

# **Toolkit**

## **Frequently Asked Questions about Navigating The Durable Medical Equipment Delivery (DME) System**

### **Purpose**

In March of 2008, the Statewide Council on Independent Living (SILC), Arizona Bridge to Independent Living (ABIL), the Arizona Center for Disability Law (ACDL) and the Governor's Council on Developmental Disabilities (AzGCDD) formed the Durable Medical Equipment Task Force. The role of the Task Force was to research and develop recommendations to improve the delivery and maintenance of durable medical equipment (DME) services in Arizona.

This toolkit is the product of discussion to improve the delivery of services for persons with disabilities by providing a forum to discuss issues with suppliers and insurers, answers to questions that affect persons with disabilities, location of information about how to elevate grievances and appeals to insurers or other entities and information that explains why delivery delays occur and the steps necessary in acquiring durable medical equipment especially customized or off-the-shelf wheel chairs. The toolkit is also available as an interactive web site. It is intended to provide persons with disabilities with a much needed resource in making the navigation through the system easier and more user-friendly.

## Frequently Asked Questions

### 1. **What is a reasonable timeframe for each step in the process of obtaining DME?**

Timeframes for receipt of wheel chairs varies. The prioritization of the request is often based on need. If someone is being discharged from the hospital, the order will be filled quickly to avoid additional hospital stay costs. If the request is for an off-the-shelf wheel chair, the timeframe is about 3-5 days. For a customized wheel chair it is about 3-5 months after the authorization has been received. Link to Timelines for obtain wheelchairs.

### 2. **Who are the contact persons at each of the state agencies and their email addresses for which questions can be directed?**

Arizona Department of Economic Security – Division of Developmental Disabilities

John Hash – [JHash@azdes.gov](mailto:JHash@azdes.gov)

Elizabeth Gonzales – [ElizabethGonzales@azdes.gov](mailto:ElizabethGonzales@azdes.gov)

Donna Badaglialacqua – [Dbadaglialacqua@azdes.gov](mailto:Dbadaglialacqua@azdes.gov)

Donna Alvarado – Tucson – [Dalvarado@azdes.gov](mailto:Dalvarado@azdes.gov)

AHCCCS Member Services - 602-417-4000 or 1-800-654-8713 for information about AHCCCS services

### 3. **Why are there delays in getting my new wheel chair or in getting repairs?**

There are delays in getting chairs, or component parts for chairs, since some of the components come from all over the world supplied by separate contractors. Customized chairs have some parts that are off-the-shelf and other parts need to be shipped from other places. Some chairs require time for staff to assemble the parts for the chairs.

### 4. **What do I do if I need home modifications to accommodate my wheel chair?**

There are limited sources for home modifications such as ramps, grab bars, high rise toilet seats, etc. If you are a member of a health plan the request is made through your Health Plan Case Manager for the initial assessment and authorization. If you have private insurance these may be out-of-pocket costs for home modifications. The Arizona Department of Economic Security Division of Developmental Disabilities consumers should contact their Support Coordinator for home modification assistance. Consumers with private insurance can contact their local State Independent Living Council

(SILC), Area Agencies on Aging or Information on Referral for home modification sources.

**5. When do I need a wheel chair seating evaluation or assessment and how do I get one?**

Seating evaluations are necessary for off-the-shelf wheel chairs as well as customized specialized wheel chairs. A seating evaluation begins with a generic prescription for a wheel chair. Seating evaluations are performed by various entities. Contact your Health Plan or local DME provider for information.

**6. I am having problems getting the DME that has been prescribed. What do I do? AND – I have been denied a service or piece of equipment that I think should have been approved. How do I file an appeal of that decision?**

A grievance may be filed if you have not received the customer services you expect. The appeal processes are used when you have received a letter of denial for a requested services / equipment and do not agree with that decision. Each of the Health Plans has grievance and appeals processes.

For grievances, consumers should start with going up the chain of command for the DME Supplier for which goods or services are unacceptable. Ask to speak to a supervisor and continue going up the chain of command within the DME supplier organization. If unresolved, then pursue a formal grievance. Grievance processes are usually informal and can be initiated by a phone call. Be sure to document who you spoke to and what their follow-up procedures are. For persons with private insurance that do not have a health plan, grievances or complaints may be filed with the Arizona Department of Insurance, the Better Business Bureau, or the accrediting body of the Supplier such as JCAHO, etc.

Appeals are formal processes based on receipt of a letter of denial from your health plan. Appeals have specific timelines in which they must be filed and in which responses must be received. See the link to your health Plan Member Handbook for specific procedures. Link to the Health Plan Member Handbooks for grievances or appeals for specific procedures for each Health Plan.

**7. The wheel chair I just received is not working very well for me. What can I do?**

Wheel chairs have specific manufacturing warranties in place. Contact the provider of your wheel chair for their repair / modification procedures. Consumer's may consider using a form such as "My Mobility Device" to keep

track of the warranty information and repair history. (Link to FORM “My Mobility Device”)

## **8. Why is a prescription important?**

- If the person has a prescription, they do not have to pay sales tax on the item and the cost of the item can be considered an Impairment-Related Work Expense (IRWE) tax deduction on the consumer’s tax return?
- That Prescriptions are not required for repairs? (Some Health Plans require prescriptions, but it is not an AHCCCS / Medicaid or a Medicare requirement.
- Prescriptions are customarily good for one year. Ensure the prescription is general enough to cover various needs.
- The expiration date of some pharmaceutical prescriptions (controlled substances) may be less than one year?

## **9. What are Impairment-Related Work Expenses (IRWE)?**

If you are disabled, you can take a business deduction for expenses that are necessary for you to be able to work. If you take a business deduction for these impairment-related work expenses, they are not subject to the 7.5% limit that applies to medical expenses. You are disabled if you have:

- A physical or mental disability (for example, blindness or deafness) that functionally limits your being employed or
- A physical or mental impairment (for example, a sight or hearing impairment) that substantially limits one or more of your major life activities, such as performing manual tasks, walking, speaking, breathing, learning, or working.

Impairment-related expenses defined. Impairment-related expenses are those ordinary and necessary business expenses that are:

- Necessary for you to do your work satisfactorily,
- For goods and services not required or used, other than incidentally, in your personal activities and
- Not specifically covered under other income tax laws

(Source: Internal Revenue Service web site - <http://www.irs.gov/pub/irs-pdf/p502.pdf>)

If you are an employee and have a physical or mental disability that functionally limits your employment, or a physical or mental impairment that substantially limits one or more of your major life activities, you may be able to claim impairment-related work expenses. These are your allowable business expenses for attendant care at your workplace and other expenses in connection with your workplace that are necessary for you to work. If you have impairment-related work expenses, complete Form 2106, Employee

Business Expenses, or Form 2106-EZ, Unreimbursed Employee Business Expenses, and attach it to your Form 1040. Publication 502, Medical and Dental Expenses, contains more detailed information. See Internal Revenue Service web site <http://www.irs.gov/publications/p907/ar02.html#d0e454>

#### **10. How do I file a complaint with the Better Business Bureau?**

BBB's goal is to successfully resolve complaints involving buyers and sellers in a fair and timely fashion. This includes complaints involving consumer-to-business and business-to-business transactions that involve the advertisement and/or sale of a product or service. Information concerning the nature and resolution of complaints filed with BBB is used in developing BBB Reliability Reports on companies. BBB accepts complaints whether or not the business is a BBB Accredited Business.

BBB generally does not handle complaints which are more effectively handled by other government or private agencies or the legal system, such as complaints involving employment practices, discrimination, or matters in litigation.

BBB strongly encourages consumers to first attempt to resolve complaints directly with the company; however BBB will not reject a complaint if a consumer has not taken this step. All complaints are processed by local BBBs, most often the BBB where the company is located. Historically, over 70% of complaints filed through BBB are resolved. In some cases, BBB mediation or arbitration may be offered to assist in resolution.

Your complaint will be forwarded to the company within two business days. The company will be asked to respond within 14 days, and if a response is not received, a second request will be made. You will be notified of the company's response when we receive it (or notified that we received no response). Complaints are usually closed within 30 calendar days.

