



Testimony to Support Passage of Michigan Senate Bill SB-499 and SB-500 – To better serve Medicaid recipients with Complex Medical Needs who require Complex Rehabilitation Technology

April 27, 2022

Dear Members of the House Committee on Health Policy,

My name is Don Clayback and I am the Executive Director of NCART, the National Coalition for Assistive and Rehab Technology. We write to support the passage of SB-499 and SB-500, bills which will enable the state to better serve children and adults with complex medical needs enrolled in the Medicaid program.

NCART is a national association focused on protecting and promoting access to Complex Rehab Technology (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.

These specialized products are used by a small group of people with high-level disabilities and chronic medical conditions. Access to CRT allows these individuals to manage their medical needs, minimize their health care costs, and maximize their independence. It also helps the state keep health care costs down by reducing medical complications, clinical interventions, hospitalizations, institutionalizations, and caregiver needs. You can view more information about CRT, including an educational video, at www.ncart.us.

Our national membership includes CRT manufacturers and providers serving people with disabilities from over 800 community locations across the country. Here in Michigan our provider member companies have 5 locations. Their services go beyond the Michigan Medicaid program and extend to thousands of children and adults across the state.

Our mission is to ensure people with disabilities have access to the right CRT equipment and that the equipment is properly supported during a lifetime of use. NCART works with consumers, clinicians, and physicians along with federal, state, and private policy makers to establish and protect appropriate coverage, coding, provider standards, and payment policies.

The lack of a clear understanding and recognition of the specialized nature of Complex Rehab Technology within state regulations and policies is the one of the biggest challenges to preserving access. With that in mind, the following are important facts regarding CRT that Michigan 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 fifty 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 “CRT Wheelchairs Vs. Standard DME Wheelchairs” for a visual illustration of the difference in the products and the configurable features of CRT.
- **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. CRT plays 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 health care costs down by reducing medical complications, clinical interventions, hospitalizations, institutionalizations, and caregiver needs.

- **The process of providing CRT products is service intensive and done through a clinical model (like the provision of custom Orthotics and Prosthetics)-** 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 as explained in the attached “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 Michigan Senate CRT bills, SB-499 and SB-500, follow legislation that has been introduced in other states to provide improved safeguards and access for beneficiaries with disabilities who require CRT.

We strongly encourage passage of SB-499 and SB-500. These bills 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 Michigan Medicaid recipients with complex medical needs who require CRT. We are happy to provide any additional information that may be helpful.

Sincerely,



Donald E. Clayback

Executive Director

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Attachments-

- 1- CRT Pictorial
- 2- CRT Wheelchairs vs Standard DME Wheelchairs
- 3- CRT Delivery Process

Complex Rehab Technology

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



Visit www.ncart.us for more information.

“Complex Rehab Technology” Wheelchairs Differ from Standard Wheelchairs

Complex Rehab wheelchairs are individually configured to meet the specific needs of people with permanent disabilities and are vital to a SMALL but CRITICAL segment of Medicare wheelchair users who depend on these specialized wheelchairs to maximize their independence, address their medical needs, and reduce their health care costs.



Complex Manual WCs

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

Standard Manual WCs

- Intended for short-term use
- Minimal to Zero Adjustability
- NO Positioning
- NO Orthopedic Accommodations
- Provides NO Pressure Management



Complex Power WCs

- Intended for Perm./Progressive Diagnoses
- Advanced Electronics and Controls
- Provides Positioning
- Accommodates Orthopedic Issues
- Provides Pressure Management
- Offers Ventilator Accommodation

Standard Power WCs

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

For more information about Complex Rehab Technology (CRT) visit www.ncart.us.

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.