Disability-Competent Care Webinar Roundtable Series:
Training in Disability-Competent Care and Supports
Using and Maintaining Mobility Equipment
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Kira: Ladies and gentlemen, thank you for standing by. Welcome to the Disability-Competent Care Webinar Roundtable Series call. At this time, all participants are in a listen-only mode. You will have an opportunity to ask questions after the presentation. Instructions will be given then. If you need assistance during the call, just press *, then 0, and you will be assisted offline.

I would now like to turn the conference over to our host, Mr. Christopher Duff. Please go ahead.

Christopher Duff: On behalf of the LewinGroup, I would like to welcome you all to this fourth in our 2014 Webinar Roundtable Series. Today, the topic is "The Use, Maintenance and Repair of Mobility Equipment." As Kira stated, my name is Chris Duff. I'm a Disability Policy and Patches Consultant. Under contract with the Medicare and Medicaid Coordination Office, commonly known as the "duals office" at the Centers for Medicare and Medicaid Services, the LewinGroup has engaged myself and a few colleagues to provide technical assistance to providers working with adults with disabilities.

First, I'd like to introduce you to our platform for this presentation. If your slides are not advancing, please push F5 on your computer keyboard. Also please note the two icons that are circled at the bottom of the screen. The brown icon, third from the left, will open a chat window for participants to pose and discuss and topic-related questions to other participants and speakers. The green icon of a file folder, third from the right, provides you access to resources for this presentation. Between those two is an icon with two small cc's and this will enable closed captioning for those desiring that option.

After a brief presentation, we will also open the phone calls lines, as Kira stated, for participants to ask questions directly to the presenters. This series consists of eight webinars with this being the fourth this year. Following a two-week break we will resume with the next four starting on Tuesday, March 18th, at this same time.

Last year we published a Comprehensive Disability-Competent Care Self-Assessment Tool describing Disability-Competent Care in three key components; Individualized Care Coordination provided by an interdisciplinary team, Redesigned Primary Care Delivery, and Flexible Long-Term Services and Supports.

We followed this up with nine webinars focusing on individual components of Disability-Competent Care. All the webinars were recorded and are available, along with a PDF of the slides at the link at the bottom of the slide presently showing.

We would like to solicit your opinion on this series, as well as past webinars and supplemental resources. Please take the time to complete our survey at the end of this webinar and send us

your ideas for future topics and content. The contact information is listed at the end of the presentation.

Our goal in this series is to be highly practical using experts in each topic area with organizational examples or first-person stories to demonstrate key messages. The presentation will be no more than 20 minutes, allowing the remainder of time to explore questions or issues submitted by the participants.

Beyond the Chat feature to which you can submit questions and comments at any time, the phone line will be opened and we will be using instant polling to ask specific questions to help guide our presentation. For example in last week's webinar, we learned that participants have some experience in managing a wheelchair benefit, but they tended to revert back to the payer's criteria and process, such as Medicaid or Medicare.

In Medicare and Medicaid integrated demonstrations, plans have greater [theater] and opportunity to improve the process and realize their outcomes for the participants. To demonstrate the process, here's the first polling question for today.

Once the mobility device has been ordered and is ready for delivery, does your organization take any responsibility for supporting the participant with adjustments and training? There are five options for you to choose. Please make your choice and press Submit and we'll tabulate the answers and review in a minute.

Last week our presenter, who is also our presenter this week, provided information related to mobility assessments and the process of procurement. Today, we're exploring Disability-Competent Practices related to the final positioning and fitting of a new wheelchair; training the individual in its use and maintenance, and issues related to repairs. She will also recommend specific practices or policies for your organization's consideration. Our goal is to prepare providers to meet the mobility needs of your participants so that they can live their lives as they choose.

As this slide shows, the mobility needs of people vary depending on many variables; their functional needs, locale of usage, the variability of their disability and others. Additionally functional limitations commonly evolve with age, meaning that individuals may start off using a cane or walker and over time need greater levels of mobility support. Not only does this mean then individual equipment needs must be regularly reassessed, but may also involve a discussion of issues related to safety and changes in their functional capacity.

Additional training or also minor equipment adjustments may meet some of the challenges and changes, while others may need additional or new equipment. In other words, obtaining the right equipment is only the first step. They also need to be fitted properly, trained in its use and maintenance, and have plans for when repairs are needed. As with our own cars, maintenance can go a long way in keeping the mobility device functioning optimally.