BBB reserves the right not to process complaints containing abusive or foul language. Link to - BBB web site for on-line complaint filing.

<https://odr.bbb.org/odrweb/public/GetStarted.aspx>

#### **11. What is Assistive Technology?**

*Assistive Technology (AT) Device* is defined as any item or piece of equipment that is used to increase, maintain or improve functional capabilities of individuals with disabilities. Examples:

- Computers and computer accessories.
- Augmentative communication devices.
- Wheelchairs (manual or electric), and scooters.
- Magnifying glasses.
- Organizational aids.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

## **12. What is Assistive Technology Service?**

*AT Service* means any service that directly assists an individual with a disability in the selection, acquisition or use of an assistive technology device.

Examples:

- Evaluation/Assessment.
- Training (*for consumers, friends and family members, and professionals in the use of an AT device.*)
- Purchasing, leasing, or otherwise providing for the acquisition of AT devices.
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing
- or replacing of AT devices.
- Coordinating and using other therapies, interventions or services with AT devices
- (*such as those associated with existing education and rehabilitation.*)
- Individuals with disabilities use assistive technology devices for a variety of reasons:
- To achieve maximum independent functioning.
- To assist with communication.
- To increase success or abilities in the job market.
- To increase functional abilities.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

## **13. What are the right questions to ask so that I can make an informed choice when requesting an assistive device? (Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)**

*Making informed choices starts with asking the right questions.* You may want to address the following questions before requesting an assistive device:

### **13a. Begin by addressing your specific needs and what you seek to accomplish through an AT device.**

- What needs am I seeking to meet through an AT device?
- Is there a device that will help to meet my needs independently or will I need
- someone to assist me in using it?
- Where will I use this equipment - at home, work, community?
- Can my environment (*i.e.: home, office*) support the technology?

- Will the equipment need to be transported often? If so, is it light weight and easy to handle?

**13b Your next step should be to consider how you will obtain the device.**

- What is the cost of the device?
- Will my insurance cover the cost? If not, are there sources within the community that may help to cover the cost?

**13c Next, make arrangements to speak with at least two dealers of the type of AT devices you are seeking to obtain.**

- Will I be able to try the device before I buy it?
- Will someone train me in the use and maintenance of the device?
- How long is the equipment expected to last?
- Can adjustments be made to the equipment to accommodate growth and change?
- If growth and/or change are considerations, what signs will tell me that the current device is no longer functionally appropriate?
- How do I maintain the device?
- What is the expected cost for maintenance? Will the funding source assist in covering maintenance costs?
- Is there a written warranty with the device? Are there limitations in the warranty coverage?
- Will the dealer repair my device at the store, or will it need to be sent out?
- If repairs cannot be made instantly, will the dealer loan me a device?

**14. What types of information should I know to be a good self-advocate?**  
**(Source: Arizona Center for Disability Law web site)**

Self-advocacy means representing yourself in an effort to obtain the rights provided to you under the law. It is...

**14a Knowledge**

- Know and understand your own needs.
- Know why you need the requested device.
- Know your rights to:
- Ask “why” when something is unclear.
- Have records in your file explained to you.
- Receive written notice of an unfavorable decision, including an explanation of the reasons behind the decision to deny your request.

**14b. Organization**

- KEEP TRACK OF ALL IMPORTANT APPEAL DEADLINES!

- Keep all important papers regarding services and equipment together in a safe place (*i.e.: notebook or file.*)
- Keep copies of all letters you have written and of all documents submitted on your behalf.
- Never give your only copy of important papers to others.
- When meeting with a representative of the agency considering your request, write down any important points or questions you have before the meeting to avoid forgetting them.
- Take notes during meetings with the agency representative and request copies of all documents generated at the meetings.
- Take notes of all related telephone conversations, including with whom you spoke, date and time.
- Identify others whom understand your needs and believe the device will be of benefit to you, such as doctors, teachers, and family members.
- Ask for their assistance by:
  - Attending important meetings with you
  - Writing letters of support (*Letters of Medical Necessity*)

#### **14c. Persistence**

Do not give up requesting help until you have been helped. If you call someone for help, but your call is not returned, call back again. Go to the next person in charge if you don't get the help you need from the first person you contacted. Be polite, but firm when you ask for help or share ideas.

#### **15. If I have problems with my DME provider are there tips on problem prevention?**

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

The best way to deal with problems is to prevent situations from becoming problems. Nevertheless, despite your best efforts, there will be times when disagreements occur between you and your AT provider. The following suggestions may be helpful:

- *Maintain contact* - It is vital to maintain contact with the AT provider agency working with you or your family member. Ask for status reports and follow the requested device as it proceeds through the approval process. Let the contact person at the agency know that you are concerned and want to be informed.
- *Discuss the issues* - If you are dissatisfied with the agency's decision or do not understand the agency policy upon which their decision is based, ask about it immediately. It is better to talk about each problem when it arises rather than waiting until you have numerous grievances.
- *Be flexible* - Listen to the agency's position. Sometimes they may be right. Be sure you understand the reasons for their decision and consider how far you are willing to compromise.

- *Know your appeal rights* - If you disagree with the agency's proposals and wish to challenge them, become informed about the agency's appeal policies and procedures.
- *Give positive reinforcement* - Let the agency know when you feel that they are doing a good job. If you recognize their accomplishments, they may be more likely to listen to your concerns.

## **16. What Assistive Technology Resources are available to consumers?**

### **16a Arizona Rehabilitation Services Administration (RSA)**

In Arizona, the RSA is the umbrella agency under which Vocational Rehabilitation (VR) and the Independent Living Rehabilitation Services (ILRS) programs are housed. VR is a federally funded program, as developed by Title I of the Rehabilitation Act of 1973, designed to maximize a person's employment potential. To receive such services, an individual must have a disability and require VR services in order to engage in gainful employment. This program assists individuals in assessing and acquiring appropriate assistive technology devices that will aid them in obtaining and maintaining employment.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

### **16b Independent Living Rehabilitation Services (ILRS)**

I.L.R.S. is a federally funded program as described in Title VII, Chapter 1, Part B of the Rehabilitation Act. Through this legislation, the states are mandated to maximize leadership, empowerment, independence and productivity of individuals with disabilities by promoting a philosophy of independent living. This includes promoting a philosophy of consumer control, peer support, self-help, self-determination, equal access and individual and systems advocacy. The ILRS program often looks to assistive technology as a means by which to increase the independence of individuals with disabilities. Unlike Vocational Rehabilitation, individuals seeking ILRS services do not have to have employment goals. Rather, consumers partaking in this program are seeking to enhance their ability to function independently in their homes and communities.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

### **16c School Districts**

For some children with disabilities, an appropriate education requires school districts to provide children with assistive technology devices. Three federal laws offer protections to children with disabilities by requiring they be provided a free, appropriate public education. These include:

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**16d The Individuals with Disabilities Education Act (IDEA) 20 U.S.C. §1400**

The Individuals with Disabilities Education Act (IDEA) mandates a free, appropriate public education for infants, toddlers, preschoolers, children and youth with disabilities. States and localities receive federal funds to assist in their education. Several provisions of the law relate directly to assistive technology devices and services. IDEA's 2004 regulations require that school districts provide Individualized Education Plans (IEP's) for all children covered by the IDEA. In developing the IEP, the use of assistive technology devices and services must be considered to help assure the child's successful completion of IEP goals and objectives. Further, the IDEA regulations require that a child may use the device at home as needed to implement his or her IEP.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**16e The Rehabilitation Act (Section 504) 29 U.S.C. §794**

Students with disabilities attending public schools who do not qualify for services under IDEA may be qualified under Section 504 of the Rehabilitation Act. The definition of disability is more broad. If a student is a qualified disabled individual under Section 504, then he or she is entitled to any assistive technology devices and/or services which are necessary to receive a free, appropriate public education. Section 504 also prohibits unnecessary segregation of students with disabilities from other students. Therefore, if an assistive technology device could keep the child in a regular classroom, then the device would probably be required under Section 504.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**16f The Americans With Disabilities Act (ADA) 42 U.S.C. §12101 et seq.**

