Orthotic Devices Policy and Administration Manual

Assistive Devices Program
Ministry of Health

ontario.ca/page/assistive-devices-program

Ontario

Table of Amendments

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

Section	Change	Date
110	Added definitions of General Practitioner, Nurse Practitioner and Physician; added Nurse Practitioner to the Prescriber definition.	April 1, 2014
400	Added Nurse Practitioner; changed Physician to Prescriber.	April 1, 2014
410, 415, 505.02, 505.03, 505.06, 1010	Added Nurse Practitioner.	April 1, 2014
515.01	Added Specialist Physician.	April 1, 2014
115.02	Updated to align with the new Authorizer Agreement.	October 1, 2014
200	Added manufacturer warranty requirements for components.	October 1, 2014
300, 305	Updated to provide clearer policy statements regarding funding for cranial orthoses (helmets).	July 2, 2015
415	Removed the policy entitled "Confirmation of Eligibility for Cranial Orthoses – Paediatric Dentist as prescriber".	July 2, 2015
110, 805	Updated definitions and references for Authorizer and Certified Orthotist.	August 1, 2015

Section	Change	Date
900	Added policy regarding Manufacturers as Vendors.	September 22, 2015
305	Updated to provide clearer policy statements regarding funding for cranial orthoses (helmets).	March 27, 2019
110	Updated Definitions	July 14, 2025
115.03	Added Roles and Responsibilities of the Vendor	July 14, 2025
115.04	Added Roles and Responsibilities of the Prescriber and Rehabilitation Assessor	July 14, 2025
200, 205	Updated list of Devices Covered	July 14, 2025
300	Updated the General Eligibility Criteria	July 14, 2025
305	Updated the list of Non-Eligible Items	July 14, 2025
310, 315	Updated the sections discussing Applicant Ineligibility	July 14, 2025
400	Updated the process for First Access	July 14, 2025
405, 410, 500-515, 600-620	Update the Device Eligibility, Warranty, Modifications, and Funding sections to reflect new device scheme	July 14, 2025
800-810	Updated rules re Authorizer Status	July 14, 2025
900-905	Updated rules re Vendor Status	July 14, 2025
10	Removed Part 10: Underserviced Areas	July 14, 2025
1000	Added additional Contact Information	July 14, 2025

Table of Contents

Introduction to the Orthotic Devices Policy and Administration Manual

1

Part 1: Introduction to the Orthotic Devices Policy and Administration Manual

100 Purpose of the Manual

The purpose of this Manual is to present the policies and procedures for Funding of Orthotic Devices. This Manual is intended to complement the Policy and Procedures Manual for the Assistive Devices Program (ADP Manual).

This Manual forms part of the agreement between the Ministry of Health and the Vendor and the agreement between the Ministry of Health and the Authorizer. The Ministry reserves the right to revise this Manual.

100.01 Intended Target Audience

This Manual is intended to be used by Authorizers and Vendors who have an agreement with the Assistive Devices Program (ADP) to provide Orthotic Devices.

105 Protecting Personal Health Information

Authorizers and Vendors must comply with all applicable privacy laws governing information related to their Clients. **See the ADP Manual, Policy 700, Protection of Personal and Personal Health Information.**

110 Definitions

Capitalized terms used in this Manual shall have the meaning associated with them as set out in the ADP Manual or such meanings as described below. **See Section 110 of the ADP Manual for more definitions.**

110.01 **3D Shape Capture** means the process by which a representation of a body segment is created via either a physical cast, a virtual scan, or measurements.

110.02 **Application Form** means the Application for Funding Orthotic Devices form provided by the Program and used to request ADP funding assistance for a Listed Device.

110.03 **Authorizer** means a Certified Orthotist who has met all registration requirements with the Program and holds an executed Authorizer Agreement with the Program.

110.04 **Certified Orthotist** means a person who has successfully completed the certification exams for Certified Orthotist through the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO), who is registered as a "Certified Orthotist," and who is in good standing with Orthotics Prosthetics Canada (OPC).

110.05 **Class 1A Orthotic Device** means an Orthotic Device that is selected and custom fit to the Client by a Certified Orthotist. The device is prefabricated by a third-party.

110.06 **Class 1B Orthotic Device** means an Orthotic Device that is 3D Shape Captured and fit to the Client by a Certified Orthotist. The device is custom-made by a third-party.

