

Ontario Disability Support Program - Income Support Directives

9.6 - Assistive Devices

Summary of Legislation

- The ministry will pay an ODSP recipient's consumer contribution for an assistive device under the Ministry of Health and Long-Term Care's Assistive Devices Program.
- The ministry will also pay for an assessment for an assistive device funded by the Assistive Devices Program if there is no other source of funding for the assessment.

Legislative Authority

[Sections 44\(1\) 1 v, vi, vii, of the ODSP Regulation](#)

Summary of Directive

- ADP provides financial assistance to people with long-term physical disabilities to obtain basic, personalized assistive aids and devices appropriate for the individual's needs and essential for independent living.
- ODSP covers the consumer contribution for an assistive device funded by ADP up to the amount approved under that program. It also covers the cost of the consumer contribution for annual lease payments for ADP approved high technology communication devices to the amount approved by that program.
- ODSP will also pay for an assessment for an assistive device under ADP if there is no other source of funding for the assessment.

Intent of Policy

To provide coverage to ODSP benefit unit members for assessment fees and the consumer co-payment for the Ministry of Health and Long-Term Care's Assistive Devices Program (ADP).

Application of Policy

Definition of Assistive Devices

Assistive aids and devices are used to replace, compensate for, or improve the functional abilities of people with disabilities. They include a broad range of items

such as mobility and visual/hearing aids, orthotics/prosthetics, speech devices, medical supplies, environmental controls, and respiratory devices

What Does ADP Provide

ADP provides financial assistance to people with long term physical disabilities to obtain basic, personalized assistive aids and devices appropriate for the individual's needs and essential for independent living.

What ADP does not provide

ADP will not provide funding for assistive devices intended solely for work, school or recreational purposes.

People eligible for Department of Veterans Affairs (DVA) Group A benefits or Workplace Safety and Insurance Board (WSIB) benefits are not eligible for ADP coverage.

Devices purchased before being authorized for ADP funding are not eligible for funding assistance under ADP.

The types of assistive aids, devices and supplies funded under ADP:

- **medical** - diabetic supplies, enteral feeding equipment and supplies, ostomy supplies, ventilators, respiratory equipment and supplies;
- **mobility** - prosthetics, orthotics, and pressure modification devices, wheelchairs, positioning and ambulation aids; and
- **sensory** - communication aids, visual aids (includes optical aids, reading and writing devices and orientation aids such as laser canes) and hearing aids.

As of January 1, 1999, the cost of incontinence supplies for members of the benefit unit age 18 years of age and older continue to be provided as a benefit under mandatory special necessities. The costs of incontinence supplies for members of the benefit unit ages 3-17 are provided under the Easter Seals program.

Under the Easter Seals program, children continue to be eligible for either \$400 (ages 3-5) or \$900 (ages 6-17) for incontinence supplies, in two semi-annual instalments. Applicants to the Incontinence Supplies Program for Children and Youth With Disabilities must contact Easter Seals at 1-888-ESS-KIDS (1-888-377-5437).

A person in need of medical mobility and sensory aids, devices or supplies should be referred to the ADP at (416) 327-8804 or 1-800-268-6021.

Payment of Assessment Fee for Members of an ODSP Benefit Unit

ADP does not cover the assessment fee for assistive devices.

Upon receipt of an approved ADP invoice for an assessment fee, ODSP will cover the cost if there is no other source of funding available. The fee may vary depending on the type of device and the complexity of the assessment.

The assessment fee should not be paid or reimbursed where a person purchases the device prior to approval by ADP.

ODSP staff should check to see if the assessment fee is covered by another agency or organization.

Members of the ODSP benefit unit may need more than one assessment in a calendar year, depending on the nature of the devices/supplies required. There is no limit to how frequently assessment fees may be paid, provided they are authorized assessments appropriate to the devices/supplies required.

When approving assessment fees for assistive devices and supplies, ODSP staff should:

- Review the fees on an individual basis;
- Advise clients that pre-approval by ODSP staff is required for all assessment fees over \$500;
- Wherever possible, refer the client to a centre or facility that does not charge a fee;
- Request an estimate from more than one assessor if the assessment fee exceeds \$500, if more than one assessor available in area.

