



March 4, 2014

Re: Testimony in support passage of SB 325 – To better serve Medicaid recipients with complex medical needs who require complex rehabilitation technology

Dear Human Services Committee Members,

My name is Don Clayback and I am the Executive Director of NCART, the National Coalition for Assistive and Rehab Technology. I am here today to support the passage of Senate Bill 325.

NCART is a national association focused on protecting and promoting access to Complex Rehab Technology, also known as CRT. CRT products include medically necessary and individually configured manual and power wheelchairs, seating and positioning systems, and other adaptive devices that require evaluation, fitting, configuration, adjustment, or programming. You can learn more about CRT at www.ncart.us.

Our membership includes manufacturers and providers of CRT, with our provider members serving people with disabilities from over 300 locations across the country. We have 3 provider member companies here in Connecticut and we estimate they collectively provide 95% of the CRT products used by Connecticut Medicaid recipients. This encompasses services to an estimated 4,000 of the most severely disabled Medicaid recipients on an annual basis.

In order to ensure access to this specialized equipment and supporting services, NCART works with consumers, clinicians and physicians along with federal, state and private policy makers to establish and protect appropriate coverage and payment policies. We have found the lack of a clear understanding and recognition of the specialized nature and other aspects of Complex Rehab Technology to be the biggest challenge to preserving access through proper regulations and policies. The following are facts relating to maintaining adequate access to CRT that Connecticut legislators should be aware of:

- **Complex Rehab Technology products and services are significantly different than standard Durable Medical Equipment (DME)-** The standard DME benefit was created over forty years ago to address the medical equipment needs of elderly individuals. Providers who furnish CRT provide highly specialized products and services which are much different than standard DME. (See attached "Complex Rehab Vs. Standard Mobility")
- **These specialized products are used by a small population of children and adults who have significant disabilities and medical conditions-** Individuals who require CRT have a complex disability or medical condition such as, but not limited to, Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Spinal Cord Injury, Amyotrophic Lateral Sclerosis, or Spina Bifida. CRT products enable these individuals to deal with their daily physical, functional and cognitive challenges and play a critical role in addressing the complex medical needs of these children and adults and in keeping them active and functional within their homes and communities. These

products not only supply independence and function, but also keep the overall cost of healthcare down by reducing additional medical complications and caregiver requirements.

- **Similar to the provision of custom Orthotics and Prosthetics, the process of providing CRT products is typically done through a clinical model and is service intensive-** The provision of CRT is typically done through an interdisciplinary team consisting of, at a minimum, a Physician, a Physical Therapist or Occupational Therapist, and a credentialed Assistive Technology Professional. The team collectively provides clinical services and technology-related services designed to meet the specific and unique medical and functional needs of the individual. The activities of the provider are labor-intensive. (See the attached "What Is The Complex Rehab Technology Delivery Process?")
- **Due to significant operating costs and low profit margins there is only a small number of qualified providers that supply these specialized products and services-** This is a difficult business as companies providing CRT products must maintain the required trained and credentialed staff, supporting systems and facilities, and related company accreditations to perform the necessary activities. Meeting these requirements comes with significant operating challenges and costs along with low profit margins. As a consequence, there are a very limited number of companies that provide CRT and that number is decreasing across the country.

The Connecticut CRT bill, SB 325, follows legislation that has been introduced in Congress to provide improved safeguards and access for Medicare beneficiaries with disabilities. The "Ensuring Access To Quality Complex Rehabilitation Technology Act of 2013" (HR-942 and S-948) is working its way through Congress and has garnered bipartisan support in both houses with close to 100 Members signed on to date. The bill also has the support of over 40 national disability advocacy and medical professional organizations. Of note, CRT legislation will also be introduced in other states as we move through 2014.

We strongly encourage passage of SB 325. Its passage will provide the needed recognition for these specialized products, establish improved standards and safeguards to benefit the state and Medicaid recipients with disabilities, and provide a stable economic environment for the remaining CRT companies to continue to provide this critical technology and related supporting services.

Thank you for consideration of our comments and for passing legislation to better serve the Medicaid recipients with complex medical needs who require complex rehabilitation. We are happy to provide any information that may be helpful.

Sincerely,



Donald E. Clayback
Executive Director
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Attachments-

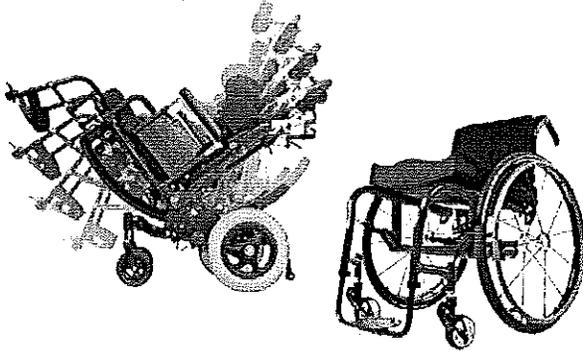
- 1- CRT Pictorial
- 2- Specialized CRT Mobility vs Standard DME Mobility
- 3- CRT Provision Process