The ADA requires the provision of *auxiliary aids and services* by private and public schools. In other words, the ADA would also require the provision of those necessary assistive technology devices that are not overly burdensome on a private facility. It is a comprehensive civil rights law that extends the protections provided by Section 504 beyond federally assisted programs to the activities of state and local government, as well as places of public accommodation and commercial facilities. Because all public schools receive federal financial assistance, protections and remedies under Section 504 are probably almost identical to those under the ADA.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**16g Arizona Health Care Cost Containment System (AHCCCS)**

AHCCCS, Arizona's Medicaid system, provides medical services through its acute care program (AHCCCS) and long term care program (ALTCS). Both utilize a Health Maintenance Organization (HMO) or managed care program, and may cover assistive technology devices or services as ordered by your physician. Assistive technology devices are covered if they are medically necessary to:

1. prevent disease, disability and other adverse health conditions or their progression, or;
2. prolong life.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

### **16h Private Insurance**

Individual private insurance policies elect to cover assistive technology devices or services as deemed medically necessary by your physician. Each insurance company has its own criteria for determining medical necessity. You must review your individual policy for information regarding coverage of assistive technology devices and services. Like AHCCCS/ALTCS, assistive technology can be covered if it falls within the terms and definition of durable medical equipment, prosthetics, speech therapy and rehabilitation services. For any questions or concerns regarding your insurance policy, please contact:

Investigations Division  
State of Arizona, Department of Insurance  
2910 N. 44th Street, Suite 210  
Phoenix, Arizona 85018-7256  
(602) 912-8430

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

### **16i Division of Developmental Disabilities (DDD)**

The Division of Developmental Disabilities (DDD) coordinates care and services for those persons with developmental disabilities (autism, cerebral palsy, mental retardation and epilepsy). Services provided by DDD focus upon maximizing independence for individuals and families. Eligible persons are assigned a case manager within the program who assesses the needs of that individual, including assistive technology devices that will enable individuals to live as independently as possible.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

### **16j Medicare**

Medicare is a federal health insurance program covering medical equipment and services for persons aged 65 and above. It also covers goods and services for adults under age 65 and their offspring who have been receiving

Social Security Disability Insurance benefits or Adult Disabled Child benefits for at least 24 months. Assistive Technology can be covered if it is medically necessary and falls within Medicare's definition of durable medical equipment or prosthetic devices.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

### **16k Worker's Compensation**

The worker's compensation system was created to protect individuals who are injured at work by providing them with cash benefits and medical care. All states require medical and hospital benefits to be extended to eligible employees who are injured within the scope of employment. Such benefits can include assistive technology.

Note: It is important to remember that each program has its own eligibility rules and appeal procedures. If you need more information on eligibility or appeal rights for these programs, call the Arizona Center for Disability Law at the numbers located below.

3839 North Third Street  
Suite 209  
Phoenix, AZ 85012  
602-274-6287 (voice or TTY)  
800-927-2260 (toll free)  
602-274-6779 (fax)

100 North Stone Avenue, Suite 305  
Tucson, AZ 85701  
520-327-9547 (voice)  
800-922-1447 (toll free)  
877-327-7754 (TTY)  
520-884-0992 (fax)

[www.azdisabilitylaw.org](http://www.azdisabilitylaw.org)  
[center@azdisabilitylaw.org](mailto:center@azdisabilitylaw.org)

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

### **17. Are there terms or "Magic Words" For Requesting Assistive Technology that will assist in obtaining assistive technology devices? (Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)**

Each program conducts assessments for assistive technology. Because each program was formed to serve a particular purpose, evaluations and assessments requesting assistive technology should include terms that are related to the objective of each program. Although these "magic words" will not guarantee success in obtaining assistive technology, they will help

increase the chances of successfully acquiring needed assistive technology by describing how the requested device or service relates to the program's objective.

**17a Vocational Rehabilitation:**

Use such phrases that reflect employment issues necessary to achieve individual employment plan goals; "as needed to achieve employment outcome," or "necessary to remain employed."

**17b Medicare:**

Use such phrases that reflect medical considerations such as "reasonable and necessary," "needed to maintain and improve functional limitation," "as a prosthetic device," or "needed to remain in the home setting."

**17c AHCCCS, ALTCS, and Private Insurance:**

Use phrases that impact on a medical condition. The equipment should be described in terms of how it would treat the medical condition. Therefore, such phrases as "necessary to correct mobility impairment," "needed to alleviate the impact of the impairment or disability," or "necessary to improve the functional limitations of the disability."

**18. Are there examples of content for Letters of Medical Necessity to assist in receiving prescribed treatment?**

Letters of medical necessity are prepared by your primary care physician or other medical professionals working with you and are necessary when requesting treatment or services that are above certain cost thresholds. An effective letter may expedite and ensure that the correct treatment is ordered. Letters of medical necessity are used to prescribe and certify that the use of certain equipment will: 1. prevent disease, disability and other adverse health conditions, or 2. prolong life. An effective letter of medical necessity should include:

- Your functional and/or psychological limitations.
- Your exact diagnosis(es) and ICM-9-CM codes.
- The anticipated duration of your condition.
- Anticipated limitations or adverse health problems which are likely to occur if the requested device/service is not authorized and provided to you.
- Rationale, e.g., increase access to home, maintain employment, safety, cost effectiveness, etc.
- Additionally, requests for augmentative communication devices specifically require documentation that includes:
  - Defining circumstances in which the communication device will be used, i.e.: community, work, school, etc.
  - Examples of how you presently communicate.
  - How the communication device will assist you in communicating effectively.

- How having the device will improve your quality of life.  
(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**19. Are there other Information sources or other Resources and Protections I can utilize to assist in receiving services?**

**19a Americans with Disabilities Act (ADA) 42 U.S.C. § 12101 et seq.**

The ADA gives civil rights protections to individuals with disabilities in the work place, while receiving services from state and local government, and physical access to public facilities. It is a federal anti-discrimination statute designed to remove barriers that prevent qualified individuals with disabilities from enjoying the same opportunities that are available to persons without disabilities. Assistive technology and devices may be considered as "reasonable accommodations" under certain circumstances.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**19b Technology-Related Assistance for Individuals with Disabilities Act 29 U.S.C.A. § 2201 et seq.**

The federal Technology-Related Assistance for Individuals with Disabilities Act (Tech-Act) authorizes funds to states to develop comprehensive statewide, consumer-responsive assistive technology programs and studies of national significance. In Arizona, the Arizona Technology Access Program (AzTAP) is charged with these responsibilities. While this program does not fund assistive technology, it is a resource for additional information.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**19c Social Security Disability (SSD) and Supplemental Security Income (SSI) Ticket to Work, Plan for Achieving Self-Support and other Employment Supports**

Through the Social Security Administration's Plan for Achieving Self Support (PASS), a person with a disability can use her/his Supplemental Security Income (SSI) to purchase assistive technology that would assist the person in achieving a vocational goal. The PASS provisions allow for the exclusion of income and resources, which are otherwise counted in determining SSI eligibility, if used toward the achievement of a vocational goal. The Ticket to Work program provides persons with disabilities with options to access employment services, vocational rehabilitation and other support services.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

## **20. What does the Ticket to Work Program provide?**

The Ticket to Work and Work Incentives Improvement Act of 1999 recognizes the importance of assistive technology in allowing an individual to regain employment, as follows:

*“Coverage... for [personal assistance services] as well as for prescription drugs, **durable medical equipment**, and basic health care are powerful and proven tools for individuals with significant disabilities to obtain and retain employment.”* 42 U.S.C. §1329b-19(a)(4) (emphasis added).