110.07 **Class 2 Orthotic Device** means an Orthotic Device that is 3D Shape Captured, fabricated from Raw Materials In-House, then fit, evaluated and adjusted to meet the Client's needs by a Certified Orthotist. Class 2 Orthotic Devices can include parts that are prefabricated or custom manufactured by a third party.

110.08 **Class 3 Orthotic Device** means an Orthotic Device that is Highly Complex. All Class 3 Orthotic Devices must be 3D Shape Captured, fabricated from Raw Materials In-House, and then fit, evaluated and adjusted to meet the Client's needs by a Certified Orthotist. Class 3 Orthotic Devices can include parts that are prefabricated or custom manufactured by a third party.

110.09 **Highly Complex** describes an Orthotic Device that, due to the medical needs of the Client, requires exceptional materials and/or an unusually large number of parts and/or an unusually lengthy amount of time to fabricate, fit, and adjust. Such a device must, overall, be markedly more complex and costly than the equivalent Class 2 device.

110.10 **In-House** means that an orthosis was fabricated within an orthotic laboratory in the Vendor's organization without assistance from outside of the organization.

110.11 **Listed Device** means the specific devices, components/additions, and modifications that are listed in the Product Manual.

110.12 **Manual** means the Orthotic Devices Policy and Administration Manual.

110.13 **Nurse Practitioner** means a Regulated Health Professional who is a registered nurse who holds a valid extended certificate of registration under the *Nursing Act, 1991,* S.O. 1991, c. 32 or any successor legislation thereto, and is entitled to practise in Ontario.

110.14 **Occupational Therapist (OT)** means a Regulated Health Professional registered as a practising member in good standing with the College of Occupational Therapists of Ontario.

110.15 **Orthosis or Orthotic Device** means any device that functions to support or immobilize a body part, to correct or prevent deformity, and/or to assist or restore function.

110.16 **Personal Health Information** means the personal information as defined in Section 4 of the *Personal Health Information Protection Act, 2004*. See the ADP Manual Part 7, Personal Health Information and Part 3, Policy 320, Release of Information About Previous Funding for more details.

110.17 **Physician** means a physician member of the College of Physicians and Surgeons of Ontario who is qualified to practise medicine in Ontario under the *Medicine Act,* 1991, S.O. 1991, c.30 or any successor legislation thereto.

110.18 **Physiotherapist (PT)** means a Regulated Health Professional registered as a practising member in good standing with the College of Physiotherapists of Ontario.

110.19 **Prescriber** means a Physician or Nurse Practitioner who identifies a medical or physiological need for an Orthotic Device.

110.20 **Product Manual,** as defined in the Policies and Procedures Manual for the Assistive Devices Program, means the listing of ADP-funded Orthotic Devices and their approved prices.

110.21 **Raw Materials** means materials or substances used in the primary production or manufacturing of orthotic devices.

110.22 **Regulated Health Professional** means a health professional holding a valid certificate with the College of a health profession or group of health professions established or continued under a health profession Act listed in Schedule 1 to the *Regulated Health Professions Act, 1991,* S.O. 1991, c. 18.

110.23 **Rehabilitation Assessor** means an Occupational Therapist or Physiotherapist who has met all registration requirements with the Program, holds an executed Authorizer Agreement with the Program, and identifies a medical or physiological need for an Orthotic Device.

115 Roles and Responsibilities

In the process of confirming eligibility for Funding, the ADP Applicant/Client, the Authorizer, and the Vendor have specific roles, and certain rights and responsibilities. Additional information may be found in the ADP Manual, the Authorizer Agreement, and the Vendor Agreement.

115.01 Roles and Responsibilities of the Applicant/Client

- Has the right to choose any Authorizer from the list of Authorizers.
- Provides the necessary and accurate information to the Authorizer and the Vendor.
- Makes an informed decision based on the accurate and complete information provided by the Authorizer and the Vendor during the Orthotic Device assessment and the ADP application process.
- Determines whether or not to proceed with an application for ADP funding and choice of Vendor.
- Provides the necessary and accurate information on the Application Form, Section 1, "Applicant's Biographical Information".
- Carefully reviews all of the information in the Application Form, Section 3, "Applicant's Consent and Signature" prior to signing the form.
- Has the right to seek a second opinion if the individual disagrees with the Authorizer's assessment of the Applicant/Client's needs.
- Is responsible for paying the Client portion (25 percent) of the Approved Price for the Orthotic Device directly to the Vendor.

