

# Grants Policy and Administration Manual

Assistive Devices Program  
Ministry of Health & Long-Term Care

March 2018

[www.health.gov.on.ca/adp](http://www.health.gov.on.ca/adp)

# Table of Amendments

This page will list all substantive changes to policies and procedures listed in the Manual.

<b>Section</b>	<b>Change</b>	<b>Date</b>
Various sections	Minor language updates	March 2018
220	Added: Applicant Identified as Ineligible by the ADP( Breast prostheses)	March 2018
315	Added 315.11: Grant initiation	March 2018
320	Added: Applicant Identified as Ineligible by the ADP (Enteral Feeding Pump and Supplies)	March 2018
325/330	Split: Replacement Enteral Feeding Pumps and Ongoing Payments for Enteral Feeding Supplies	March 2018
335	<ul style="list-style-type: none"> <li>• 335.05: grant payment frequency and total contribution</li> <li>• 335.07: clarification payment in cases of grant cancellation</li> </ul>	March 2018
515	<ul style="list-style-type: none"> <li>• 515.10: grant initiation</li> </ul>	March 2018
530	<ul style="list-style-type: none"> <li>• 530.01: grant payment frequency and total contribution</li> <li>• 530.05: clarification payment in cases of grant cancellation</li> </ul>	March 2018
615	<ul style="list-style-type: none"> <li>• 615.11: grant initiation</li> </ul>	March 2018
620	<ul style="list-style-type: none"> <li>• Added: Applicant Identified as Ineligible by the ADP (Ostomy Grant)</li> </ul>	March 2018
630	<ul style="list-style-type: none"> <li>• 630.01: grant payment frequency and total contribution</li> <li>• 630.01: clarification payment in cases of grant cancellation</li> </ul>	March 2018
800	<ul style="list-style-type: none"> <li>• Minor corrections to punctuation</li> </ul>	March 2018
805	<ul style="list-style-type: none"> <li>• Minor corrections to capitalization</li> </ul>	March 2018

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# Introduction

# 1

# Part 1: Introduction to Grants Policy and Administration Manual

## 100 Grants for Devices and Supplies

100.01 This Policy and Administration Manual is intended to provide information about the Grants provided by the Ministry of Health and Long-Term Care's Assistive Devices Program to contribute to the costs of purchasing:

1. Breast Prostheses
2. Enteral Feeding Pump and Supplies
3. Insulin Syringes for Seniors
4. Ostomy Supplies
5. Ventilator Equipment Supplies

100.02 For information regarding the Insulin Pump and Supplies Grant and the Respiratory Equipment and Supplies Grant, refer to the Device specific [Policy and Administration Manuals](#).

## 105 Purpose of the Manual

105.01 The purpose of this Manual is to present the Assistive Devices Program's policies and procedures for certain Grant categories in one document. This includes those Grant categories for which no other Policy and Administration Manual exists.

## 105.02 Intended Target Audience

This Manual is intended to be used by Applicants, Clients, legal agents, Physicians, Nurse Practitioners, and vendors.

# 110 Protecting Personal Health Information

- 110.01 All Assessors and retailers must comply with all applicable privacy laws governing information regarding their Clients.
- 110.02 The Ministry, as a health information custodian, is governed by the terms of the *Personal Health Information Protection Act, 2004*.
- 110.03 All identifiable information regarding any Applicant and/or Client must be treated as confidential.
- 110.04 All Assessors and vendors must comply with all applicable privacy legislation relating to the protection of personal information and personal health information of Clients.
- 110.05 All Assessors and vendors must take reasonable steps under the circumstances to ensure that all personal information and personal health information regarding Clients in their custody or control:
- remains confidential and is collected, used or disclosed in accordance with any applicable legislative requirements,
  - is secured from theft, loss, unauthorized access, use and disclosure, as well as unauthorized copying, modification or disposal, and
  - is retained, transferred and disposed of in a secure manner.



# 115 Definitions

- 115.01 Capitalized terms used in this Manual shall have the meaning as described below:
- 115.02 **ADP** means the Ministry of Health and Long-Term Care's Assistive Devices Program.
- 115.03 **ADP Manual** means the *Policies and Procedures Manual for the Assistive Devices Program*.
- 115.04 **Agent** means a person or entity that is legally authorized to act on the applicant's or Client's behalf, including but not limited to an attorney under a continuing power of attorney, or a guardian, and such authority is supported by applicable written documentation.
- 115.05 **Applicant** means an individual who applies to the ADP for Grant funding to contribute towards the purchase of Devices and Supplies.
- 115.06 **Application Form** means the Application for Funding form provided by the Program and used to request Grant funding.
- 115.07 **Assessor** means the person who assesses the individual for the Device and/or Supplies and who is identified in each section of this Manual.
- 115.08 **Client** means an individual who applies to the Program, satisfies eligibility requirements and subsequently receives Grant funding from the Program for a Device and/or Supplies. Client is also used to refer to the individual's Agent.
- 115.09 **Dietitian** means a member of the College of Dietitians of Ontario.
- 115.10 **Device** means a category of assistive Devices to which this Manual applies, as set out in section 100.

- 115.11 **Grant** means the financial assistance provided directly to the Client and intended to help cover some of the costs of purchasing Devices and Supplies to which this Manual applies.
- 115.12 **Long-Term Care Home** means a long-term care home operated by a licensee within the meaning of the *Long Term Care Homes Act, 2007*.
- 115.13 **Manual** means the Grants Policy and Administration Manual.
- 115.14 **Nurse Practitioner** means a professional who holds a valid certificate of registration from the College of Nurses of Ontario (CNO) as a Registered Nurse in the Extended Class and entitled to practise in Ontario in accordance with the *Nursing Act, 1991*.
- 115.15 **Personal Health Information** means the personal information as defined in Section 4 of the *Personal Health Information Protection Act, 2004*.
- 115.16 **Physician** means a member holding a valid certificate of registration from the College of Physicians and Surgeons of Ontario who is qualified to practise medicine in Ontario under the *Medicine Act, 1991*.
- 115.17 **Prescriber** means a Physician or Nurse Practitioner who prescribes the Devices and Supplies
- 115.18 **Renewal Date** means the date on which a Grant expires and a new Grant period begins.
- 115.19 **Renewal Form** means the form with which the Client confirms his/her ongoing eligibility for a Grant.
- 115.20 **Supplies** means a category of Supplies to which this Manual applies, as set out in section 100.
- 115.21 **VEP** means the Ventilator Equipment Pool program operated by the Kingston General Hospital pursuant to an agreement as between the province and that organization.

**See Section 110 of the ADP Manual for more definitions.**

# 120 Eligibility Criteria

120.01 The eligibility criteria are established in keeping with the vision and mandate of the ADP. The following criteria must be met before an Applicant can be considered to be eligible for a Grant.