Assessment or Authorizer Fees for Assistive Devices and Supplies

Initial access for a client is often through a medical specialist or general practitioner who provides a diagnosis. In most device categories, an authorizer assesses the specific needs of the person and recommends appropriate equipment or supplies. Finally, a vendor sells the equipment or supplies.

Assistive devices and supplies approved for ADP funding require prior authorization by a physician or qualified professional who is registered with ADP. The type of professional qualification required varies with the device category. The specific assessment steps, time required and cost vary depending on the nature of the person's disability, the device category and the environment in which the device is to be used.

Examples of professionals who may submit an invoice for an assessment fee include:

- Physiotherapists (PT) and Occupational Therapists (OT) for mobility devices;
- Audiologists for hearing aids;
- Speech Language Pathologists (S-LP) and Occupational Therapists for communication aids; and
- Optometrists and Orientation and Mobility Instructors for visual aids.

There are some device categories where no assessment fees are charged. These categories include assistive devices and supplies that may be authorized by a physician who will bill OHIP or a medical facility funded by MOHLTC. Examples of such medical supplies include diabetic supplies, enteral feeding equipment and supplies, ostomy supplies, oxygen, ventilators and respiratory equipment. Some devices in the mobility category also have no assessment fees such as orthotic devices, pressure modification devices, and prosthetics.

ADP also has Designated Authorization Centres

Alternative and Augmentative Communication Centres (AACs) - There are 20 ADP-designated Alternative and Augmentative Communication (AAC) Centres in Ontario. Five of these are specifically adult high technology services. They are publicly funded and do not usually charge assessment fees if the device is ADP eligible.

Visual Aid Program Regional Assessment Centres (RACs) - There are 10 ADP-designated Visual Aid Program Regional Assessment Centres (RACs) which provide sight enhancement and sight substitution high technology device assessments. These centres may charge an administration fee for authorizing a high tech system for an ADP eligible client. ADP pays up to 75% of the approved assessment fee. The client portion of the assessment cost is covered by ODSP.

ADP designated individual authorizers who work at Community Care Access Centres (CCACs) can only see people eligible to receive a service offered by the CCAC. Some individual authorizers working at the CCACs also have private practices and will assess other clients.

Other institutions where assessments may be obtained include hospitals, rehabilitation centres, and organizations such as the Canadian National Institute for the Blind (CNIB) and the Canadian Hearing Society (CHS). There is no consistency regarding who charges and who does not. Some public hospital out-patient departments are beginning to charge. Publicly-funded facilities may charge a flat fee for assessments which is lower than private practitioners as these facilities are partially subsidized.

ODSP Coverage of ADP Consumer Co-Payment for Members of the ODSP Benefit Unit

Upon receipt of a fully completed application, which includes the assessment (where required), ADP either approves or denies funding. The application process generally takes 6 - 8 weeks.

There are different funding models for different assistive device categories, which have an impact on the amount of ODSP additional coverage:

- Direct Payments (grants) for Supplies (ostomy supplies and insulin syringes)

Direct payments from ADP for ostomy supplies are available to all members of the ODSP benefit unit. Direct payments from ADP for insulin syringes are available to insulin-dependent members of the ODSP benefit unit who are age 65 or older.

ADP applicants who are applying for financial assistance for ostomy supplies must have their physician sign an Ostomy Grant Application Form to confirm a diagnosis that indicates a need for these supplies. The applicant then signs and dates the form and sends it to ADP.

ADP applicants who are applying for financial assistance for insulin needles and syringes are not required to see a physician. Instead, ADP checks with the Ontario Drug Benefit (ODB) database to confirm that the applicant is taking insulin by injection. The applicant signs and dates the ADP application form and sends it to ADP.

Applicants do not need to contact a registered ADP authorizer or vendor in order to receive direct payment for supplies. On receipt of a fully completed application form for ostomy supplies or insulin syringes, ADP either approves or denies funding.

On approval of direct payment for supplies, the applicant receives the first payment in approximately six weeks. Payments are made every six months for ostomy supplies and once per year for insulin syringes. These clients are not required to re-apply for funding every year.

The cost of these items beyond the ADP grant are covered under the ODSP Mandatory Special Necessities benefit (diabetic and surgical supplies for insulin syringes and surgical supplies and dressings for ostomy supplies).