115.02 Roles and Responsibilities of the Authorizer

- Is the gatekeeper to the Program and assumes the leadership role in the assessment and fitting process for an Orthotic Device, confirmation of the Applicant's eligibility, and completion of the Application Form in a timely fashion.

- Maintains current knowledge of the fabrication and fitting techniques and of parts for Orthotic Devices that the Authorizer is registered to authorize.

- Confirms that the Applicant has a long-term physical disability or physical condition and requires the use of the Orthotic Device for a period of six months or longer to participate in a variety of daily activities.

- Will provide the Applicant with accurate information about ADP policies and procedures, eligibility criteria and the estimated cost to purchase the Authorized Device.

- Will provide the Applicant with the applicant information sheet.

- Will provide the Applicant with a list of Vendors serving their community and advise Applicants to consider more than one Vendor to compare options, service plans and, if relevant, prices. Lists are available on the ADP website.

- Identifies the need for the Orthotic Device as part of the Client assessment process, and authorizes the Orthosis that meets the Client's needs.

- Provides the Applicant/Client with the approved price for the Orthotic Device and explains any additional costs not covered by the ADP that the individual may expect to incur.

- Must follow-up with the Client after provision of the Orthotic Device to check the fit of the Orthosis and to confirm that the Orthotic Device continues to meet the Client's needs.
- Is responsible for ensuring that any Client with a suspected change in medical condition is referred back to the Prescriber or Rehabilitation Assessor for medical review.
- Must not submit an Application Form to the Program for an individual who does not meet the ADP eligibility criteria.
- Must continue to meet all conditions specified in the executed Authorizer Agreement and all applicable Manuals.

115.03 Roles and Responsibilities of the Vendor

- Must employ an Authorizer who is registered with the ADP in the Orthotic Devices Category.
- Must provide quotes for Orthotic Devices to the Client and the ADP as required.
- Must honour manufacturer's and vendor's warranties.
- Must continue to meet all conditions specified in their Vendor Agreement and the Manuals.

115.04 Roles and Responsibilities of the Prescriber and Rehabilitation Assessor

- Performs an assessment to confirm an Applicant's medical condition and the need for an Orthotic Device.
- Records the Applicant's medical condition on the Application Form that is provided to the Authorizer.

Devices Covered

2

Part 2: Devices Covered

200 Devices Covered

Certain Orthotic Devices that are required to improve an individual's function in a variety of daily activities are funded by the ADP.

Orthotic Devices approved for ADP funding are listed in the Product Manual. The ADP provides funding for the following:

1. Cranial Orthoses
2. Spinal Orthoses
3. Lower Extremity Orthoses
4. Upper Extremity Orthoses
5. Listed Components/Additions
6. Modifications

Please refer to the Product Manual for a complete listing of which device classes (1A, 1B, 2, and 3) are available for each of the types of Orthoses listed above.

For all components/additions funded by the Program, the Vendor may only provide components/additions for which the manufacturer provides a warranty that is typical in the orthotics industry. All listed components/additions must have a minimum 1-year warranty.

205 Listed Components/Additions

ADP funding is available for the components/additions listed in the Product Manual.

Note: The Applicant/Client must pay the Vendor directly for any non-ADP-funded items the individual may choose to purchase.

Applicants may request funding assistance to add components/additions to Orthotic Devices that were not funded by the ADP.

The Authorizer must confirm and document during the assessment that:

- The type of Orthosis is a Listed Device;
- The Orthosis will continue to be the primary Orthotic Device used by the Applicant;
- The Orthosis is in good condition; and
- With the components/additions requested, the Orthosis will continue to meet the Applicant's needs to continue to participate in a variety of daily activities.

210 Repairs

The ADP does not provide funding towards the cost of repairs and/or maintenance for any Orthotic Device.

215 Modifications to Orthotic Devices Not Funded by the ADP

Applicants may request funding assistance for modifications to Orthotic Devices that were not funded by the ADP.