## 120.02 **Not Eligible for Other Benefits**

The Applicant is not entitled to coverage for the same Device and/or Supplies under the Workplace Safety and Insurance Act, 1997, S.O. 1997, c.16, Schedule A or any successor legislation thereto.

The Applicant is not entitled to coverage for the same Device and/or Supplies under the Veterans Treatment regulations made under the Department of Veterans Affairs Act (Canada), R.S. 1985, c. V-1, or any successor legislation thereto (Group A).

## 120.03 **Valid Health Card**

The Applicant must be an insured person as defined in the *Health Insurance Act*, R.S.O. 1990, c. H.6 and have a valid Ontario health number.

## 120.04 **Permanent Residence**

The Applicant must hold permanent residency in Ontario.

## 120.05 **Physical Disability**

The Applicant must have a long term physical disability or physical condition requiring the use of the Device and/or Supplies for six months or longer.

## 120.06 **Grant Specific Criteria**

Applicants must also meet any additional eligibility criteria specific to each particular category of Grant as outlined in this Manual.

# 125 Roles and Responsibilities

125.01 In the process of confirming eligibility for funding assistance, the Applicant/Client has specific roles and responsibilities and certain rights. While the Prescriber may not be registered with the ADP, he/she also has specific roles and responsibilities in this process. Additional information may be found in the ADP Manual.

## 125.02 **Roles and Responsibilities of the Applicant/Client**

- Has the right to obtain up- to-date information about the ADP;
- Carefully reviews the applicable Applicant Information Sheet and asks questions to understand the information, as necessary;
- Provides the necessary and accurate information on the Application for Funding form, Section 1, “Applicant’s Biographical Information”;
- Carefully reviews all of the information in the Application Form, Section 3, “Applicant’s Consent and Signature” prior to signing the form;
- Provides any necessary and accurate information to the Assessor, as part of their assessment and/or completion of the Application Form;
- Makes an informed decision based on the accurate and complete information that is provided by the Assessor during the needs assessment and the ADP application process, including, but not limited to, whether or not to proceed with an application for ADP funding;
- May choose to seek a second opinion if he/she disagrees with the Assessor’s assessment of his/her needs;
- May choose their preferred retailer of the Device and/or Supplies;
- Is responsible for paying for the Device or Supplies directly to the retailer;

- Is responsible for completing and returning the applicable Renewal Form to the ADP to enable the ADP to determine ongoing eligibility and payments;
- Is responsible for providing updated information to the ADP regarding their name, address and/or Health number;
- Is responsible for providing updated information to the Ministry of Health and Long-Term Care's Financial Management Branch in Kingston regarding their banking information at the contact information provided in section 900 of this Manual;
- Is responsible for monitoring their Grant payments and for contacting the ADP, should an issue be identified;
- Is responsible for keeping any and all receipts related to the Device, Supplies and/or Grant for a period of two (2) years.

### 125.03 **Roles and Responsibilities of the Prescriber**

- Maintains a current knowledge base about ADP policies and procedures in order to be able to inform his/her clients about the ADP;
- Informs his/her client about ADP policies, eligibility criteria and procedures so that the Applicant/Client can make a well-informed decision regarding submitting an Application Form to the ADP;
- Maintains a current knowledge base of the Devices/Supplies required for the applicable situations;
- Identifies the need for the required Devices/Supplies as part of the client assessment process and makes recommendations to the client regarding these Devices/Supplies;
- Completes the applicable sections of the Application Form, as needed.

# Breast Prostheses

# 2

# Part 2: Breast Prostheses

## 200 Eligibility Criteria

- 200.01 The Applicant must meet the general eligibility criteria for the receipt of a Grant as set out in policy 120 of this Manual.
- 200.02 In order to be eligible to receive an ADP Grant, the Applicant must require a breast prosthesis as a substitute for a partially or totally absent breast under the following circumstances:
- Post mastectomy or post lumpectomy for one or both breasts;
  - Failed breast reconstruction surgery post-mastectomy or post lumpectomy for one or both breasts, and/or
  - Congenital deformity of one or both breasts.

## 205 Breast Prostheses Funded

The ADP provides the breast prostheses Grant in order to provide financial assistance towards the purchase of external silicone breast prostheses. The ADP provides a Grant for one (1) prosthesis per side only.

## 210 Non-Eligible Items

For purposes of the breast prostheses Grant, the ADP does not provide a Grant for the following:

- Non silicone external breast prostheses



- A second prosthesis for the same side
- Temporary breast prostheses, usually fiberfill
- Swim prosthesis and swimwear
- Silicone implants used in breast reconstruction
- Breast prostheses for failed breast reconstruction when the client has not had a mastectomy or lumpectomy
- Breast prostheses for acquired skeletal deformities such as scoliosis
- Breast prostheses for cosmetic augmentation of small breasts
- Breast prostheses for change in sexual identity
- Silicone nipples
- Brassieres
- Repairs to breast prostheses
- Maintenance costs for breast prostheses

## 215 Assessment and Application Process

- 215.01 The Applicant can obtain the Application for Funding Breast Prostheses Grant form from the [ADP website](#).
- 215.02 The Applicant may select any breast prosthesis fitter of his/her choice.
- 215.03 The breast prosthesis fitter must conduct a confidential and professional mastectomy fitting to determine the correct type, style and size of breast prosthesis or prostheses required by the Applicant.

- 215.04 The Applicant must purchase the breast prosthesis or prostheses and retain the original receipt.
- 215.05 The Applicant must complete the Application Form and submit the form to the ADP.
- 215.06 The Application Form must be signed by the Applicant and received by the ADP within twelve (12) months from the purchase date of the eligible breast prosthesis or prostheses.
- 215.07 The ADP processes the Application Form to determine if the Applicant is eligible for the receipt of a Grant towards the purchase of the breast prosthesis or prostheses.
- 215.09 If the Applicant is deemed ineligible for a Grant, the ADP will advise the Applicant in writing.
- 215.10 The Applicant may submit additional information and/or corrections to the Application Form in writing to the ADP.
- 215.11 If the ADP reviews the information and/or corrections that are re-submitted by an Applicant and it is determined that the Applicant is eligible to receive a Grant, the ADP will process the Application Form.
- 215.12 If the ADP reviews the information and/or corrections that are resubmitted by an Applicant and the information continues to be incomplete or insufficient or if it is determined that the Applicant is ineligible, the ADP will advise the applicant in writing.

## **220 Applicant Identified as Ineligible by the ADP**

An applicant may be deemed ineligible if the criteria for his/her access to the Program are not met or where information supplied in connection with an Application Form is insufficient, incomplete and/or inaccurate.