- Flat Rate Maximum Contributions (respiratory aids, prosthetics, wheelchairs and ambulation aids, communication aids, hearing aids and visual aids)

ADP establishes maximum limits on funding for these devices and, in most cases, no longer lists individual manufacturer's products or approved prices. A person may be required to deal with a registered authorizer and must purchase the device from an ADP registered vendor. In most cases, there is no limit on what the vendor may charge a person. ADP clients are responsible for costs over the ADP maximum contribution.

Devices are listed in manuals specific to each category.

After verifying that the ADP client is an ODSP recipient or member of the benefit unit, ADP will pay the additional 25% contribution on MCSS's behalf. This 25% is then billed back to MCSS through a journal entry process.

The Ministry of Health and Long-Term Care will verify that the person is an ODSP recipient through the Registered Persons Data Base (RPDB), for the month in which the ADP assessment was done. In instances where ADP cannot confirm the person is receiving income support under ODSP or ACSD the vendor will be required by ADP to seek verification from the recipient that they are receiving ODSP income support. Showing the vendor a cheque stub or Direct Bank Deposit stub will suffice.

ADP may request a local ODSP office to provide verification for the month in question. A confirmation letter should be sent to ADP (see Appendix A for sample) as soon as possible. If verification is not provided, the client will not receive the MCFCS top-up.

- 75% / 25% Funding Formula (enteral feeding, orthotics, pressure modification devices, and positioning devices.)

For these categories, ADP pays 75% of the approved cost and the client is responsible for the remaining 25%, plus any other amounts up to the actual price.

Upon verification of the ADP client's status as an ODSP recipient or dependant, ADP will pay the 25% contribution on MCSS's behalf. This 25% is then billed back to MCSS through a journal entry process. The verification process is similar to the process described above under "Flat Rate Maximum Contributions".

ODSP recipients will need to determine whether to purchase or rent depending on their individual circumstances. ADP will generally only pay for devices that are purchased from vendors registered with the program. Vendors sign a contract with the Ministry outlining the conditions that must be met including an agreement to only charge prices approved by the program, where approved prices are in effect.

The provision of the additional ODSP coverage, up to the maximum amount listed by ADP, is a mandatory health benefit for the month in which the person is eligible for ODSP.

Members of the ODSP benefit unit should be advised that gifts from family, friends or charitable or benevolent organizations for disability-related purposes can be applied against the cost of devices or supplies not covered by ADP and are exempt from income. Similarly, if the person has an inheritance placed in trust, funds either from the capital or interest earned on the trust, may be used for this purpose and exempt from income.

Subject to the Director's approval, a recipient may be able to accumulate assets beyond the allowable asset limits if they will be used to purchase an item that is health or disability-related.

- **Lease Payments for High Technology Communication Devices**

MCSS will cover the consumer contribution for the annual lease payments for ADP approved high technology communication devices up to the amount permitted under ADP for recipients of ODSP and ACSD. These annual lease fees should be paid by vendor cheque to the third party vendor. The third party vendor is Centralized Equipment Pool (CEP) who administers the lease program on behalf of ADP.

Where a Person's Application Is Not Approved For Funding under ADP

Where a person's application is not approved for ADP funding, (e.g. replacement required sooner than ADP replacement schedule), he/she may apply either:

- for the Mandatory Special Necessities Benefit under ODSP if the need is for diabetic or surgical supplies; or
- to the local municipality for discretionary benefits.

Repairs, Maintenance and Replacement of Assistive Devices

Necessary repairs for a principal mobility device is a mandatory benefit under ODSP.

A member of the benefit unit may occasionally require replacement of his/her assistive devices due to medical reasons, technical failure of equipment, irreparable damage to equipment, loss of the aid, etc. ADP does not cover the cost of repairs and maintenance, and has set replacement schedules for categories of devices.

If the recipient needs to replace the device prior to the ADP scheduled date, or needs a repair to the device that is not covered under ODSP, they may apply to the local Ontario Works delivery agent for discretionary benefits.

Hyperlinks Associated with this Policy Directive

Related Directives:

[4.7 Funds Held in Trust](#)

[5.8 Gifts and Voluntary Payments](#)

[9.10 Extended Health Benefit](#)

[9.11 Hearing Aids](#)

[9.12 Mandatory Special Necessities](#)

[9.13 Mobility Device Batteries and Repairs](#)