The Authorizer must confirm and document during the assessment that:

- The type of Orthosis is a Listed Device;
- The Orthosis will continue to be the primary Orthotic Device used by the Applicant;
- The Orthosis is in good condition; and
- With the modifications requested, the Orthosis will continue to meet the Applicant's needs to continue to participate in a variety of daily activities.

Applicant Eligibility for Orthotic Devices

3

Part 3: Applicant Eligibility for Orthotic Devices

300 General Eligibility

300.01 The Applicant must require an Orthotic Device to improve their function in a variety of daily activities for six months or longer. The Applicant must also satisfy the eligibility criteria described in Part 3 of the Policies and Procedures Manual for the Assistive Devices Program.

300.02 To meet eligibility for funding of a cranial Orthosis (helmet), the Applicant must require the cranial Orthosis for:

- protection of the head, with a diagnosis of seizures, epilepsy or hemophilia,
- protection of brain tissue as a consequence of a craniectomy, or
- protection of brain tissue required due to a cranial opening as a consequence of surgery for craniosynostosis (for exceptions, see policy 305).

305 Non-Eligible Items

ADP funding is not provided for:

a. Braces and splints required for:

- Less than six (6) months duration;
- Nocturnal use, static positioning or rest positioning only;
- Acute post-operative Orthoses;
- Acute conditions (for example, fracture braces);
- Solely for one (1) activity such as work, school or sports.

Note: The ADP will fund an Orthosis that is used for rest, positioning or during sleep provided that it is also used during the day for two (2) or more functional activities.

b. Orthoses used for treatment purposes (for example, orthoses used for shaping or molding the cranium, including those used to treat plagiocephaly and following endoscopic surgery for craniosynostosis);

c. Foot Orthoses and short ankle-foot Orthoses (SAFO's or UCBL Orthoses) which provide support under the foot and up to the ankle joint;

d. Prefabricated Orthoses that require no additional fitting and/or customization to the Client by a Certified Orthotist;

e. A second Orthosis of the same type for the same body area (back-up device);

f. Cranial Orthoses used for protection related to self-injury, behavioural issues;

g. Custom-made and off-the-shelf shoes;

h. Custom shoe modifications;

i. Treatment devices including, but not limited to, transcutaneous nerve stimulators (TNS), neuromuscular stimulators, continuous passive motion machines (CPM's), and electromagnetic bone growth stimulators;

j. Repairs to Orthoses;

k. Orthoses purchased from suppliers that are not registered as Vendors with the ADP.

310 Individual Identified as Ineligible by Authorizer, Prescriber or Rehabilitation Assessor

An Application Form, must **not** be submitted to the ADP if, after assessing the Orthotic Device needs of their Applicant/Client, the Prescriber or Rehabilitation Assessor confirms that the individual does not have a medical condition that meets the ADP eligibility criteria for an Orthotic Device, or the Authorizer confirms that an Orthotic Device would not be appropriate for the Applicant's/Client's medical condition.

315 Applicant Identified as Ineligible by ADP

An Applicant may be deemed ineligible:

(a) If they do not satisfy the eligibility criteria described in Part 3 of the Policies and Procedures Manual for the Assistive Devices Program,

(b) If they do not satisfy the eligibility criteria described in Part 3 of this Policy and Administration Manual, or

(c) Where information supplied in connection with an Application Form is insufficient, incomplete, or inaccurate.

In the cases of denial, the Vendor will be advised of the reason.

Confirmation of Eligibility for Devices Required

4

Part 4: Confirmation of Eligibility for Device(s) Required

400 First Access

The Applicant's presenting medical condition must be identified by a Prescriber or a Rehabilitation Assessor.

The Prescriber or Rehabilitation Assessor confirms that the Applicant has a chronic physical disability requiring the regular use of an Orthotic Device, and refers the Applicant to an Authorizer.

405 Confirmation of Eligibility for Class 1A, Class 1B, and Class 2 Orthotic Devices

All initial provisions of funding for a Class 1A Orthotic Device, a Class 1B Orthotic Device, or a Class 2 Orthotic Device require consultation, either independently or as a group, with a Prescriber or Rehabilitation Assessor, and an Authorizer.

Applicants are only eligible for a Class 2 Orthotic Device where no available Class 1A Orthotic Device or Class 1B Orthotic Device will be adequate to meet the Applicant's medical needs.