## 225 Replacement Breast Prostheses

- 225.01 The designated funding period is the minimum period of time that prosthesis is expected to remain useful and in good repair, under normal use. The designated funding period for breast prostheses is two (2) years from the signature date on the Application Form.
- 225.02 The ADP will not replace the breast prosthesis:
- i. within the manufacturer and/or retailer's warranty period where the replacement reason is wear and/or deterioration; and/or
  - ii. within the designated funding period, where the replacement reason is wear and/or deterioration.
- 225.03 Grants are not automatically available to replace existing breast prostheses upon the occurrence of the two-year designated funding period.
- 225.04 After the expiry of the two-year designated funding period, Applicants for Grants towards a replacement breast prosthesis that is required due to **wear and deterioration** must demonstrate a proven need, as assessed by the certified breast prosthesis fitter, to replace the breast prosthesis.
- 225.05 The ADP will provide a Grant towards the purchase of one (1) replacement breast prosthesis per side within the two year designated funding period, if a larger or smaller size and/or different type of breast prosthesis is required because of **physiological growth, atrophy or a change in medical condition** as assessed by a certified breast prosthesis fitter.
- 225.06 For any replacement breast prostheses, a new assessment by a certified breast prosthesis fitter must be completed and a new Application Form must be completed and submitted to the ADP.

## 230 Grant Amounts and Payments

230.01 Grant amounts for Clients towards the purchase of eligible breast prostheses are as follows:

Full Prosthesis (each)	Partial Prosthesis (each)
\$195.00	\$105.00

230.02 Clients receiving social assistance benefits through Ontario Works (OW), Ontario Disability Support Program (ODSP) or Assistance to Children with Severe Disabilities (ACSD) as of the applicant's signature date are eligible to receive Grants towards the purchase of eligible breast prostheses as follows:

Full Prosthesis (each)	Partial Prosthesis (each)
\$260.00	\$140.00

230.03 When assessing an Applicant's eligibility to receive the Grant, the ADP verifies that information on the Application Form matches the Health number, last name, date of birth and gender information in the Ministry of Health and Long- Term Care's Registered Persons Data Base (OHIP database). As well, the system confirms that the Applicant/Client is not deceased and is entitled to the receipt of insured services in Ontario. If there is a mismatch of information the Applicant will be deemed ineligible and no Grant payment will be made to the individual.

230.04 Once an Application Form has been reviewed and approved by the ADP, the ADP will issue a cheque to the Client for the approved Grant amount.

230.05 The ADP requests that direct deposit be made the method of payment of Grant funding. The Application for Direct Bank Payment form is available on the [ADP website](#).

Alternately, the Client may submit a letter to the Financial Management Branch in Kingston that requests direct deposit and includes the Client's name, Health number or Grant claim number, as well as a void cheque.

If the Client has arranged direct deposit for a different ADP Grant, the payment will automatically be made by direct deposit.

If arrangements are made for direct deposit, Grant payments for future applications will be made in this way.

- 230.06 If a cheque or an electronic funds transfer (EFT, otherwise known as direct deposit) letter is returned to the ADP, or if an EFT is declined/returned, the Grant will be cancelled.
- 230.07 It is the responsibility of the Client to monitor the receipt of Grant payments. If a problem with payments is identified, the Client must contact the ADP directly to provide the update/change in writing. See policy 900 of this Manual for contact details.
- 230.08 It is the responsibility of the Client to notify the ADP in writing of a change in name, address, Health number or any other relevant information.
- 230.09 It is the responsibility of the Client to notify the Financial Management Branch in Kingston, in writing, of a change in bank account information. See policy 900 of this Manual for contact details.
- 230.10 The Client must retain a copy of any receipt(s) related to the breast prosthesis and/or the Grant for a period of two (2) years.

# Enteral Feeding Pump and Supplies

# 3

# Part 3: Enteral Feeding Pump and Supplies

## 300 Eligibility Criteria

300.01 The Applicant must meet the eligibility criteria for the receipt of a Grant as set out in policy 120 of this Manual.

300.02 The Applicant must have a long-term physical disability requiring enteral feeding to maintain nutritional status.

The Applicant must:

- have a mechanical or functional impairment that requires the intervention of enteral feeding; and
- require enteral feeding to be delivered by pump for six or more hours over a 24 hour period.

300.03 The ADP does not provide the Enteral Feeding Pump and Supplies for individuals who are patients in a hospital or residents in a Long-Term Care Home.

## 305 Enteral Feeding Pump and Supplies Funded

Individuals are eligible to receive Grants towards the purchase of a portable or stationary enteral feeding pump and the purchase of enteral feeding Supplies.

Examples of supplies are bags and containers, tubes, catheters and accessories.

## 310 Non-Eligible Items

The ADP does not provide Grants towards the cost of the following items with respect to enteral feeding pumps or Supplies:

- Feeding formula
- Repairs or maintenance
- Batteries

## 315 Assessment and Application Process

315.01 The Applicant can obtain the Application for Funding Enteral Feeding Pump and Supplies form from the [ADP website](#).

315.02 Prior to completing an Application Form, a Physician or a Nurse Practitioner must complete an examination of the Applicant to determine the Applicant's specific disability and their need for enteral feeding. The Physician or Nurse Practitioner must complete and sign the Application Form.

315.03 The Physician or Nurse Practitioner may also refer the Applicant to a nurse, Dietician or occupational therapist with a special interest in enteral nutrition. The nurse, Dietician or occupational therapist will work with the Applicant to determine what enteral feeding pump and/or Supplies will meet the Applicant's needs.

315.04 Once signed by the Physician or Nurse Practitioner and the Applicant, the Application Form must be submitted to the ADP.



- 315.05 The Application Form must be received by the ADP within twelve (12) months of the Physician's or Nurse Practitioner's signature date.
- 315.06 The ADP processes the Application Form to determine if the Applicant is eligible for the receipt of a Grant towards the purchase of an enteral feeding pump and the cost of Supplies, and, if so, the amount of the Grant to which the Applicant may be entitled in accordance with this Manual.
- 315.07 If the Applicant is deemed ineligible for a Grant, the ADP will advise the Applicant in writing. A copy will be sent to the Physician or Nurse Practitioner who signed the Application Form.
- 315.08 The Applicant may submit additional information and/or corrections to the Application Form, in writing, to the ADP.
- 315.09 If the ADP reviews the information and/or corrections that are re-submitted and determines that the Applicant is eligible to receive a Grant, the ADP will process the application.
- 315.10 If the ADP reviews the information and/or corrections that are resubmitted by an Applicant and the information continues to be incomplete or insufficient or if it is determined that the Applicant is ineligible, the ADP will advise the Applicant in writing.
- 315.11 The Enteral Feeding Pump and Supplies grant will be initiated from the date the ADP receives the original Application Form.
- 315.12 The Applicant may purchase an enteral feeding pump and Supplies from any retailer that sells these products.

## 320 Applicant Identified as Ineligible by the ADP

An applicant may be deemed ineligible if the criteria for his/her access to the Program are not met or where information supplied in connection with an Application Form is insufficient, incomplete and/or inaccurate.