*“Individuals with disabilities have greater opportunities than ever before, aided by... innovations in assistive technology, medical treatment and rehabilitation.”* 42 U.S.C. §1329b-19 (a)(7)

## **21. Who can I contact about the Ticket to Work Program?**

For more information on the ticket to work program, call your local employment Work Incentives Planning and Assistance (WIPA) project:

Arizona Bridge to Independent Living (ABIL): (602) 443-0720 voice *Greater Phoenix Metro Area* (602) 443-0737 TTY [WIPA@abil.org](mailto:WIPA@abil.org)

DIRECT Center for Independence: (520) 624-6452 voice/TTY *Tucson, Sierra Vista & Southern Arizona* [direct@directilc.org](mailto:direct@directilc.org)

New Horizons Independent Living Center (928) 772-1266 voice/TTY

*Northern Arizona* [Nhilc@cableone.net](mailto:Nhilc@cableone.net)

SMILE Independent Living Center (928) 329-6681 voice  
*Yuma & Southeastern Arizona* (928) 782-7458 TTY [Workincentives@smile-az.org](mailto:Workincentives@smile-az.org)

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

## **22. Where should I begin when considering the purchase of a new assistive device?**

Many AT funding sources require you to seek advice from an appropriate professional when considering the purchase of any new assistive device. You may find it helpful to begin by consulting with your primary care physician, who may refer you to a specialist, therapist or other appropriate professional to assess your needs and make recommendations about a new device.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**23. Are there places I can contact to find out more information about receiving services?**

Information and Referral Services

Maricopa County and Northern Arizona: (602) 263-8856

Pima County: (520) 881-1794

Pima Council on Developmental Disabilities (DD) [www.disabilitydepot.com](http://www.disabilitydepot.com)

Four County Conference on DD (928) 778-3391

[www.a2z.org/4ccdd](http://www.a2z.org/4ccdd)

Arizona Council on Rural Disabilities

P.O. Box 3806

Kingman, Arizona 86402

(928) 692-4300

Central Arizona Advisory Council on DD

P.O. Box 130

Valley Farms, Arizona 85291

District VI Advisory Council on DD

400 W. Highway 66

Kingman, Arizona 86401

(928) 718-1313

AZ Department of Education - Exceptional Student Services

[www.ade.az.us.gov/ESS](http://www.ade.az.us.gov/ESS)

Phoenix: (602) 542-3183

Tucson: (520) 628-6330

Flagstaff: (928) 679-8100

Arizona DES/Division of Developmental Disabilities [www.azdes.gov/ddd/](http://www.azdes.gov/ddd/)

Phoenix: (602) 542-0419

Tucson: (520) 628-6800

Raising Special Kids

[www.raisingpecialkids.org](http://www.raisingpecialkids.org)

(602) 242-4366

Pilot Parents of Southern Arizona

[www.pilotparents.org](http://www.pilotparents.org)

(520) 324-3150

Arizona Rehabilitation Services Administration/

Vocational Rehabilitation Regional Office

[www.azdes.gov/rsa](http://www.azdes.gov/rsa)

[www.azdes.gov/rsa/vr.asp](http://www.azdes.gov/rsa/vr.asp)

Region I - Phoenix: (602) 266-6752

Region II - Tucson: (520) 628-6810

Region III - Flagstaff: (928) 779-4147

Arizona Center for Disability Law

Voice/Relay/TTY and Intake:

(602) 274-6287

3839 N. Third Street, Suite 209 Fax: (602) 274-6779

Phoenix, Arizona 85012 Toll-Free: (800) 927-2260

- OR -

100 N. Stone, Suite 305 Voice: (520) 327-9547

Tucson, Arizona 85701 Fax: (520) 884-0992

Toll-Free: (800) 922-1447

Arizona Technology Access Program (AzTAP)

Institute for Human Development Voice: (602) 728-9534

Northern Arizona University TTY: (602) 728-9536

2400 N. Central Avenue, Ste. 300 Fax: (602) 728-9353

Phoenix, Arizona 85004 Toll-Free: (800) 477-9921

- OR -

P.O. Box 5630 Voice: (520) 523-5282

Flagstaff, Arizona 86001-5630 TTY: (520) 523-1695

Fax: (520) 523-9127

Toll-Free: (800) 553-0714

Governor's Council on Developmental Disabilities and  
DD Network (GCDD, Arizona Center for Disability Law,  
Sonoran UCEDD and Institute for Human Development)  
(602) 277-4986

[www.azgcdd.org/dd\\_network.asp](http://www.azgcdd.org/dd_network.asp)

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL  
web site under Self-Advocacy Guides)

**24. Is there an example of a medical necessity letter that I can use as a guide for my doctor to follow? Set this letters as a link to the Q&A page to make this section shorter.**

**Sample Letter of Medical Necessity #1**

RE: John Doe

ID: 000-00-0000

To Whom It May Concern:

This letter is written in support of my patient, John Doe's request for an electric wheelchair. Mr. Doe has been under my care for many years. His past medical history is significant for Diabetes Mellitus, chronic hypertension, moderate to severe depression without suicidal ideation, Pickwickian Syndrome, and morbid obesity.

The latter one has been unresponsive to multiple intervention. For approximately one year, Mr. Doe has been unable to walk due to his uncontrollable weight gain and has been totally reliant upon a wheelchair for his mobility. Although Mr. Doe has been provided with a manual wheelchair, this has failed to meet his mobility needs.

Because of his disproportional body habitus, he is unable to self propel the manual wheelchair. Mr. Doe is completely dependent upon other to move about - even to wheel himself to the bathroom for his basic needs.

It is my medical opinion that an electric wheelchair would allow Mr. Doe to function independently and safely meet his own daily living needs. Otherwise, his overall health status will gradually deteriorate to a point where his life will be in jeopardy.

If you need any further assistance and additional documentation, please do not hesitate to call me.

Sincerely Yours,

Dr.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**25. Sample Letter of Medical Necessity #2 Set this letters as a link to the Q&A page to make this section shorter.**

RE: Jane Doe

ID: 111-11-1111

To Whom It May Concern:

Let this serve as a letter of medical necessity for Jane Doe and her request for a motorized scooter. It is my understanding that Ms. Doe has significant congestive heart failure requiring oxygen. I am not her primary care physician for that, however, I can provide the additional medical information regarding her right shoulder. Her right shoulder was injured several years ago in an assault. She sustained significant fracture and has ongoing pain, disability and limitation of function since that time. I've seen her on many occasions in the past, as well as on May 4, 2000.

At this time, her functional limitation is that of only 120 degrees of active flexion, about 90 degrees of abduction. She has pain with these maneuvers and significant difficulty with any resisted motion in those planes. She is using

a walker at this time, but has great difficulty doing that. Her pain is significant and real. Her X-rays today show no particular glenohumeral arthrosis, but we are considering a possible underlying rotator cuff tear as it relates to this prior injury. An MRI is pending at this time.

I anticipate Ms. Doe will continue to have difficulty with this right shoulder. She does not appear to be a particularly good surgical candidate at this time even if the surgical type of lesion was identified on the basis of the MRI. It is clear that with her significant shortness of breath, weight and inability to use the right shoulder particularly well, I think she is likely to be wheelchair bound on a permanent and indefinite basis.

It should be noted that Ms. Doe has tried diligently to use a manual wheelchair but cannot function with this due to limitations of her right shoulder. The pain is far too significant and her fatigue strength is too poor.

Sincerely Yours,  
Dr.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**26. Sample Letter of Medical Necessity #3 Set this letters as a link to the Q&A page to make this section shorter.**

RE: George Smith

ID: 123-11-1234

Dear Sir or Madam:

George Smith is a 5 year old child with serious medical problems.

Specifically, he has

Leigh's Syndrome (a mitochondrial disorder) characterized by hypoglycemia, multiple surgeries, apnea and frequent recurrent pneumonias as a result of aspiration of secretions. Leigh's disease (subacute necrotizing encephalomyopathy) is caused by at least four known genetically determined causes: pyruvate dehydrogenase complex deficiency, complex I deficiency, Complex IV deficiency, and complex V deficiency. These defects can occur sporadically or by inheritance. Leigh disease first presents in infancy with feeding and swallowing problems, vomiting and failure to thrive. Delayed motor and language milestones become evident and are followed by seizures, weakness, hypotonia, ataxia, tremor, pyramidal signs and nystagmus. Intermittent respirations occur, followed by sobbing and are suggestive of brain stem dysfunction.

