

Manitoulin-Sudbury District Services Board POLICY & PROCEDURES MANUAL	
Section: H. Ontario Works	Effective Date: February 1, 2013
Topic: 7B. Benefits/Discretionary Benefits	Replaces: July 2009
Subject: 7B.6. Prosthetic Appliances & Mobility Devices	
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POLICY

Authority **OW Act: Sec. 8 and 74(4)**
OW Directives: Dir. 7.2

Effective February 1, 2013, the Manitoulin-Sudbury District Services Board will no longer pay for Prosthetic Appliances & Mobility Devices. This policy will allow the Director of Integrated Social Services to make an exception only where the applicant has exhausted all other avenues, including Healthy Communities Fund, Our Kids Count, local service clubs and community organizations.

Where this exception is applied the maximum allowable will be 80% of the actual cost up to \$300 per individual for any items covered under this policy. Applicants will be responsible for any amounts exceeding the amount being approved. The applicant needs to demonstrate how balance will be paid.

In providing prosthetic appliances (other than eye glasses) a written recommendation from the doctor plus an estimate of the cost is necessary.

In most instances, participants/beneficiaries requesting financial assistance to purchase a prosthetic device will be covered under the Assistive Devices Program.

PROCEDURE

Prosthetic Appliances

A prosthetic appliance is a device used to replace, compensate for, strengthen or improve the bodily functions of people with disabilities. A broad range of items are covered. Examples include but are not limited to: braces, surgical stockings, artificial limbs, incontinence supplies, wheelchairs, inhalators, crutches, canes, walkers, orthopaedic shoes, orthotics, respirators, hearing aids, etc.

Batteries and Repairs for Mobility Devices

The ADP does not cover costs associated with the maintenance of or repairs to assistive devices. The costs for batteries and repairs for mobility devices such as wheelchairs may be covered if these costs are not otherwise reimbursed by another source.

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Hearing Aids

The provision, replacement and repairs of hearing aids including batteries for the portion not covered by the Assistive Devices Program.

In all cases above the Ontario Works Provincial Directive 7.9: Assistive Devices will be reviewed and followed before any Prosthetic Appliance or Mobility Device is considered under discretionary benefits.

ADP PROCEDURE

1. Doctor prescribes and completes the appropriate form for ADP.
2. Health care professional completes a form to authorize the assessment of the specific item, names, models, etc.
3. Upon receipt of a fully completed application, ADP either approves or denies funding. On approval of direct payment for supplies, the participant will receive the first payment in about two to four weeks.
4. The Ontario Works Provincial Directive **7.9: Assistive Devices** will be reviewed and followed before any Prosthetic Appliance is considered under discretionary benefits.

MAXIMUM CONTRIBUTIONS FOR DEVICES

ADP establishes maximum limits on funding for devices and in most cases no longer lists individual manufacturer's products or lists approved prices. ADP clients are responsible for costs over the ADP maximum contribution.

COVERAGE OF ADP CONSUMER CO-PAYMENT

Amounts above the ADP allowable maximum are not eligible coverage through Mandatory or Discretionary Benefits.

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PERSON NOT APPROVED FOR FUNDING UNDER ADP

Where a person's application is **not** approved for ADP funding, due specifically to ADP replacement schedule, full coverage of these items will only be approved in exceptional circumstances where the client applies under either:

- Mandatory benefits under OW if the need is for diabetic or surgical supplies; or
- Discretionary Benefits.

REPAIRS, MAINTENANCE AND REPLACEMENT

A member of the benefit unit may occasionally require replacement of his or her assistive devices due to medical reasons, technical failure of equipment, non-repairable damage to equipment, loss of the aid etc. The ADP program does not cover the cost of repairs and maintenance, and has set replacement schedules for categories of devices. Exceptional circumstances to be discussed with the OW Supervisor.

ORTHOPAEDIC SHOES

Orthopaedic products may be required by benefit unit members suffering from specific medical conditions. Orthopaedic products covered by Discretionary Benefits are intended for those individuals suffering from severe medical conditions.

Orthopaedic requests for dependent children will require additional information to determine if the condition will be corrected with the provision of the one request or if there will be an ongoing need for the device. If it is an ongoing need, (1) then the frequency of replacement, (2) determination of alternate funding resources, (3) if maintenance/repairs of the device is included in the original cost, and (4) estimated time frame as to how long the device will be required.

- A note from the participants family doctor, primary care physician and or Nurse Practitioner indicating the medical need for the orthopaedic shoes is required
- Orthopaedic footwear, custom footwear and modifications to footwear are NOT covered.

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Orthopaedic inserts may be provided to accommodate a leg or foot brace, different leg lengths, illness, injury or accident for whom severe mobility impairments will occur without the orthopaedic inserts.

Participant is required to obtain prior approval from the Case Manager by submitting one estimate for cost of prosthetic appliance and prescription from physician to verify need. Must also include documented evidence why device has not been covered by other programs if applicable.

Please refer to Section 7B.1 for Procedure information.