## 325 Replacement Enteral Feeding Pumps

### Funding Periods

- 325.01 The designated funding period is the minimum period of time that an enteral feeding pump is expected to remain useful and in good repair, under normal use conditions. The designated funding period for an enteral feeding pump is five (5) years from the Physician's or Nurse Practitioner's signature date on the Application Form.

### Requests for Replacement Device

- 325.02 Clients who continue to meet the eligibility criteria for the receipt of Grant funding towards the purchase of an enteral feeding pump are eligible to reapply for the Grant in order to purchase a new enteral feeding pump at any time during or following the five-year designated funding period, where the previously funded enteral feeding pump no longer meets the Client's needs due to a documented **change in medical condition**. In this circumstance, an assessment by the Physician or Nurse Practitioner must be completed and a new Application Form must be submitted to the ADP.
- 325.03 Clients who have received an ADP funded enteral feeding pump and continue to meet the general (see ADP Manual, Policy 300, Eligibility Criteria for Program Benefits) and Medical Eligibility Criteria (see Grant Policy and Administration Manual, Policy 300) are eligible to reapply for funding during or after the designated funding period has expired, if:

- i. The enteral feeding pump is damaged due to **normal use and wear**, and the enteral feeding pump is no longer under warranty, and the cost of the repair is more than one-third (1/3) of the original purchase price.

325.04 In instances involving a request for a Grant in connection with the replacement of an enteral feeding pump due to **normal use and wear**, a new Application Form must be completed and submitted to the ADP. A repair quote from the Device vendor or manufacturer describing the required repairs to the pump and their costs must be submitted to the ADP together with the Application Form

325.05 Applicants are not eligible to apply for a Grant towards the purchase of a replacement enteral feeding pump in circumstances where the original enteral feeding pump was lost, damaged through misuse, or where the manufacturer's warranty continues to be in effect.

## 330 Ongoing Grant Payments for Enteral Feeding Supplies

330.01 When assessing an Applicant's eligibility to receive the Grant, the ADP verifies that information on the Application Form matches the Health number, last name, date of birth and gender information in the Ministry of Health and Long- Term Care's Registered Persons Data Base (OHIP database). As well, the system confirms that the Applicant/Client is not deceased and is eligible for the receipt of insured services in Ontario. If there is a mismatch of information, the Applicant will be deemed ineligible and no payment will be made to the individual.

330.02 If a cheque or an electronic funds transfer (EFT, otherwise known as direct deposit) letter is returned to the ADP, or if an EFT is declined/returned, the Grant will be cancelled.

330.03 It is the responsibility of the Client to monitor the receipt of Grant payments. If a problem with payments is identified, the Client must contact the ADP

directly to provide the update/change in writing. See policy 900 of this Manual for contact details.

- 330.04 It is the responsibility of the Client to notify the ADP in writing of a change in name, address, Health number or any other relevant information. See policy 900 of this Manual for contact details.
- 330.05 It is the responsibility of the Client to notify the Financial Management Branch in Kingston, in writing, of a change in bank account information. See policy 900 of this Manual for contact details.
- 330.06 The ADP will cancel a Grant when it receives written notification that a Client no longer requires the Grant, is no longer eligible for the Grant or that the Client is deceased. The Client or Agent must submit documentation that includes the Client's name, Health number or Grant number and a request to cancel the Grant. This information may be submitted by letter, fax or email. If the Client is deceased, a copy of the death certificate must also be submitted.
- 330.07 A Renewal Form will be mailed to the Client by the ADP every two (2) years. The Client must complete this form and return the original form to the ADP in order to confirm their continued eligibility to receive the Grant towards the purchase of enteral feeding pump Supplies for the following two (2) year period.
- 330.08 Renewal Forms must be returned to the ADP prior to the Grant's Renewal Date in order to prevent payment delays. Renewal Forms received after the Renewal Date may result in delays in the processing of Grant payments.
- 330.09 If the submitted Renewal Form is fully and correctly completed and if the Client continues to meet the eligibility criteria, the ADP will process the Renewal Form and the Client will continue to receive the Grant payments.
- 330.10 If the submitted Renewal Form is incomplete, a copy of the incomplete Renewal Form will be mailed to the Client, highlighting the required missing information. If the Client is not eligible to receive the Grant based on the information provided on the form, the ADP will advise the Client in writing.

- 330.11 The Grant for enteral feeding Supplies will be cancelled if the Renewal Form is not received on or before the Renewal Date and no Grant payments will be forwarded to the client.
- 330.12 If the Renewal Form is received after the Renewal Date but within one (1) year of the Renewal Date, the Renewal Form will be processed and if approved, the Grant payments will be reinstated. A new schedule of payments will be initiated
- 330.13 After one (1) year from the Renewal Date a new Application Form must be submitted to the ADP if the Client wishes to re-apply for the Grant.

## 335 Grant Amounts and Payments

335.01 Grant amounts for Clients towards the purchase of an enteral feeding pump and/or supplies are as follows:

Enteral Feeding Pump Grant	Enteral Feeding Supplies
\$549.75 for a portable pump \$355.50 for a stationary pump	\$1500.00 per year in 4 equal installments (\$375.00 every three (3) months)

335.02 Clients receiving social assistance benefits through Ontario Works (OW), Ontario Disability Support Program (ODSP) or Assistance to Children with Severe Disabilities (ACSD) as of the date of the Physician's or Nurse Practitioner's signature on the Application Form and on every payment date are eligible to receive Grants as follows:

Enteral Feeding Pump Grant	Enteral Feeding Supplies
\$733.00 for a portable pump \$474.00 for a stationary pump	\$2000.00 per year in 4 equal installments (\$500.00 every 3 months)

335.03 Once an Application Form has been reviewed and approved by the ADP, the ADP will provide payments directly to the Client for the approved Grant amounts.

335.04 The Grant towards the purchase of an enteral feeding pump is paid in one (1) installment.

335.05 The Grant towards the purchase of enteral feeding Supplies is a fixed annual contribution that is paid in four (4) equal installments in each 12-month period.

335.06 Direct deposit is encouraged for provision of the payments of Grant funding. The Application for Direct Bank Payment form is available on the [ADP website](#).

Alternately, the Client may submit a letter that requests direct deposit and includes the Client's name, Health number or Grant claim number, as well as a void cheque.

If the Client has arranged direct deposit for a different ADP Grant, payments will automatically be made by direct deposit.

If arrangements are made for direct deposit, future Grant payments will be made in this way.

335.07 In certain limited circumstances, the ADP may consider a maximum of one (1) year of retroactive Grant payments from the date of request. These circumstances are:

- Cancellations due to returned mail, declined direct deposits or OHIP database mismatches;
- Incorrect social assistance benefit status on the date a payment was generated.

For incorrect social assistance benefit status, the ADP will pay the difference between the regular grant level and the social assistance grant level for each specific payment.

The Client must submit written documentation outlining their specific situation to the ADP. The ADP will advise the Client of its decision.

335.08 The Client must retain a copy of any receipts related to the enteral feeding pump and/or Supplies for a period of two (2) years.