George is followed by me, a Pediatric Pulmonologist, for treatment of recurrent pneumonia due to recurrent aspirations of his oral secretions as a result of his inability to swallow normally. George's pulmonary treatment plan includes daily chest physiotherapy four to six times per day; preceded by SVN treatments (small volume nebulizer) with the head of the bed elevated to

improve overall lung volumes, and postural drainage four times per day. Chest physiotherapy involved positioning George in eight different positions to facilitate drainage from all areas of the lung. Between therapy, George requires frequent oral deep suctioning due to his inability to swallow and clear oral secretions. George requires rapid position change during suctioning as the secretions pool and accumulate in any position that he is kept in for any length of time beyond 30 minutes. To further complicate his respiratory status, George has frequent seizures. During the seizure episodes, George needs to be placed in a side lying position rapidly, without any restrictions, and also positioned so that continued clearance of his airway can be maintained by his caregiver. It is imperative that George have an electric bed to facilitate rapid and frequent position changes. The use of a hand crank bed delays care, causes frequent aspiration or oral secretions, which results in hospitalization, expensive antibiotics, and further deterioration of his clinical status. Failure to provide an electric bed for basic care only complicates his respiratory problems further, and can lead to respiratory failure and death. Please approve this bed for George so that he can continue to receive and benefit from the high quality of care that he deserves.

Sincerely,  
Dr.

(Source: ASSISTIVE TECHNOLOGY - A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

## **27. Is There Any Law to Protect Me If I Acquire a Defective Assistive Technology Device?**

Because Arizona recognizes it is critical that assistive devices acquired by and for consumers with disabilities function properly, the State has enacted the Assistive Technology Device Warranty, also called the Assistive Technology "**Lemon Law**." This law is designed to assure consumers that their assistive devices will be free from any defect, malfunction, or condition that substantially impairs its use, safety or value.

(Source: A Consumer's Guide to the Assistive Technology Devices Warranty A Self-Advocacy Guide From ACDL web site under Self-Advocacy Guides)

## **28. How Does the Law Work if I acquire a defective Assistive Technology Device?**

The law protects consumers who purchase or accept transfer (i.e., lease) of assistive devices within the state of Arizona. It requires assistive technology device manufacturers to give consumers a one year express warranty for newly purchased/leased assistive devices. Your rights under this law begin the moment you accept delivery of the equipment.

(Source: A Consumer's Guide to the Assistive Technology Devices Warranty A Self-Advocacy Guide From ACDL web site under Self-Advocacy Guides)

**29. How Do I Know That the Equipment I Have Acquired Has a Warranty?**

Know that the Assistive Technology Lemon Law exists for your protection. A one year express warranty accompanies any assistive device leased or sold whether or not the dealer or manufacturer has informed you of its existence. (Source: A Consumer's Guide to the Assistive Technology Devices Warranty A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**30. Can I Be Required to Waive My Right to a Warranty?**

No. The Assistive Technology Lemon Law protects you even if the dealer/manufacturer requires you to sign a waiver. (Source: A Consumer's Guide to the Assistive Technology Devices Warranty A Self-Advocacy Guide From ACDL web site under Self-Advocacy Guides)

**31. What Should I Do If My Newly Acquired Assistive Device Fails to Function During the One-Year Warranty Period?**

First, keep a detailed journal. With each entry, include the following:

- (1) The date and time malfunction occurred;
- (2) A description of the problem; Electric wheelchair did not stop when I let go of the joystick.
- (3) Where you were when it occurred; *On a street corner waiting for the light to change*
- (4) Any consequences due to the malfunction; *I rolled into the street before I had the right of way*

Second, follow the requirements of the Assistive Technology Lemon Law. In order to receive the benefits of the warranty, you must take the following steps:

- (1) Report any problem with the assistive device to the manufacturer; and
- (2) Make the device available for repair.
- (3) Document all discussions you have had with the manufacturer/dealer regarding the problem. Write down to whom you spoke, dates, times, and what response you received from them.

**NOTE:** If the problems you experience with you assistive device fall within the requirements of the statute (i.e., within the one year period, your device develops a defect, malfunction or condition that substantially impairs its use, safety or value), the manufacturer must repair the device at no charge. (Source: A Consumer's Guide to the Assistive Technology Devices Warranty A Self-Advocacy Guide From ACDL web site under Self-Advocacy Guides)

### **32. What If My Assistive Device Is Not Repaired?**

If the manufacturer does not repair the device after **two attempts** for the same problem, or if the device is **out of service for at least thirty (30) days for repair**, you may require the manufacturer/dealer to accept return of the assistive device and:

(1) Replace it with a comparable new device;

**OR**

(2) If you have acquired the device through a purchase, you request a refund for full purchase price plus any finance charge paid and any other associated costs minus a reasonable allowance for use.

(3) If you are leasing an assistive device and request a refund, you are entitled to the amount paid under the written lease plus all other associated costs minus a reasonable allowance for use. After you receive a refund because of the return of the device, any prior lease shall be void.

**NOTE:** A manufacturer may refuse to replace an assistive device or may refuse to refund the purchase price if the problem does not substantially impair its use, safety, or value.

(Source: A Consumer's Guide to the Assistive Technology Devices Warranty A Self-Advocacy Guide From ACDL web site under Self-Advocacy Guides)

### **33. What Happens to Devices That Have Been Returned Due to Defects?**

An assistive device returned within this state or within another state under a similar law may not be sold or leased again in the state of Arizona until full written disclosure of the reasons for the return is given to the prospective buyer/lessor.

(Source: A Consumer's Guide to the Assistive Technology Devices Warranty A Self-Advocacy Guide From ACDL web site under Self-Advocacy Guides)

### **34. What Can I Do If the Manufacturer Fails to Comply with the Assistive Technology Lemon Law?**

If the manufacturer refuses to resolve your problem despite your requests, you may file a lawsuit in Superior Court. You may be awarded any costs associated with the loss of function of the device, expenses, and attorney fees. ***You only have a limited amount of time in which you are permitted to file a claim in Superior Court. If you fail to file your claim within the allotted time, you can lose your right to a remedy altogether. Consult an attorney regarding specific deadlines which may apply to your case.***

(Source: A Consumer's Guide to the Assistive Technology Devices Warranty A Self-Advocacy Guide from ACDL web site under Self-Advocacy Guides)

**35. Where Can I File a Consumer Complaint?**

Consumer complaints may be filed with:  
Arizona State Attorney General  
Consumer Complaint Division  
1275 W. Washington  
Phoenix, Arizona 85007  
(602) 542-5763 or 1-800-352-8431

Arizona Center For Disability Law  
3839 N. 3rd Street, #209  
Phoenix, Arizona 85012  
Voice/TTY: (602) 274-6287  
Toll-Free: (800) 927-2260  
Fax: (602) 274-6779  
(Source: A Consumer’s Guide to the Assistive Technology Devices Warranty  
A Self-Advocacy Guide From ACDL web site under Self-Advocacy Guides)

**36. Is there a sample demand letter I can use as a guide to communicate a defective device to the supplier? Set this letters as a link to the Q&A page to make this section shorter.**

**SAMPLE DEMAND LETTER**

NAME DATE  
TITLE  
ADDRESS

Dear :

I am writing you in hopes of resolving the matter concerning my purchase of a defective

[NAME DEVICE]. I received the [DEVICE] on [DATE]. Since [DATE], the [DEVICE] has continuously malfunctioned and as a result has been completely inoperable. Specifically, the [DEVICE] exhibits the following problems:

- 1)
- 2)
- 3)

Arizona Revised Statute § 44-1352, known as the Assistive Technology Lemon Law,

mandates that an assistive technology device manufacturer give consumers a one-year express warranty for newly purchased assistive devices. These express warranties begin on the date of the initial delivery to the purchaser and provide that the assistive device will be free from any defect, malfunction or condition that substantially impairs its use, safety or value. The term "assistive device" refers to any piece of equipment that a disabled consumer buys or accepts transfer of within the State of Arizona.

Several repair attempts have been made. [GIVE HISTORY OF EACH ATTEMPT INCLUDE DATE DEVICE WAS TAKEN IN FOR REPAIR AND DATE RETURNED].

I am sure that you understand the many safety issues that exist when I am forced to rely upon a defective [DEVICE]. It is so unreliable, I have lost my independence and my ability to maneuver safely through out my own home. Therefore, I am requesting that you resolve this breach of warranty claim in accordance with A.R.S. § 44-1354 by [**CHOOSE A REMEDY:** *refunding the original purchase price of the DEVICE, \$; OR replacing it with a comparable new DEVICE*].