For Applications for Class 2 Orthotic Devices, the Vendor must also keep a written justification from the Authorizer on file, which explains why a Class 2 Orthotic Device (rather than a Class 1A Orthotic Device or Class 1B Orthotic Device) was medically necessary in the Applicant's case.

Refer to Policy 505 for details of required assessments for replacement of Class 1A Orthotic Devices, Class 1B Orthotic Devices, or Class 2 Orthotic Devices due to growth/atrophy, change in medical condition and wear.

410 Confirmation of Eligibility for Class 3 Orthotic Devices

All initial provisions of funding for a Class 3 Orthotic Device require consultation, either independently or as a group, with a Prescriber or Rehabilitation Assessor, and an Authorizer.

Applicants are only eligible for a Class 3 Orthotic Device if they have a complex, chronic physical challenge that requires a Highly Complex Orthotic Device to facilitate functional performance.

Vendors must retain a detailed justification for all Class 3 Orthotic Devices. This justification should include:

1. A detailed description of the Class 3 Orthotic Device being produced.

2. A detailed explanation as to why the Orthotic Device being produced is Highly Complex and falls into the Class 3 Orthotic Device category. In other words, a detailed explanation of what makes this Orthotic Device *markedly* more complex and costly than the comparable Class 2 Orthotic Device, including an explanation of the exceptional materials, unusually large number of parts, and/or unusually lengthy amount of time required to fabricate, fit and adjust the Orthotic Device.

3. A detailed justification as to why an equivalent Class 2 Orthotic

Device would have been medically inadequate for the Applicant.

On the Application Form, Vendors must provide the ADP with the final price for the Class 3 Orthotic Device.

Vendors must retain detailed records showing the price breakdown for all Class 3 Orthotic Devices. These records must include:

- A breakdown of all of the distinct parts and materials that will be included in the Device, and the estimated costs of all of the parts and materials, including any markups that were applied (i.e., material costs), and

- A breakdown of the hours of labour that will be needed to produce and fit the Orthotic Device, along with the associated costs, including any markups (i.e., labour costs).

Refer to Policy 505 for details of required assessments for replacement of Class 3 Orthotic Devices due to growth/atrophy, change in medical condition and wear.

Device Eligibility

5

Part 5: Device Eligibility

500 Number of Devices Funded & Funding Periods

Based on the Authorizer's clinical assessment findings, the Applicant may require more than one device.

500.01 Funding Periods

This is the **minimum** period of time that an Orthotic Device is expected to remain useful. The designated funding period for all Orthotic Devices is two (2) years.

505 Requests for a Replacement Device

Orthotic Devices funded by the ADP are only eligible for replacement when the Client's current Orthotic Device is no longer usable. Orthotic Devices are not automatically replaced when the designated funding period has elapsed. Proven need for replacement of the Orthotic Device must exist.

Orthotic Devices that jeopardize the Client's safety or no longer meet the Client's needs due to physiological growth, atrophy, a change in medical condition or normal wear are eligible for replacement funding.

In these situations, the Client may re-apply for funding by submitting a completed Application Form.

505.01 Replacement Due to Growth/Atrophy

The ADP will fund a replacement Orthotic Device **at any time** if required because of growth/atrophy.

A **new** Application Form must be used when a replacement Orthotic Device is required. Check the box for growth/atrophy. The form must be completed and signed by:

1. The Authorizer,
2. The Vendor, and
3. The Client/Applicant.

505.02 Replacement Due to Change in Medical Condition

The ADP will fund a replacement Orthotic Device **at any time** if required because of a change in medical condition.

A **new** Application Form must be completed when a replacement Orthotic Device is required. Check the box for change in medical condition. The form must be completed and signed by:

1. The Prescriber or Rehabilitation Assessor,
2. The Authorizer,
3. The Vendor, and
4. The Client/Applicant.

505.03 Replacement Due to Normal Wear

If, **during the designated funding period** the Orthotic Device previously funded requires replacement as a result of normal wear due to heavy use, not due to client negligence, the Program will provide funding for a replacement Orthotic Device.

A new Application Form must be submitted. The form must be completed and signed by:

1. The Authorizer,
2. The Vendor, and
3. The Client/Applicant.

505.04 Replacements of Listed Components/Additions

Replacements of listed components/additions are funded **at any time** due to change in medical condition, growth/atrophy, or normal wear.