# Insulin Pump and Supplies

4



## **Part 4: Insulin Pump and Supplies**

**See the Insulin Pump and Supplies Policy and Administration Manual.**

# Insulin Syringes for Seniors

5

# Part 5: Insulin Syringes for Seniors

## 500 Eligibility Criteria

- 500.01 The Applicant must meet the general eligibility criteria for the receipt of a Grant as set out in policy 120 of this Manual.
- 500.02 In order to be eligible for the receipt of the Insulin Supplies for Seniors Grant, the Applicant must be 65 years of age or older and require insulin by injection on a daily basis.
- 500.03 The ADP does not provide the Insulin Syringes for Seniors Grant for individuals who are patients in a hospital or residents in a Long-Term Care Home.

## 505 Insulin Syringes and Supplies Funded

The ADP provides Grant funding towards the purchase of insulin syringes and needles used to inject insulin.

## 510 Non-Eligible Items

- 510.01 The Grant is not intended to be used to purchase the following:
- Insulin
  - Blood-letting equipment (lancets)

- Test strips
- Blood glucose monitoring devices

The Applicant may be eligible to receive funding assistance for these items under the Ontario Public Drug Benefits (ODB) Program or under the Ontario Monitoring for Health Program (MFHP). Information about the OPDB can be found on their [website](#). Information about the MFHP can be found on their [website](#).

510.02 The ADP does not provide Grant funding towards any repairs or maintenance for insulin syringes and/or Supplies.

## 515 Assessment and Application Process

515.01 The Applicant can obtain the Application for Funding Insulin Syringes for Seniors form from the [ADP website](#).

515.02 The Applicant must complete the Application Form and submit the form to the ADP.

515.03 The Application Form must be received by the ADP within twelve (12) months from the Applicant's signature date.

515.04 The ADP processes the Application Form and determines whether the Applicant is eligible for a Grant towards the purchase of insulin syringes and needles.

515.05 If the Applicant is deemed ineligible for a Grant, the ADP will advise the Applicant in writing.

515.07 The Applicant may submit additional information and/or corrections to the Application Form, in writing, to the ADP.

- 515.08 If the ADP reviews the information and/or corrections that are re-submitted and determines that the Applicant is eligible to receive a Grant, the ADP will process the Application Form.
- 515.09 If the ADP reviews the information and/or corrections that are resubmitted and the information continues to be incomplete or insufficient or if it is determined that the Applicant is ineligible, the ADP will advise the Applicant in writing.
- 515.10 The Grant for insulin syringes and needles will be initiated from the date the ADP received the original Application Form.
- 515.11 The Applicant may purchase their insulin syringes and needles from any retailer that sells these products.

## **520 Applicant Identified as Ineligible by the ADP**

An applicant may be deemed ineligible if the criteria for his/her access to the Program are not met or where information supplied in connection with an Application Form is insufficient, incomplete and/or inaccurate

## **525 Ongoing Grant Payments**

- 525.01 When assessing an Applicant's eligibility to receive the Grant, the ADP verifies that information on the Application Form matches the Health number, last name, date of birth and gender information in the Ministry of Health and Long- Term Care's Registered Persons Data Base (OHIP database). As well, the system confirms that the Applicant/Client is not deceased and is eligible for the receipt of insured services in Ontario. If there is a mismatch of information or if the information is not confirmed, the Applicant will be deemed ineligible and no payment will be made to the individual.

- 525.02 If a cheque or an electronic funds transfer (EFT, otherwise known as direct deposit) letter is returned to the ADP, or if an EFT is declined/returned, the Grant will be cancelled.
- 525.03 It is the responsibility of the Client to monitor the receipt of Grant payments. If a problem with payments is identified, the Client must contact the ADP directly to provide the update/change in writing. See policy 900 of this Manual for contact details.
- 525.04 It is the responsibility of the Client to notify the ADP in writing of a change in name, address, Health number or any other relevant information. See policy 900 of this Manual for contact details.
- 525.05 It is the responsibility of the Client to notify the Financial Management Branch in Kingston, in writing, of a change in bank account information. See policy 900 of this Manual for contact details.
- 525.06 The ADP will cancel a Grant when it receives written notification that a Client no longer requires the Grant, is no longer eligible for the Grant or that the Client is deceased. The Client or Agent must submit documentation that includes the Client's name, Health number or Grant number and a request to cancel the Grant. This information may be submitted by letter, fax or email. If the Client is deceased, a copy of the death certificate must also be submitted.
- 525.07 A Renewal Form will be mailed to the Client by the ADP every two (2) years. The Client must complete the Renewal Form and return it to the ADP in order to confirm the Client's eligibility to continue to receive the Grant for the following two (2) year period.
- 525.08 Renewal Forms must be returned to the ADP prior to the Grant's Renewal Date in order to prevent payment delays. Renewal Forms received after the Renewal Date may result in delays in the processing of Grant payments.
- 525.09 If the submitted Renewal Form is fully and correctly completed and if the Client continues to meet the eligibility criteria, the ADP will process the Renewal Form and the Client will continue to receive the Grant payments.

- 525.10 If the submitted Renewal Form is incomplete, a copy of the incomplete Renewal Form will be mailed to the Client, highlighting the required missing information.
- 525.11 If the Client is not eligible to receive the Grant based on the information provided on the Renewal Form, the ADP will advise the Client in writing.
- 525.12 The Grant for Insulin Syringes and Supplies will be cancelled if the Renewal Form is not received on or before the Renewal Date and no Grant payments will be forwarded to the client.
- 525.13 If the Renewal Form is received after the renewal date but within one (1) year of the Renewal Date, the Renewal Form will be processed and if approved, the Grant payments will be reinstated. A new schedule of payments will be initiated
- 525.14 After one (1) year from the Renewal Date a new Application Form must be submitted to the ADP if the Client wishes to re-apply for the Grant.

## 530 Grant Amounts and Payments

- 530.01 The Grant towards the purchase of insulin syringes and needles is a fixed annual contribution of \$170.00 that is paid in one (1) annual installment.
- 530.02 After the Application Form is processed and approved, the ADP will issue a cheque to the Client.
- 530.03 The ADP requests that direct deposit be made the method of payment of Grant funding. The Application for Direct Bank Payment form is available on the [ADP website](#).

Alternately, the Client may submit a letter that requests direct deposit and includes the Client's name, Health number or Grant claim number, as well as a void cheque.

If the Client has arranged direct deposit for a different ADP Grant, payments will automatically be made by direct deposit.

If arrangements are made for direct deposit, future Grant payments will be made in this way.

530.04 Where the Program has discontinued the provision of Grant payments to a Client and no payments have been made for a period of one (1) year, the Client must submit a new Application Form in order to re-apply for Grant payments.

530.05 In certain limited circumstances, the ADP may consider a maximum of one (1) year of retroactive Grant payments, from the date of request. These circumstances are:

- Cancellations due to returned mail, declined direct deposits or OHIP database mismatches.