It is urgent that we resolve this matter. I will be expecting your response to this letter no later than [DATE]. I can be reached at [YOUR PHONE NUMBER]. If this matter cannot be resolved informally, I will consider other remedies available to me.

Sincerely,

Name

(Source: A Consumer's Guide to the Assistive Technology Devices Warranty  
A Self-Advocacy Guide From ACDL web site under Self-Advocacy Guides)

## Timeline Charts for Wheel Chair Acquisition

### Customized Wheel Chair

As an example of the service delivery process, the following chart depicts the key steps, responsible parties, actions needed, likely timeframes and causes for delays in obtaining a specialized, customized wheelchair. Since there are many variables in the system as described above, the chart cannot be viewed as “fact” for every consumer’s experience but does provide an indication of the steps and specialties involved in obtaining complex rehabilitation equipment.

Customized Wheel Chair			
Steps in the Process	Actions Involved	Timeline (business days)	Complications that Impact the Timetable
Step 1. Obtain prescription	<ul style="list-style-type: none"> <li>a. Obtain a generic prescription – “Need Wheelchair” from your Primary Care Provider (PCP)</li> <li>b. Receive authorization for a seating evaluation from Health Plan</li> </ul>		
Step 2. Referral to the Supplier, receipt of the prescription and scheduling of the evaluation.	<ul style="list-style-type: none"> <li>a. Referral may be a fax or a phone call from the insurer or physician</li> <li>b. Intake Process: Supplier must verify eligibility and benefits</li> <li>c. Supplier must verify that the consumer is covered by a plan they are contracted with for DME</li> <li>d. Obtaining the prescription from the Physician</li> <li>e. Obtain prior authorization to go forward with the request</li> </ul>	<p>Consumer to receive first contact within 24-48 hours</p> <p>4 to 20 days from referral to scheduling of the evaluation</p> <p>Prior Authorization timeline is 14 days and the health plan may request an extension to 28 days.</p>	<ul style="list-style-type: none"> <li>a. Change of insurer</li> <li>b. No longer eligible for coverage</li> <li>c. Multiple insurers – coordination of benefits</li> <li>d. Client availability to schedule physician appointment.</li> <li>e. Physician availability</li> </ul>
Step 3: Evaluation	<ul style="list-style-type: none"> <li>a. If seating clinic –</li> </ul>	30 - 45 days	1. Availability of OT /

<b>Customized Wheel Chair</b>			
<b>Steps in the Process</b>	<b>Actions Involved</b>	<b>Timeline (business days)</b>	<b>Complications that Impact the Timetable</b>
and preparation of the Recommendations	<ul style="list-style-type: none"> <li>scheduling OT, PT and RTS</li> <li>b. Conduct evaluation</li> <li>c. Prepare assessment report and define recommended equipment – coding and pricing</li> <li>d. The occupational therapist, physical therapist or RTS may conduct a home environment assessment depending on the consumer's circumstances and insurance coverage for this assessment.</li> <li>e. Reconfirm eligibility / insurance</li> <li>f. Send the request to the PCP for detailed prescription</li> </ul>		<ul style="list-style-type: none"> <li>PT to conduct the assessment.</li> <li>2. Availability of the consumer.</li> </ul> <p>(Best to have OT/PT and RTS involved)</p>
<p>Step 4: Compiling information for the Letter of Medical Necessity and Prior Authorization Request</p> <ul style="list-style-type: none"> <li>▪ OT/PT Assessment</li> <li>▪ RTS recommendation</li> <li>▪ Client History / PCP Chart Notes</li> <li>▪ Home Environment Assessment</li> </ul>	<p>DME Supplier and PCP</p> <ul style="list-style-type: none"> <li>a. Patient history and chart notes from the physician</li> <li>b. Conduct the Face-to-Face (consumer and PCP)</li> <li>c. PCP Office provides the supplier with the history and chart notes and the supplier puts the packet together.</li> </ul>	2 weeks	<ul style="list-style-type: none"> <li>1. Delays in obtaining information from the Physician</li> <li>2. Delays in scheduling Face to Face</li> </ul>
Step 5. Obtaining	a. Supplier compiles all	5 days	Delays in review and

<b>Customized Wheel Chair</b>			
<b>Steps in the Process</b>	<b>Actions Involved</b>	<b>Timeline (business days)</b>	<b>Complications that Impact the Timetable</b>
detailed Prescription from the PCP.	<p>information needed and prepares the packet for the Physician.</p> <p>b. The therapist (typically but sometimes the RTS or Physician) prepares the Letter of Medical Necessity and Request for Prior Authorization.</p>		approval by the Physician
Step 6. Submit documentation to obtain Prior Authorization	<p>a. Supplier compiles all information and sends to insurer</p> <p>b. Submit Letter of Medical Necessity, Plan of Care and Prior Authorization request to the primary insurer and the secondary insurer, as appropriate.</p>	24 – 48 hours to compile and submit	Coordination of Benefits Issues - If prior authorization is not required as in Medicare, and the item is not covered, may submit billing in order to get a denial so the secondary insurer can be considered.
Step 7. Prior Authorization Decision	Insurer Prior Authorization Staff	For Medicaid: 14 days and the insurer/health plan may request an extension to 28 days.	
Step 8: Decision received	Decision is faxed or called to the Supplier with an authorization number		Must have decision from all insurers and if not approved by all – contact the consumer to determine if they are able to pay the part not covered.

<b>Customized Wheel Chair</b>			
<b>Steps in the Process</b>	<b>Actions Involved</b>	<b>Timeline (business days)</b>	<b>Complications that Impact the Timetable</b>
<p>Step 9: If approved - Order Equipment</p> <p>If Denied, notify consumer (they should have received the denial letter).</p>	<p>Order the equipment</p> <p>Consumer to determine if they want to appeal the decision – they have 30 days</p>	<p>4 weeks from order to delivery</p>	<p>Dependent upon the equipment being ordered.</p> <p>Consumer needs specific information about how to appeal the decision.</p>
<p>Step 10. Deliver the equipment to the consumer.</p>	<ol style="list-style-type: none"> <li>a. Assemble equipment when received from manufacturer</li> <li>b. Re-confirm insurance coverage prior to delivery</li> <li>c. Schedule client to come in for delivery</li> <li>d. Deliver to home</li> <li>e. Provide training</li> </ol>	<p>30 days from receipt by the supplier to delivery to the consumer</p>	<p>At times the consumer does not have the ability to pay the co-pay which delays delivery.</p> <p>Difficulties with the consumer coming to the shop. Delivery is better at the shop so the technicians, tools for adjustments, etc. are readily available.</p> <p>Arranging Transportation</p> <p>For complex rehab equipment – the consumer does need to come in to the shop.</p> <p>For less complex equipment, delivery can be at home.</p>

## Off the Shelf Wheel Chair

The steps and the timelines in the process vary depending upon the insurance company. For information specific to the insurance company, see the member handbooks link.

