completed, the ADP will have all the information required to process requests in a more timely fashion and payments to vendors will be faster.

- **Section 1 – Applicant’s Biographical Information**
  - Captures mandatory client information (e.g. name, address, health card number)
  - Collection of ‘Confirmation of Benefits’ information (e.g. social assistance)
- **Section 2 – Devices and Eligibility**
  
  **Selection of device and confirmation of eligibility**: a separate section is provided for hypertrophic scar management devices and lymphedema management devices requested (check box format), required by the Program to determine specific device eligibility; the applicant only needs to fill out those sections relevant to the requested equipment (it is expected that only one of these two device sub-categories will be requested on a given form). Eligibility questions are provided and required by the Program to determine specific device type eligibility.

  - Fields that relate to the applicant’s diagnosis and surgical procedure (if applicable) to be completed by the physician
  - Fields that identify the devices for which funding is being requested, to be completed by the authorizer

  - **Reason for Application** and **Replacement Required Due To**: to be completed by the authorizer (check box format)
Confirmation of applicant’s eligibility for ADP funding, to be completed by the authorizer (check box format)

Section 3 – Applicant’s Consent and Signature

- Agreement by the applicant re: release of personal health information to the Assistive Device Program and its agents (Ministry requirement)
- In instances where the client is represented by an agent (e.g. Power of Attorney etc.) the agent’s contact information is required

Section 4 – Signatures

- Capture of signatures and associated contact details for:
  - Physician
  - Authorizer
  - Certified Fitter (if applicable)
  - Clinic (if applicable)
  - Vendor

A chart is enclosed to support you in becoming familiar with the new form.

Important Dates to Remember:

- **May 2, 2011:** visit the ADP website at: [http://www.health.gov.on.ca/english/providers/program/adp/adp_mn.html](http://www.health.gov.on.ca/english/providers/program/adp/adp_mn.html)
  - Updated Policy and Procedures Manual for the Assistive Devices Program including:
    - Updated conflict of interest policy about which you were notified by memo in November 2010
    - A new policy section clarifying that ADP does not fund batteries
    - A new policy on rebates
  - Updated Policy and Administration Manual for Pressure Modification Devices
  - New Application for Funding Pressure Modification Devices form (fill, print and download format)
  - New Applicant Information Sheet (must be presented to every applicant at time of assessment)
  - FAQ regarding the changes to the application form

- **May 15, 2011:** last authorizer signature date that the current application form may be used; forms with an authorizer signature date of May 15, 2011 and before must be received at the ADP no later than **June 30, 2011**

- **May 16, 2011:** new application form must be used for all authorizer signature dates initiated on this date and going forward

- **June 13, 2011:** the new ADP IT system goes live
A draft of the new *Application for Funding Pressure Modification Devices* form has been enclosed for your careful review. Note that this copy is not to be used to submit applications for funding assistance. On **May 2, 2011** the **final version** of the new application form and the Applicant Information Sheet will be posted on the ADP website in fill and print format. [http://www.health.gov.on.ca/english/providers/program/adp/adp_mn.html](http://www.health.gov.on.ca/english/providers/program/adp/adp_mn.html)

If you have any questions, please contact Majeedah Tejpar at 416-327-8186 or 1-800-268-6021 or at majeedah.tejpar@ontario.ca

original signed by

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Joan Stevens  
Program Manager  

Enclosures:  Draft *Application for Funding Pressure Modification Devices* form  
Chart outlining the structure of the new *Application for Funding Pressure Modification Devices* form