The Client must submit written documentation outlining their specific situation to the ADP. The ADP will advise the Client of its decision.

530.06 The Client must retain a copy of any receipts related to the insulin syringes and needles for a period of two (2) years.



# Ostomy Supplies

6

# Part 6: Ostomy Supplies

## 600 Eligibility Criteria

600.01 The Applicant must meet the general eligibility criteria for the receipt of a Grant as set out in policy 120 of this Manual.

600.02 In order to be eligible to receive an ostomy Supplies Grant, the Applicant must have had surgery resulting in a permanent ostomy that requires the use of ostomy Supplies.

For the purposes of this Grant, an ostomy is the surgical creation of an opening through the abdominal wall that allows intestinal contents or urine to be discharged from the body.

The Grant towards the purchase of ostomy Supplies is only available to eligible individuals with the following types of permanent ostomies:

- permanent colostomy
- permanent ileostomy
- permanent fecal continent reservoir
- permanent urostomy
- permanent ileal conduit
- permanent urinary continent reservoir

600.03 The ADP does not provide the Ostomy Supplies Grant for individuals who are patients in a hospital.

600.04 Individuals with the following conditions are not eligible for Grant funding in connection with the ostomy Supplies Grant:

- Temporary ostomies required for less than six (6) months
- Mucous fistulas
- Ostomies that are performed for a function other than allowing intestinal contents or urine to exit from the body through the abdominal wall. Examples of these ostomies include: tracheostomy, gastrostomy, jejunostomy and nephrostomy.

For information about temporary ostomies required for six (6) months or longer, please refer to policy 635 below.

## 605 Ostomy Supplies Funded

The ADP provides the ostomy Supplies Grant to provide financial assistance towards the purchase of ostomy Supplies.

## 610 Non-Eligible Items

The ADP does not provide Grant funding towards any repairs and/or maintenance for ostomy Supplies.

## 615 Assessment and Application Process

- 615.01 The Applicant can obtain the Application for Funding Ostomy Grant form from the [ADP website](#).
- 615.02 A Physician or a Nurse Practitioner must confirm that the Applicant has had a surgical intervention resulting in a permanent ostomy and must specify which surgery has been performed and the date of surgery. The Physician or Nurse Practitioner must complete the applicable sections of the form and sign the Application Form.

- 615.03 The Applicant or the Physician/Nurse Practitioner may submit the Application Form to the ADP.
- 615.04 The Application Form must be received by the ADP within twelve (12) months from the Physician's or Nurse Practitioner's signature date.
- 615.05 The ADP processes the Application Form and if the Applicant is eligible for the Grant, the ADP determines the amount of the Grant funding to be provided.
- 615.06 If the individual is deemed ineligible, the ADP will advise the Applicant and the Physician or Nurse Practitioner in writing.
- 615.07 The Applicant may submit additional information and/or corrections to the Application Form, in writing, to the ADP.
- 615.08 If the ADP reviews the information and/or any corrections that are re-submitted and determines that the Applicant is eligible to receive a Grant, the ADP will process the application and determine the amount of Grant funding to be provided.
- 615.09 If the ADP reviews the information and/or corrections that are resubmitted and the information continues to be incomplete or insufficient or if it is determined that the Applicant is ineligible, the ADP will advise the Applicant and the Physician or Nurse Practitioner in writing.
- 615.10 If the Client undergoes a second ostomy surgery, a new Application Form in respect of Grant funding for the second ostomy must be submitted to the ADP.
- 615.11 The Grant for ostomy supplies will be initiated from the date the ADP received the original Application Form.
- 615.12 The Applicant can purchase ostomy Supplies from any retailer that sells these products.

## 620 Applicant Identified as Ineligible by the ADP

An applicant may be deemed ineligible if the criteria for his/her access to the Program are not met or where information supplied in connection with an Application Form is insufficient, incomplete and/or inaccurate

## 625 Ongoing Grant Payments

- 625.01 When assessing an Applicant's eligibility to receive the Grant, the ADP verifies that information on the Application Form matches the Health number, last name, date of birth and gender information in the Ministry of Health and Long-Term Care's Registered Persons Data Base (OHIP database). As well, the system confirms that the Applicant/Client is not deceased and is eligible for insured services in Ontario. If there is a mismatch of the Applicant will be deemed ineligible and no payment will be made.
- 625.02 If a cheque or an electronic funds transfer (EFT, otherwise known as direct deposit) letter is returned to the ADP, or if an EFT is declined/returned, the Grant will be cancelled.
- 625.03 It is the responsibility of the Client to monitor the receipt of Grant payments. If a problem with payments is identified, the Client must contact the ADP directly to provide the update/change in writing. See policy 900 of this Manual for contact details.
- 625.04 It is the responsibility of the Client to notify the ADP in writing of a change in name, address, Health number or any other relevant information. See policy 900 of this Manual for contact details.
- 625.05 It is the responsibility of the Client to notify the Financial Management Branch in Kingston, in writing, of a change in bank account information. See policy 900 of this Manual for contact details.

- 625.06 The ADP will cancel a Grant when it receives written notification that a Client no longer requires the Grant, is no longer eligible for the Grant or that the Client is deceased. The Client or Agent must submit documentation that includes the Client's name, Health number or Grant number and a request to cancel the Grant. This information may be submitted by letter, fax or email. If the Client is deceased, a copy of the death certificate must also be submitted.
- 625.07 A Renewal Form will be mailed to the Client by the ADP every two (2) years. The Client must complete this form and return the original form to the ADP in order to confirm their eligibility to continue to receive the Grant towards the purchase of ostomy Supplies for the following two (2) year period.
- 625.08 Renewal Forms must be returned to the ADP prior to the Grant's Renewal Date in order to prevent payment delays. Renewal Forms received after the Renewal Date may result in delays in the processing of Grant payments to the recipient.
- 620.09 If the submitted Renewal Form is fully and correctly completed and if the Client continues to meet the eligibility criteria, the ADP will process the Renewal Form and the Client will continue to receive the Grant payments.
- 625.10 If the submitted Renewal Form is incomplete, a copy of the incomplete Renewal Form will be mailed to the Client, highlighting the required missing information.
- 625.11 If the Client is not eligible to receive the Grant based on the information provided on the form, the ADP will advise the Client in writing.
- 625.12 The Grant for Ostomy Supplies will be cancelled if the Renewal Form is not received on or before the Renewal Date and no Grant payments will be forwarded to the client.
- 625.13 If the Renewal Form is received after the renewal date but within one (1) year of the Renewal Date, the Renewal Form will be processed and if approved, the Grant payments will be reinstated. A new schedule of payments will be initiated

625.14 After one (1) year from the Renewal Date a new Application Form must be submitted to the ADP if the Client wishes to re-apply for the Grant.