Now let's review the poll results from that push-poll we just sent out. Generally, I see people are relying on the supplier to take responsibility for supporting the participants in adjustments and

training. I think that's something we'll ask Jean to talk about and what her expectations are of their suppliers.

Some of you use specialists, some use their own staff; many of you are uncertain. I think a common response I hear from people is that they assume that the supplier of the chair will fit them and train them in how to use it and how to maintain it. I think that may be an expectation that may not be clear and always followed through with.

Today's webinar will be presented by Jean Minkel. She's the Senior Vice President of the Independent Care System of New York City. ICS has been a provider of managed long-term care services and supports for over 10 years. Jean, in particular, has been directly responsible for their overall rehab services, which includes equipment assessments, maintenance and repair. She's been a leader in the development of the field of mobility assessments and maintenance, working closely with RESNA and AMA Society in defining and delineating appropriate practice.

Joining her today at this conference will be Mary Lou Breslin, who was with us I believe in one of the first two presentations this year. She has been a disability civil rights lawyer and policy advocate for over 35 years. In 1979, she cofounded the Disability Rights, Education and Defense Fund, commonly known as DREDF, and presently serves as Senior Policy Advisor directing the organization's healthcare initiative.

Now, I'll hand it over to Jean for her presentation and Mary Lou for her comments.

Jean Minkel: Thank you, Chris, and thank you to the Dual's Office and the LewinGroup and to all of you who are participating in this topic, which is really important to the participants, particularly those participants who rely on wheeled mobility as their full way of getting around.

Last week we focused on procurement, assessment, authorization and ordering, and frequently that's a highlighted part of the process because it involves the shiny new piece of equipment and there's a high level of enthusiasm around getting a new piece of equipment. Oftentimes, when you talk to participants who are long-time wheelchair riders, they'll remind you that the procurement process is relatively short, relative to the length of time that they're using the chair, which may be 3, 5, 7, 8 or 9 years.

Today's focus is what's most important to the participants. It's the initial delivery and a fitting, being sure that this was designed and ultimately fitted to meet their individual needs. Maintenance information so that it continues to work without the fear of breakdown. What are some simple steps that end users or the caregivers can do to keep their mobility device running?

Ultimately, frequently enough, when something breaks down as opposed to if something breaks down, what are the actions that the participant needs to do and what are some things that the person can do to have some peace of mind for the occasion that the device is not working?

Focusing first on delivery and fitting, and I did take note of the polling question and the response, and that very often it's the supplier's responsibility. I think it's important to dig down and ask who within the supplier has the responsibility been delegated to? We spoke last week

frequently about the certified rehab technology supplier, the CRT asked, the person with the specialty knowledge who's there at the time of identification of specifications.

It's my expectation as a clinician working in a team that the delivery be back with the supplier that I worked with in identifying the specifications. Because that person, between the two of us, we know what the clinical functional goals are and what the reason a particular device, accessory, postural support, the angle of adjustment that was chosen and has it been set up that way from the manufacturer?

Frequently the manufacturer will ship something in a standard configuration and we'll need to individually configure that fitting. That is important that the person who was there at the specification is the same person who's there at the delivery. I hear all too often that a driver brought something to someone's home and that's considered the delivery. There's a slip of paper, the participant's asked to sign the piece of paper, and the product is dropped off with no individualization into the fitting; never mind the lack of any training or instruction on how to use or maintain the device.

One expectation when you are talking about individually configured wheeled mobility that someone's using full time as their primary means of getting around, that should be fitted with the team that made the original recommendation. Among the important things that we do on a routine basis is to be sure that the postural supports are lined up and in a place that they were designed to be in. Cushions that were specifically chosen for their pressure-relieving capabilities have been set up to optimize the pressure across the surface area.

Manual wheelchairs, particularly ultra-lightweight, individually configured chairs are often sent from the manufacturer with the rear wheel in the most stable configuration. That may not be the best configuration for the self-propeller who's using both of their upper extremities to propel. The rule of thumb is you want to move the wheel as far forward as the person can control the stability. The further forward you move a rear wheel, the easier it is for the person to self-propel. So if you're going to provide the adjustable manual chair, you absolutely want to be sure that the fitting is taking advantage of that adjustability.

The same is true with programmable power chairs. Many, many power chairs give you the option of programming Drive 1, Drive 2, and Drive 3. When you work with wheelchair riders who are relying on power mobility for multiple environments, they can very quickly identify the speed and turning and responsiveness they need for in-home, in-office, smaller environmental locations. They may then ask for a second drive to be for outdoor, faster speeds, need to get across a crosswalk, looking to if you will "make tracks," go as quickly as they can while still maintaining safety to self and others.