Off-the-Shelf Wheel Chair			
Steps in the Process	Actions Involved	Timeline (business days)	Complications that Impact the Timetable
Step 1. Obtain prescription	<ul style="list-style-type: none"> <li>a. Obtain a generic prescription – “Need Wheelchair” from your Primary Care Provider (PCP)</li> <li>b. Receive authorization for a seating evaluation from Health Plan</li> </ul>		
Step 2. Referral to the Supplier, receipt of the prescription and scheduling of the evaluation.	<ul style="list-style-type: none"> <li>a. Referral may be a fax or a phone call from the insurer or physician</li> <li>b. Intake Process: Supplier must verify eligibility and benefits</li> <li>c. Supplier must verify that the consumer is covered by a plan they are contracted with for DME</li> <li>d. Obtaining the prescription from the PCP</li> <li>e. Obtain prior authorization to go forward with the request</li> </ul>	<p>Consumer to receive first contact within 24-48 hours</p> <p>4 to 20 days from referral to scheduling of the evaluation</p> <p>Prior Authorization timeline is 14 days and the health plan may request an extension to 28 days.</p>	<ul style="list-style-type: none"> <li>1. Change of insurer</li> <li>2. No longer eligible for coverage</li> <li>3. Multiple insurers – coordination of benefits</li> <li>4. Client availability to schedule physician appointment.</li> <li>5. Physician availability</li> </ul>
Step 3: Evaluation and preparation of	<ul style="list-style-type: none"> <li>a. If seating clinic – scheduling OT, PT</li> </ul>	30 - 45 days	<ul style="list-style-type: none"> <li>1. Availability of OT / PT to conduct the</li> </ul>

Off-the-Shelf Wheel Chair			
Steps in the Process	Actions Involved	Timeline (business days)	Complications that Impact the Timetable
the Recommendations	<ul style="list-style-type: none"> <li>b. Conduct evaluation</li> <li>c. Prepare assessment report and define recommended equipment – coding and pricing</li> <li>d. The occupational therapist, physical therapist or RTS may conduct a home environment assessment depending on the consumer's circumstances and insurance coverage for this assessment.</li> <li>e. Reconfirm eligibility / insurance</li> <li>f. Send the request to the PCP for detailed prescription</li> </ul>		<p>assessment.</p> <p>2. Availability of the consumer.</p> <p>(Best to have OT/PT and RTS involved)</p>
<p>Step 4: Compiling information for the Letter of Medical Necessity and Prior Authorization Request</p> <ul style="list-style-type: none"> <li>▪ OT/PT Assessment</li> <li>▪ RTS recommendation</li> <li>▪ Client History / PCP Chart Notes</li> <li>▪ Home Environment Assessment</li> </ul>	<ul style="list-style-type: none"> <li>a. Patient history and chart notes from the physician</li> <li>b. Conduct the Face-to-Face (consumer and PCP)</li> <li>c. PCP Office provides the supplier with the history and chart notes and the supplier puts the packet together.</li> </ul>	2 weeks	<ul style="list-style-type: none"> <li>1. Delays in obtaining information from the Physician</li> <li>2. Delays in scheduling Face to Face</li> </ul>
Step 5. Obtaining detailed	<ul style="list-style-type: none"> <li>a. Supplier compiles all information needed</li> </ul>	5 days	Delays in review and approval by the

Off-the-Shelf Wheel Chair			
Steps in the Process	Actions Involved	Timeline (business days)	Complications that Impact the Timetable
Prescription from the PCP.	<p>and prepares the packet for the Physician.</p> <p>b. The therapist (typically but sometimes the RTS or Physician) prepares the Letter of Medical Necessity and Request for Prior Authorization.</p>		Physician
Step 6. Submit documentation to obtain Prior Authorization	<p>a. Supplier compiles all information and sends to insurer</p> <p>b. Submit Letter of Medical Necessity, Plan of Care and Prior Authorization request to the primary insurer and the secondary insurer, as appropriate.</p>	24 – 48 hours to compile and submit	Coordination of Benefits Issues - If prior authorization is not required as in Medicare, and the item is not covered, may submit billing in order to get a denial so the secondary insurer can be considered.
Step 7. Prior Authorization Decision	Insurer Prior Authorization Staff	14 days and the insurer/health plan may request an extension to 28 days.	
Step 8: Decision received	Decision is faxed or called to the Supplier with an authorization number		Must have decision from all insurers and if not approved by all – contact the consumer to determine if they are able to pay the part not covered.

Off-the-Shelf Wheel Chair			
Steps in the Process	Actions Involved	Timeline (business days)	Complications that Impact the Timetable
<p>Step 9: If approved - Order Equipment</p> <p>If Denied, notify consumer (they should have received the denial letter).</p>	<p>Order the equipment</p> <p>Consumer to determine if they want to appeal the decision – they have 30 days</p>	3-5 days	<p>Dependent upon the equipment being ordered.</p> <p>Consumer needs specific information about how to appeal the decision.</p>
<p>Step 10. Deliver the equipment to the consumer.</p>	<ul style="list-style-type: none"> <li>a. Assemble equipment when received from manufacturer</li> <li>b. Re-confirm insurance coverage prior to delivery</li> <li>c. Schedule client to come in for delivery</li> <li>d. Deliver to home</li> <li>e. Provide training</li> </ul>	3-5 days	<p>At times the consumer does not have the ability to pay the co-pay which delays delivery.</p> <p>Difficulties with the consumer coming to the shop. Delivery is better at the shop so the technicians, tools for adjustments, etc. are readily available.</p> <p>Arranging Transportation</p>

## Acronyms

Term	Definition
ABIL	Arizona Bridge to Independent Living
ACDL	Arizona Center for Disability Law
AHCCCS	Arizona Health Care Cost Containment System
ALTCS	Arizona Long Term Care Services – Administered by the Arizona Health Care Cost Containment System (AHCCCS)
AT	Assistive Technology
ATAZ	Assistive Technology Arizona
ATS / ATP	Assistive Technology Practitioner (ATP). Assistive Technology Practitioner (ATP)
AzALL	Arizona Association of Law Libraries
AzDES/DDD	Arizona Department of Economic Security, Division of Developmental Disabilities
AzDES/RSA	Arizona Department of Economic Security, Rehabilitation Services Administration
AzDHS/CRS	Arizona Department of Health Services / Children’s Rehabilitation Services
AzGCDD	Arizona’s Governor Council on Developmental Disabilities
AzTAP	Arizona Technology Access Program
CARF	Commission on Accreditation of Rehabilitation Facilities
CFR	Code of Federal Regulations
CMN	Certificate of Medical Necessity
CMS	Centers for Medicare and Medicaid Services
CRTS	Certified Rehabilitative Technology Supplier
DHHS	U S Department of Health and Human Services

Term	Definition
DME	Durable medical equipment
DME/POS	Durable medical equipment, prosthetics, orthotics and supplies
FFS	Fee for service
HCPCS	Health Care Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
HM	Home Modification
MCO	Managed Care Organization
NRRTS	National Registry of Rehabilitation Technology Suppliers
PCP	Primary Care Physician
RESNA	Rehabilitation Engineering and Assistive Technology Society of North America
RET	Rehabilitation Engineering Technologist
RTS	Rehabilitative Technology Supplier
SILC	Statewide Independent Living Council

**Information for FAQ 7**

***My Mobility Device -- Sample Template***

Your Name \_\_\_\_\_ Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Health Care  
Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

DME  
Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

[ ] Scooter [ ] Manual Wheelchair [ ] Power Assist W/C [ ] Power W/C [ ] High  
Tech Power W/C

**Product Information**

Weight of Chair \_\_\_\_\_

Seating System  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Warranties:  
\_\_\_\_\_  
\_\_\_\_\_

Types of Control:

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Custom Features:

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Tires (Size / Type / Brand):

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Battery: (Size / Type / Brand):

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Cushion: (Size / Type / Brand):

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Other:

**Maintenance History:**

Type of Maintenance	Date of Maintenance	Maintenance Completed By (Name & Company)

**Repair History**

Type of Repair	Date of Repair	Repair Completed By (Name & Company)


**Contact Information for Repairs:**

Name of Technician: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Health Plan Member Handbook Web Site Links and Other Relevant Links

### Health Plans

APIPA Member Handbook

[http://www.myapipa.com/edocs/en/members/handbooks/uhc\\_apipa\\_919-1001/uhc\\_apipa\\_919-1001.pdf](http://www.myapipa.com/edocs/en/members/handbooks/uhc_apipa_919-1001/uhc_apipa_919-1001.pdf)

Bridgeway Health Solutions of Arizona Member Handbook

[https://www.superiorhealthplan.com/portal/wcm/resources/file/ebd0ab0a462bc9f/Member\\_Handbook\\_Bridgeway\\_FINAL\\_010608.NL.doc](https://www.superiorhealthplan.com/portal/wcm/resources/file/ebd0ab0a462bc9f/Member_Handbook_Bridgeway_FINAL_010608.NL.doc)

Care First Blue Cross Blue Shield

<http://www.carefirst.com/membsvcs/html/MemberHandbook.html>

<http://www.carefirst.com/attachments/bluechoicememberhandbook.pdf>

Care First Blue Choice HMO

<http://www.carefirst.com/attachments/BOK5266.pdf> Blue Choice Advantage

<http://www.carefirst.com/attachments/bluechoicemoopenaccessmemberhandbook.pdf> Blue Cross HMO Open Access