# 630 Grant Amounts and Payments

630.01 The Grant towards the purchase of ostomy Supplies if a fixed annual contribution that is paid in two (2) equal installments in each 12-month period.

630.02 Ostomy Grant amounts for eligible ADP Clients who reside in the community are as follows:

One Permanent Ostomy	Two Different Types of Permanent Ostomies
\$975.00 per year paid in 2 installments of \$487.50 each, approximately every 6 months.	\$1950.00 per year paid in 2 installments of \$975.00 each, approximately every 6 months.

630.03 Ostomy Grant amounts for eligible ADP Clients who reside in a Long-Term Care Home are as follows:

One Permanent Ostomy	Two Different Types of Permanent Ostomies
\$1300.00 per year paid in 2 installments of \$650.00 each, approximately every 6 months.	\$2600.00 per year paid in 2 installments of \$1300.00 each, approximately every 6 months.

630.04 Clients receiving social assistance benefits through Ontario Works (OW), Ontario Disability Support Program (ODSP) or Assistance to Children with Severe Disabilities (ACSD) as of the date of the Physician’s or Nurse Practitioner’s signature on the Application Form and on every payment date are eligible to receive Grants as follows:



One Permanent Ostomy	Two Different Types of Permanent Ostomies
\$1300.00 per year paid in 2 installments of \$650.00 each, approximately every 6 months.	\$2600.00 per year paid in 2 installments of \$1300.00 each, approximately every 6 months.

630.05 For funding purposes, the maximum number of ostomies for which the ADP will provide Grant funding is two (2). The two (2) ostomies are, in most cases, different types of ostomies, that is, fecal and urinary. However, if the Applicant/Client has two (2) active fecal ostomies (active in the digestion of food and from which waste will exit), a physician's letter explaining the situation and rationale must be submitted together with the Applicant's Application Form. In these circumstances, the ADP may consider providing Grant funding for both ostomies.

630.06 If a Client undergoes surgery for a second ostomy, and an Application Form is submitted to the ADP for the second ostomy and is approved, the ADP will adjust and align the Grant payments, ensuring that the Client receives his/her Grant payments for ostomy Supplies on the same payment schedule. The Client will receive one payment for the two (2) approved Grants in each payment.

630.07 The ADP will:

- Issue a cheque or direct deposit to the Client, or
- Issue a cheque or direct deposit to the Agent, as per the authorization on the Application Form, or
- Issue a cheque or direct deposit to the designated Long-Term Care Home, as per the authorization on the Application Form

for the approved amount in installments approximately every six (6) months.

630.08 The ADP requests that direct deposit be made the method of payment of Grant funding. The Application for Direct Bank Payment form is available on the [ADP website](#).

Alternately, the Client may submit a letter that requests direct deposit and includes the Client's name, Health number or Grant claim number, as well as a void cheque.

If the Client has arranged direct deposit for a different ADP Grant, payments will automatically be made by direct deposit.

If arrangements are made for direct deposit, future Grant payments will be made in this way.

630.09 In certain limited circumstances, the ADP may consider a maximum of one (1) year of retroactive Grant payments, from the date of request. These circumstances are:

- Cancellations due to returned mail, declined direct deposits or OHIP database mismatches;
- Incorrect social assistance benefit status on the date a payment was generated;
- Long-Term Care Home status mismatches on the date a payment was generated.

For incorrect social assistance benefit status and Long-Term Care Home status mismatches, the ADP will pay the difference between the regular grant level and the social assistance or Long-Term Care Home grant level for each specific payment.

The Client must submit written documentation outlining their specific situation to the ADP. The ADP will advise the Client of its decision.

630.10 The Client must retain a copy of his/her ostomy Supplies receipts for a period of two (2) years.

## 635 Grants for Temporary Ostomies

- 635.01 The Applicant must meet the eligibility criteria for the receipt of a Grant as set out in policy 120 of this Manual.
- 635.02 In order to be eligible to receive an ostomy Supplies Grant for a temporary ostomy, the Applicant must have had surgery resulting in a temporary ostomy that is required for six (6) months or longer and requires the use of ostomy Supplies.
- 635.03 On the Application for Funding Ostomy Grant form, a Physician or a Nurse Practitioner must confirm that the Applicant has had a surgical intervention resulting in a temporary ostomy that is required for six (6) months or longer and must specify which surgery has been performed and the date of surgery. The Physician or Nurse Practitioner must complete the applicable sections of the form and sign the Application Form.
- 635.04 Approved Grant payments made to a Client in connection with a temporary Ostomy will be reviewed every six (6) months to determine if the Client continues to meet the eligibility criteria for receipt of the ostomy Grant.
- 635.05 The Client must submit written documentation to the ADP when an ostomy has been reversed, stating that the ostomy has been reversed and that the Client no longer requires ostomy Supplies. The ADP will cancel the ostomy Grant based on this information.

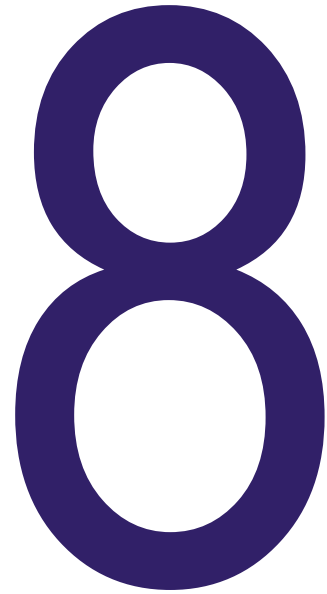
# Respiratory Equipment and Supplies

# 7

# **Part 7: Respiratory Equipment and Supplies**

**See the Respiratory Equipment and Supplies Policy and Administration Manual.**

# Ventilator Equipment Supplies



# Part 8: Ventilator Equipment Supplies

## 800 Eligibility Criteria

- 800.01 The Applicant must meet the medical eligibility criteria for the prescribed unit(s) and general eligibility criteria as set out in the application form in policy 120 of this Manual to be eligible for the Grants associated with the prescribed unit(s).

## 805 Ventilator Equipment & Supplies Funded

The ADP provides Grant funding towards the purchase of Ventilator Supplies used in conjunction with ventilator equipment provided to the Client by the VEP.

Devices provided by the VEP to eligible Clients include Ventilators, Bi-level positive airway pressure systems with backup rate (BPAP-ST), Mechanical in-Exsufflation (Cough Assist) devices and the Oxygen Saturation Monitor (OSM).

## 815 Assessment and Application Process

- 815.01 The Application for Funding Ventilator Equipment and Supplies form may be obtained on the [ADP website](#).