A new Application Form must be submitted.

When replacement of listed components/additions is required due to a change in medical condition, the Application Form must be completed and signed by:

1. The Prescriber or Rehabilitation Assessor,
2. The Authorizer,
3. The Vendor, and
4. The Client/Applicant.

When replacement of listed components/additions is required due to growth/atrophy or normal wear, the Application Form must be completed and signed by:

1. The Authorizer,
2. The Vendor, and
3. The Client/Applicant.

505.05 Damage Beyond Repair – After Replacement Period

If, **following the designated funding period** the Orthotic Device previously funded is irreparably damaged due to normal use or where past and current costs of repairs are excessive, the Program will fund a new Orthotic Device.

A new Application Form must be submitted. The form must be completed and signed by:

1. The Authorizer,
2. The Vendor, and
3. The Client/Applicant.

505.06 Loss or Damage

The Program does not provide replacements in cases where the Orthotic Device is lost or damaged beyond repair **during the designated funding period**.

510 Warranty

There are two types of warranties: (i) Warranty Against Breakage, and (ii) Warranty for Satisfactory Fit.

510.01 Warranty Against Breakage

The Vendor must warrant, in writing, that under normal use, the Orthotic Device is guaranteed against breakage for:

- Six (6) months – Adult Class 2 Orthotic Devices and adult Class 3 Orthotic Devices; and
- Two (2) months – All Class 1A Orthotic Devices and Class 1B Orthotic Devices, pediatric Class 2 Orthotic Devices, and pediatric Class 3 Orthotic Devices.

510.02 Warranty for Satisfactory Fit

After the final fitting of the Orthotic Device, the Vendor must warrant, in writing, that under normal use, the fit of the authorized Device will remain satisfactory to the Client. Unless there has been a significant change in the Client's medical condition, physiological growth or atrophy, the warranty for satisfactory fit will be valid for a period of:

- Three (3) months – Adult Class 2 Orthotic Devices and adult Class 3 Orthotic Devices; and
- Thirty (30) days – All Class 1A Orthotic Devices and Class 1B Orthotic Devices, pediatric Class 2 Orthotic Devices, and pediatric Class 3 Orthotic Devices.

During the warranty period, the Vendor must provide or cause to be provided any service including repairs or replacement of the Orthotic

Device or any parts free of charge.

When there is repeated technical failure, the Orthotic Device will be replaced by the issuer of the warranty. Repair and service of Orthotic Devices are the responsibility of the Vendor, manufacturer or service designate.

ADP funding is not available when the manufacturer's or Vendor's warranty is in effect.

515 Modifications

Modifications of Orthotic Devices (which can include the replacement of both listed and non-listed components/additions) are eligible for funding at any time when required due to a change in the Client's medical condition, to physiological growth/atrophy, or to normal wear. The ADP will only fund claims that cost more than $100, but less than 30% of the cost of replacing the whole device.

Where the modification is due to growth/atrophy or normal wear, the Application Form must be completed and signed by:

1. The Authorizer,
2. The Vendor, and
3. The Client/Applicant.

Where the modification is due to a change in medical condition, the Application Form must be completed and signed by:

1. The Prescriber or Rehabilitation Assessor,

2. The Authorizer,

3. The Vendor, and

4. The Client/Applicant.

On the Application Form, Vendors must provide the ADP with the final price for the modification, as well as the estimated price to replace the whole device.

Furthermore, Vendors must retain detailed invoices showing the price breakdown for all modifications. These must include:

- A breakdown of all the distinct parts and materials that were included in the modification, and the costs for the parts and materials, including any markups that were applied (i.e., material costs),

- A breakdown of the hours of labour that were needed to produce and fit the modification, along with the associated costs, including any markups (i.e., labour costs), and

- Evidence or rationale to demonstrate that the price of the modification is less than 30% of the cost of replacing the whole Orthotic Device.

Funding and Payment

6

Part 6: Funding and Payment

600 Policies

No payment for an approved Orthotic Device shall be made by the Ministry to anyone other than the Vendor that sold the Orthotic Device. Lists of Vendors can be obtained from the ADP Website at:

https://www.ontario.ca/page/garments-pumps-and-braces#section-4

Detailed information about funding amounts and payment is found in the ADP Manual: **Part 3 – Clients, and Part 9 - Invoice Processing and Payment**.