<http://www.carefirst.com/attachments/bcopenaccmemberhandbook.pdf>

Blue Choice Opt-Out Open Access

<http://www.carefirst.com/attachments/bluechoicoptoutplusmemberhandbook.pdf>

Blue Choice Opt-Out Plus

<http://www.carefirst.com/attachments/bluechoicoptoutplusopenaccessmemberhandbook.pdf> Blue Choice Opt-Out Plus Open Access

<http://www.carefirst.com/attachments/BOK5077.pdf>

Blue Preferred

<http://www.carefirst.com/attachments/BOK5231.pdf> Medi-Gap 65 Maryland

<http://www.carefirst.com/attachments/BOK5070.pdf> Personal Comp

Cochise Health Systems Serving Cochise, Graham and Greenlee Counties  
Member Handbook

[http://cochise.az.gov/uploadedFiles/Aging\\_and\\_Social\\_Services/ENG\\_MemberHandbook.pdf](http://cochise.az.gov/uploadedFiles/Aging_and_Social_Services/ENG_MemberHandbook.pdf)

Evercare

[http://evercarehealthplans.com/appeals\\_grievances\\_process.jsp](http://evercarehealthplans.com/appeals_grievances_process.jsp)  
Grievance / Appeal Process only

Health Choice Arizona Member Handbook  
[http://www.healthchoiceaz.com/forms/member\\_handbook.pdf](http://www.healthchoiceaz.com/forms/member_handbook.pdf) (English)  
[http://www.healthchoiceaz.com/forms/member\\_handbook\\_spanish.pdf](http://www.healthchoiceaz.com/forms/member_handbook_spanish.pdf)

Maricopa Health Plan Member Handbook  
[http://www.mhpaz.com/WebsiteMedia/Manuals/200803\\_MHP%20Member%20Handbook.PDF](http://www.mhpaz.com/WebsiteMedia/Manuals/200803_MHP%20Member%20Handbook.PDF) (English)  
[http://www.healthchoiceaz.com/forms/member\\_handbook\\_spanish.pdf](http://www.healthchoiceaz.com/forms/member_handbook_spanish.pdf)

Mercy Care Member Handbook  
<http://www.mercycareplan.com/PDF/MCPMemberhandbook2008.pdf>  
(English)  
<http://www.mercycareplan.com/PDF/MCPMemberhandbook2008SP.pdf>  
(Spanish)

Mercy Care Long Term Care Member Handbook  
<http://www.mercycareplan.com/PDF/ALTCSMemberHandbook2008.pdf>  
(English)  
<http://www.mercycareplan.com/PDF/ALTCSMemberHandbook2008SP.pdf>  
(Spanish)

Phoenix Health Plan Community Connection, An Affiliate of Abrazo Health Care  
Member Handbook  
[http://www.php-cc.com/pdffiles/PHPCC\\_Member\\_Handbook.pdf](http://www.php-cc.com/pdffiles/PHPCC_Member_Handbook.pdf) (English  
and Spanish)

Pima Health Systems Acute Care Member Handbook  
<http://www.pimahealthsystem.org/pdf/Acute%20Care%20Handbook%20Eng.pdf> (English)  
<http://www.pimahealthsystem.org/pdf/Acute%20Care%20Handbook%20Span.pdf> (Spanish)

Pima Health Systems Long Term Care Member Handbook  
<http://www.pimahealthsystem.org/pdf/LTC%20Handbook%20Eng.pdf>  
(English)  
<http://www.pimahealthsystem.org/pdf/LTC%20Handbook%20Span.pdf>  
(Spanish)

Pinal Gila Long Term Care Member Handbook  
<http://pinalcountyaz.gov/Departments/LongTermCare/Documents/Downloads/Member%20Handbook%202007-2008.pdf>

SCAN Member Handbook

[http://www.scanhealthplan.com/arizona/longterm/documents/handbook\\_en\\_u.pdf](http://www.scanhealthplan.com/arizona/longterm/documents/handbook_en_u.pdf)

[http://www.scanhealthplan.com/arizona/longterm/documents/Insert\\_SLTCH\\_andbook.pdf](http://www.scanhealthplan.com/arizona/longterm/documents/Insert_SLTCH_andbook.pdf) (Updated Member Handbook Information)

University Family Care Member Handbook

[http://www.universityfamilycare.com/WebsiteMedia/Manuals/200803\\_UFC-304%20Member%20Handbook.pdf](http://www.universityfamilycare.com/WebsiteMedia/Manuals/200803_UFC-304%20Member%20Handbook.pdf) (English)

[http://www.universityfamilycare.com/WebsiteMedia/Manuals/200803\\_UFC-304%20Member%20Handbook%20SPANISH.pdf](http://www.universityfamilycare.com/WebsiteMedia/Manuals/200803_UFC-304%20Member%20Handbook%20SPANISH.pdf) (Spanish)

Yavapai County Long Term Care Member Handbook

<http://www.co.yavapai.az.us/WorkArea/showcontent.aspx?id=17970>

### Other Related Sites

AHCCCS

<http://www.ahcccs.state.az.us/site/>

<http://azahcccs.gov/Services/Grievances> - - Grievance and Appeals Process

Could not find a member handbook

AHCCCS Member Services (602-417-4000 or 1-800-654-8713 for information about AHCCCS services

Arizona Bridge to Independent Living - <http://www.abil.org/>

Arizona Center for Disability Law - <http://www.acdl.com/>

Arizona Center for Disability Law – Self-Advocacy Guides -

<http://www.acdl.com/selfguides.html>

Guides for Assistive Technologies, Employment Guides, ADA Guides, Special Education, Fair Housing, Client Assistance Program, Mental Health, Health Care, Back to the Basics, Legal Options Manual

Arizona Department of Insurance

<http://www.id.state.az.us/consumer.html>

For information and assistance not provided on this web page:

Phoenix Area: Phone: (602) 364-2499 Fax: (602) 364-2505

Tucson Area : Phone: (520) 628-6370 Fax: (520) 628-6633

Statewide : Phone: (800) 325-2548

E-mail: consumers@id.state.az.us

Arizona Statewide Independent Living Council (SILC)

<http://www.azsilc.org/>

AZ Links Your Link to Aging and Disability Resources

[https://egov.azdes.gov/CMSInternet/main.aspx?menu=8&id=46&ekmense=15074e5e\\_10\\_0\\_46\\_2](https://egov.azdes.gov/CMSInternet/main.aspx?menu=8&id=46&ekmense=15074e5e_10_0_46_2)

Better Business Bureau - Complaints

<https://odr.bbb.org/odrweb/public/GetStarted.aspx>

Children's Rehabilitation Services – Office for Children with Special Health Care Needs

[http://www.azdhs.gov/phs/ocshcn/pdfs\\_files/crs/crs\\_member\\_handbook\\_sept\\_2007\\_english.pdf](http://www.azdhs.gov/phs/ocshcn/pdfs_files/crs/crs_member_handbook_sept_2007_english.pdf)

[http://www.azdhs.gov/phs/ocshcn/pdfs\\_files/crs/crs\\_member\\_handbook\\_sept\\_2007\\_spanish.pdf](http://www.azdhs.gov/phs/ocshcn/pdfs_files/crs/crs_member_handbook_sept_2007_spanish.pdf) Spanish

DES / Comprehensive Medical and Dental Care Member Handbook

<https://egov.azdes.gov/CMS400Min/InternetFiles/Pamphlets/pdf/cmdpmemberhandbookenglish.pdf> (English)

<https://egov.azdes.gov/CMS400Min/InternetFiles/Pamphlets/pdf/cmdpmemberhandbookspanish.pdf> (Spanish)

DES – Division of Developmental Disabilities – Arizona Long Term Care System (ALTCS) Member Handbook

<https://egov.azdes.gov/CMS400Min/InternetFiles/Pamphlets/pdf/PAD-465english.pdf> (English)

<https://egov.azdes.gov/CMS400Min/InternetFiles/Pamphlets/pdf/PAD-465spanish.pdf> (Spanish)

Medicare web site – Medicare and You link and other useful Medicare information

<http://www.medicare.gov/>