- 815.02 A Physician with expertise in mechanical ventilation or sleep medicine must assess the Applicant and complete and sign the Application Form.
- 815.03 The Physician submits the Application Form to the ADP. The ADP accepts a fax or email of the Application Form with the original Application Form to follow.
- 815.04 The Application Form must be received by the ADP within twelve (12) months from the Physician's signature date noted on the Application Form.
- 815.05 The ADP processes the Application Form and determines if the Applicant is eligible for Grant funding, as well as the appropriate amount of Grant funding.
- 815.06 If the Applicant is deemed ineligible, the ADP will advise the prescribing Physician directly.
- 815.07 If the ADP reviews the information and/or corrections that are provided and determines that the Applicant is eligible to receive a Grant, the ADP will process the application.
- 815.08 The Grant funding will be initiated from the date the ADP received the completed application.
- 815.09 The Applicant may purchase their Ventilator Supplies from any retailer that sells those Supplies to be used with ventilator equipment provided by the VEP.

## **820 Applicant Identified as Ineligible by the ADP**

An applicant may be deemed ineligible if the criteria for his/her access to the Program are not met or where information supplied in connection with an Application Form is insufficient, incomplete and/or inaccurate



## 825 Ongoing Grant Payments

- 825.01 When assessing an Applicant's eligibility to receive the Grant, the ADP verifies that information on the Application Form matches the Health number, last name, date of birth and gender information in the Ministry of Health and Long- Term Care's Registered Persons Data Base (OHIP database). As well, the system confirms that the Applicant/Client is not deceased and is eligible for insured services in Ontario. If there is a mismatch of information or if the information is not confirmed, the Applicant will be deemed ineligible and no payment will be made.
- 825.02 If a cheque or an Electronic Fund Transfer (EFT, otherwise known as direct deposit) letter is returned to the ADP, or if an EFT is declined / returned, the Grant is cancelled.
- 825.03 It is the responsibility of the Client to monitor the receipt of Grant payments. If a problem with payments is identified, the Client must contact the ADP directly to provide the update/change in writing. See policy 900 of this Manual for contact details.
- 825.04 It is the responsibility of the Client to notify the ADP in writing of a change in name, address, Health number or any other relevant information. See policy 900 of this Manual for contact details.
- 825.05 It is the responsibility of the Client to notify the Financial Management Branch in Kingston, in writing, of a change in bank account information. See policy 900 of this Manual for contact details.
- 825.06 The VEP notifies the ADP in writing when the Grant is no longer required. The Notice of Change in VEP Grant Status form is sent to the ADP and the Grant is discontinued.
- 825.07 A Renewal Form will be mailed to the Client by the ADP every two (2) years. The Client must complete this Renewal Form and return the original form to the ADP in order to confirm their eligibility to continue to receive the Grant towards the purchase of Ventilator Supplies for the following two (2) year period.

- 825.08 Renewal Forms must be returned to the ADP prior to the Grant's Renewal Date to prevent payment delays. Renewal Forms received after the Renewal Date may result in delays in the processing of Grant payments to the recipient.
- 825.09 If the submitted Renewal Form is fully and correctly completed and if the Client continues to meet the eligibility criteria, the ADP will process the Renewal Form and the Client will continue to receive the Grant.
- 825.10 If the submitted Renewal Form is incomplete, the ADP will advise the Client directly.
- 825.11 The Grant for Ventilator Supplies will be cancelled if the Renewal Form is not received on or before the Renewal Date and no Grant payments will be forwarded to the client.
- 825.12 If the Renewal Form is received after the Renewal Date but within one (1) year of the Renewal Date, the Renewal Form will be processed and if approved, the Grant payments will be reinstated. A new schedule of payments will be initiated.
- 825.13 After one (1) year from the Renewal Date a new Application Form must be submitted to the ADP if the Client wishes to re-apply for the Grant.

## 830 Grant Amounts and Payments

830.01 Clients are eligible to receive a Grant towards the purchase of Ventilator Supplies as follows:

\$420.00 per year	Paid in 4 equal instalments of \$105.00 each.
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830.02 Clients receiving social assistance benefits through Ontario Works (OW), Ontario Disability Support Program (ODSP) or Assistance to Children with Severe Disabilities (ACSD) as of the date of the Physician's signature on the Application Form and on every payment date are eligible to receive a Grant as follows:

\$560.00 per year	Paid in 4 equal instalments of \$140.00 each.
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830.03 After the amount of the Grant is determined, the ADP will issue payment to the Client for the approved Grant amount.

830.04 Direct deposit is encouraged for provision of the payment of Grant funding. The Application for Direct Bank Payment form is available on the [ADP website](#).

Alternately, the Client may submit a letter that requests direct deposit and includes the Client's name, Health number or Grant claim number, as well as a void cheque.

If the Client has arranged direct deposit for a different ADP Grant, payments will automatically be made by direct deposit.

If arrangements are made for direct deposit, future Grant payments will be made in this way.

830.05 In certain limited circumstances, the ADP will consider a maximum of one (1) year of retroactive Grant payments, from the date of request. These circumstances are:

- Cancellations due to returned mail, declined direct deposits or OHIP database mismatches;
- Incorrect social assistance benefit status on the date a payment was generated.

For incorrect social assistance benefit status, the ADP will pay the difference between the regular grant level and the social assistance grant level for each specific payment.

The Client must submit written documentation outlining their specific situation to the ADP. The ADP will advise the Client of its decision.

830.06 The Client must retain a copy of any receipts related to the ventilator equipment Supplies for a period of two (2) years.

## **835 Manual Resuscitation Bags with No VEP Device**

835.01 An Applicant may be eligible for funding assistance towards the purchase of manual resuscitation bags although the Applicant is not otherwise eligible for ventilator equipment(s) from the VEP.

835.02 Where a Physician has verified the individual's need for manual resuscitation bags for airway clearance purposes, the Physician completes the Ventilator Equipment and Supplies Application form, checking off 'Ventilator Supplies' and writing "Manual Resuscitation Bag" beside it.

835.03 The ADP will process the individual's Application Form and will issue payment to an eligible Client. If no invoice is submitted along with the application, the payment to the Client will be equivalent to one (1) Grant

installment amount. If an invoice is submitted and is an amount higher than one installment, the payment to the Client will be two (2) Grant installment amounts.

No further provision of funding will be made to the Client after the recipient has received the payment described above in connection with a manual resuscitation bag.

# Contact Information



# Part 9: Contact Information

## 900 Program Addresses

### 900.01 **Assistive Devices Program**

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

Email: [adp@ontario.ca](mailto:adp@ontario.ca)  
Telephone: Toronto area (416) 327-8804  
Toll free: 1-800-268-6021  
TTY: 1-800-387-5559  
Fax: (416) 327-8192

Public Website:  
<https://www.ontario.ca/page/assistive-devices-program>

Health Professionals Website:  
<http://www.health.gov.on.ca/en/pro/programs/adp>

### 900.02 **Financial Management Branch**

Ministry of Health and Long-Term Care  
Financial Management Branch, Program Payments Unit  
P.O. Box 48  
49 Place d'Armes, 2nd Floor  
Kingston Ontario K7L 5J3

Telephone: In Kingston (613) 548-6477  
Toll free: 1-800-267-9458  
Fax: (613) 548-6514