605 Funding Amount for ADP Clients

The Program will pay seventy-five per cent (75%) of the Approved Price for Class 1A Orthotic Devices, Class 1B Orthotic Devices, Class 2 Orthotic Devices, and components/additions that are listed in the Product Manual.

The Program will pay seventy-five per cent (75%) of the cost of Class 3 Orthotic Devices and modifications which have no price listed in the Product Manual, as approved by the ADP.

Vendors may **not** charge more than the Approved Price for the approved Orthotic Device.

Vendors **may** charge less than the Approved Price for the approved Orthotic Device.

The Vendor **must** charge the Client twenty-five per cent (25%) of the price for the Device and invoice the ADP for 75% of the price.

Note: Should the Vendor charge the Client less than the maximum Approved Price for an Orthotic Device, or provide a rebate or discount to the Client for an Orthotic Device, both the Client portion (25%) and the ADP portion (75%) must be adjusted accordingly.

610 Funding for Ministry of Children, Community and Social Services (MCCSS) Benefits Recipients

Co-payment for clients receiving Social Assistance Benefits:

- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Assistance for Children with Severe Disabilities (ACSD)

Up to one hundred percent (100%) of the Approved Price of the Orthotic Device will be funded for Clients receiving social assistance benefits through OW, ODSP or ACSD as of the date they are assessed by an Authorizer. The Vendor must invoice the ADP for 100% of the price for the Orthotic Device, up to the Approved Price.

615 Delivery of Devices

The Vendor will provide all Orthotic Device(s), listed components/additions, and modifications with a fully itemized invoice to the Client, advise the Client regarding warranty and follow up services

offered, and provide a copy of the Vendor's warranty and instructions regarding care and maintenance to the client.

620 Expiry Date of the Application for Funding Orthotic Devices Form

The Application Form is considered current and valid for one (1) year from the Authorizer assessment date.

Note: The expiry date will **NOT** be extended. After the expiry date a new assessment must be completed, and a new Application Form must be submitted to the Program in order for a funding request to be considered.

Note: The Authorizer assessment date must precede:

- The date on which the Orthotic Device or component/addition was delivered to the Client, and
- The date on which any modifications occurred.

Invoicing Procedures

7

Part 7: Invoicing Procedures

700 Guide to Completing the Invoice

Refer to the ADP Manual: Part 9, Invoice Processing and Payment for details.

705 ADP Processing Errors

In the event of an ADP processing error being identified following funding approval, the ADP will co-operate with the Authorizer to make any necessary corrections.

The Authorizer must notify the ADP in writing of the error(s) along with a request for the approval to be amended.

710 Authorizer Prescription Errors & Omissions

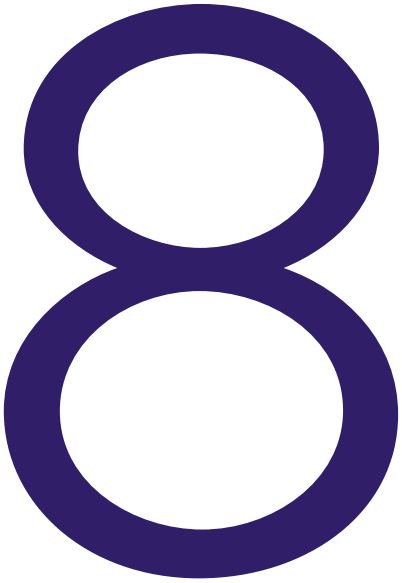
In the event of an Authorizer prescription error and/or omission being identified following funding approval, the ADP will co-operate with the Authorizer to make any necessary corrections.

The Authorizer must return a copy of the page of the Application Form to the ADP with the errors highlighted along with a request for the approval to be amended.

715 Client Refusal of a Delivered Orthotic Device(s)

In the event of Client refusal either at the time of delivery or immediately thereafter, the ADP will work co-operatively with the Client, Authorizer and Vendor to resolve the situation.

Authorizers



Part 8: Authorizers

800 Authorizer Status

Certified Orthotists wishing to act as Authorizers for Orthotic Devices must be registered as Authorizers in the Orthotic Devices category.