Complex Rehab Technology

Specialized wheelchairs, seating and positioning systems, and other adaptive equipment used by people with significant disabilities and chronic medical conditions

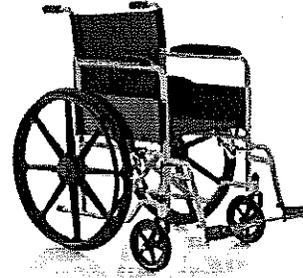


“Complex Rehab” vs. “Standard” Mobility



Complex Manual WCs (6% of Medicare)

- Intended for long-term use
- High Adjustability
- Provides Positioning
- Accommodates Deformity
- Provides Pressure Management



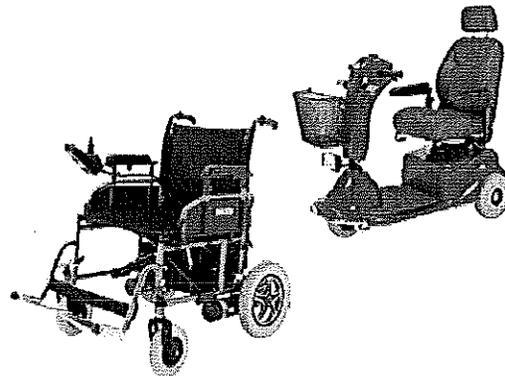
Standard Manual WCs (94% of Medicare)

- Intended for short-term use
- Minimal to Zero Adjustability
- Provides NO Positioning
- NO Deformity Accommodation
- Provides NO Pressure Management



Complex Power WCs (7% of Medicare)

- Intended for Progressive Diagnoses
- Advanced Electronics and Controls
- Provides Positioning
- Accommodates Deformity
- Provides Pressure Management
- Offers Ventilator Accommodation



Standard Power WCs (93% of Medicare)

- Intended for Ambulatory Limitations
- Basic Joystick Drive ONLY
- Provides NO Positioning
- NO Deformity Accommodation
- Provides NO Pressure Management
- NO Ventilator Accommodation

For more information visit www.ncart.us

What Is The Complex Rehab Technology Delivery Process?

The following is an overview of the "delivery process" of supplying complex rehab mobility and seating systems. Various staff members are involved at different points. While there can be over 30 steps in the process, the principal activities include evaluating, selecting, funding, purchasing, receiving, assembling, scheduling, delivering, fitting, adjusting, programming, training, and billing.

- 1.) Call received from customer or referral source. Review general needs. Verify insurance coverage. Schedule an evaluation.
- 2.) Prepare for evaluation. Gather related literature on options. Obtain and configure necessary evaluation/loaner equipment.
- 3.) Drive to evaluation site. Meet with customer, therapist, and other interested parties. Participate in CRT evaluation process. Gather information on medical status, current and future needs, goals and funding options. Take physical measurements and document.
- 4.) Perform Technology Assessment along with transportation and home accessibility assessments.
- 5.) In some cases, multiple evaluations may be performed involving equipment trials and visits to both the home and other locations such as school, clinic, or hospital.
- 6.) Identify and document equipment recommendations and specifications. Prepare pricing worksheet detailing all equipment and components to be ordered. Indicate specific manufacturer, part number and price. Obtain custom quotes if needed. (Complex cases may involve up to ten different manufacturers.)
- 7.) Identify related coverage criteria. Determine proper billing codes. Obtain medical necessity documentation from physician and therapist. This required documentation can be significant and must meet specific payer requirements.
- 8.) Submit and obtain external or internal funding approval. Include pricing detail and medical necessity documentation. Respond to requests for additional information. Follow up and resolve initial denials.
- 9.) Once funding approval is received, prepare purchase orders for all manufacturers and order items.
- 10.) As pieces of equipment are received, store in holding area until all items for the system have arrived.
- 11.) Once all items have arrived, pull customer order and assemble in accordance with measurements and notes.
- 12.) Contact customer and/or therapist to schedule delivery and fitting.
- 13.) Deliver equipment as scheduled. Perform fitting, adjustments, and programming. For cases requiring further work, document additional modifications needed and return to shop for processing.
- 14.) Perform additional modifications as noted at the first fitting and schedule additional deliveries and fittings as needed.
- 15.) At final delivery, perform final fitting and adjustments. Train customer on proper programming, operation and maintenance.
- 16.) Submit for billing to both primary and secondary payers. Follow up through final collection.
- 17.) Respond promptly to requests from the customer or therapist for post-delivery adjustments or operational concerns.
- 18.) Provide ongoing repair and maintenance as needed.

The process of providing complex rehab mobility and seating is very involved. The time taken on each activity is significant. All parties (physician, therapist, rehab technology professional, rehab tech, and other support staff) work together in order to provide the most appropriate equipment to best meet an individual's medical needs and maximize his or her function and independence.