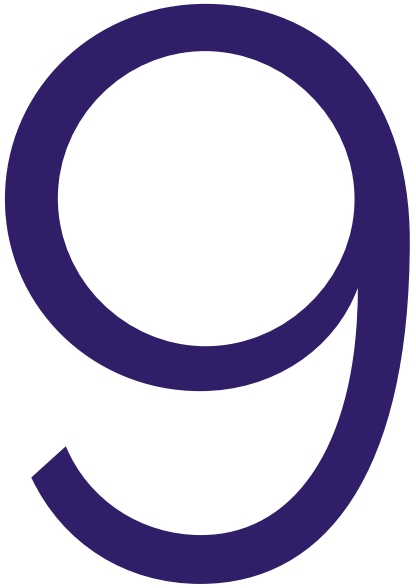
805 Requirements for Authorizer Status

An Authorizer for Orthotic Devices must be a Certified Orthotist who has met all registration requirements with the Program.

810 General Authorizer Policies

Detailed information about Authorizer registration, policies and procedures, are found in the **ADP Manual: Part 4, General Authorizer and Vendor Policies and Part 5, Authorizers.**

Vendors



Part 9: Vendors

900 Vendor Status

Vendors wishing to submit a request for funding to the Ministry for Orthotic Devices must be registered as Vendors in the Orthotic Device category.

Vendors applying for registration status for Orthotic Devices must submit the names of all registered Certified Orthotists on staff, along with their ADP Authorizer Number.

An ADP registered Vendor must meet, on an ongoing basis, the requirements for registration with the ADP, including requirements specific to the Orthotic Devices category. See policy 600, Becoming Registered and Maintaining Vendor Status with the Program, in the ADP Manual and the Vendor Registration section on the ADP website.

900.01 Manufacturers As Vendors

Despite policy 605 in the ADP Manual, Manufacturers and Distributors as Vendors, manufacturers of custom made Orthotic Devices may apply to become ADP registered Vendors.

The ADP will not register as a Vendor a manufacturer or distributor of parts for Orthotic Devices.

905 General Vendor Policies

Detailed information about Vendor registration and policies and procedures is found in the ADP Manual in the following areas:

- Part 4, General Authorizer and Vendor Policies;
- Part 6, Vendors;
- Part 7, Personal Health Information, and
- Part 9, Invoice Processing and Payment.

Note in Particular:

i. Policy 405, Conflict of Interest

ii. Policy 415, Advertising

iii. Policy 420, Referrals

iv. Policy 600, Applying for Registration – New Vendor

v. Policy 601, Applying for Registration – Additional Vendor Location or Additional Category of Devices

vi. Policy 602, Maintaining Registration as a Vendor

vii. Policy 615, Relationships of Hospitals and Vendors

viii. Policy 620, Vendors Sharing Proceeds with Long-Term Care Homes

ix. Policy 640, Informing Persons of the Program

x. Policy 660, Refusal to Supply for Safety Reasons

xi. Policy 665, Warranties of Purchased Devices

xii. Policy 670, Repairs of Purchased Devices

xiii. Policy 700, Protection of Personal and Personal Health information

xiv. Policy 905, Rebates

The ADP Manual is available at:

https://www.ontario.ca/document/assistive-devices-program-health-care-professionals/policies-procedures-administration-and

Contact Information

10

Part 10: Contact Information

1000 Program Addresses

1000.01 **Assistive Devices Program**

Assistive Devices Program
Ministry of Health
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5

Email (General Inquiries): adp@ontario.ca
Email (Authorizer Inquiries): adpauthorizers@ontario.ca
Email (Vendor Inquiries): adpvendors@ontario.ca

Telephone: Toronto area (416) 327-8804
Toll free: 1-800-268-6021
TTY: 1-800-387-5559
Fax: (416) 327-8192

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

Health Professionals Website:
https://www.ontario.ca/document/assistive-devices-program-health-care-professionals

1000.02 Financial Management Branch

Ministry of Health
Financial Management Branch, Program Payments Unit
P.O. Box 48
49 Place d'Armes, 3rd Floor Kingston Ontario K7L 5J3Email:
adppayments@ontario.ca

Telephone:	In Kingston (613) 548-6477
Toll free:	1-800-267-9458
Fax:	(613) 547-1963