Frequently I'm asked to make a third program for a transportation environment. They want a very slow, controllable setting to go up a ramp or to be on a lift or to negotiate inside a private van or vehicle or a public transportation option. That individualization not only takes the knowledge of how to program it, but the environment that the consumer can articulate how they want the chair set up and the time is given to have the chair be set up appropriately.

In addition to the individualization of the chair, during the delivery we take specific time to be sure that the rider of the chair and the caregiver, who is most often with the person, is fully versed in the chair features. Things like, how do you put the brakes on? The more individually configured the chair is, it may not be evident where those brakes are. A great example for a self-propelling manual wheelchair rider, we may have recommended scissor brakes that are designed to tuck under the seat. Does everybody know where those brakes are? How do you turn them on? How do you operate them?

We want to be sure that people know what are the removable parts? How are they removed? Most importantly, how do you put them back in place? So we'll have a request for reverse demonstration. We'll show somebody how it's done and we'll ask them to demonstrate it for us so we're confident before the person leaves with this new device that they understand the features and functions of the chair that was recommended.

It's always interesting to me when I illustrate to someone an adjustable feature, maybe the armrest pad is able to go up and down and we show them how it's done during the delivery of the new chair. Someone will say, "Wow! I never knew a chair could do that." You look at their old chair and the feature is right there. It's just they never were provided the instruction at the time of delivery.

If there are positioning straps that are essential to the postural supports, we want to be sure that they are set up and that people understand how you can put a safety belt on, put a chest strap on, put a foot rest strap on and then tighten it down; that there is a latch and then a securing. Even more importantly, how can it be released in a quick and efficient manner?

Power wheelchair instruction is absolutely essential for two things that are incredibly common and are often reported as repair problems, and that is the proper charging of batteries. Does the person know where the charging port is? Do they know the frequency in which they should charge? Do they know how to read the gauge on their chair, so they know when it's important to plug in the chair?

A quick rule of thumb that we say to active riders, for 8 hours of driving you should have 8 hours of charging. If you plug in the charger overnight, the chair should be ready in the morning. But if there are several days you're not going to be in the chair, be sure that somebody is looking at that charger. Because it tends to have a trickle drain and you may not expect that you don't have a full tank of gas when you get back in the chair.

If there's a problem with a power chair, every chair has a method of moving it into "manual mode" and it may be referred to as releasing the clutches, or moving the motors to push mode. There's a whole bunch of different terminology, but most importantly you want to be sure that the rider in the chair knows how to instruct someone else in releasing those motors. So that if they need to be manually pushed while seated in a power chair they have the knowledge and skill to be able to direct somebody to help them into a manual mode.

Again, this takes time and just handing somebody an owner's manual is not often effective means of ensuring that the rider and the caregiver have the training to make the best use of the equipment that's been provided to them.

For experienced wheelchair riders, if they're familiar with the features and functions; if they demonstrate to you they can negotiate the clinical environment, the surrounding environment. We often have people come in and out of an elevator. We ask them to demonstrate opening and closing the main entry door of the building to ensure that they are functionally independent in the use of this new device. Perhaps there isn't a whole lot of rider skill training that's needed.

If someone is new to a device, or frequently enough we find if someone's new to an injury, their original rehab may not have included advanced mobility skills. For manual wheelchair riders, there are several things that we particularly pay attention to. One is called the "propulsion technique." Evidence is showing that the good news is people with long-term disabilities are living longer. Particularly people with spinal cord injury, polio and cerebral palsy who have been pushing chairs for many years are now experiencing upper extremity pain and dysfunction because of repetitive use of their upper extremity in both wheelchair propulsion and pressure management.

One of the studies has indicated that how someone pushes their chair and the setup of the chair has a very large impact on how much stress is put on the shoulder. So I go back to the setup of the chair, being sure that the rear wheel is as far forward as the person can tolerate, allowing for less force needed to propel. Then look at how are they reaching for the rear wheel? Are they able to do a long, smooth stroke with what we call a semi-circular push?

If you look at the little graphic on the right-hand side, there's an instructor supporting the chair in the back. The wheelchair rider has moved their hand to the front of the wheel, and then we would instruct someone to "recover below the rim," thus, making a semicircle. It's the least stressful pattern in self-propulsion. We want to be sure that people understand that using different push patterns, a quick little arc where you're not reaching behind you but you're always pushing in the front wheel, just adds to the frequency of pushing and can add to your rotator cuff problems or carpal tunnel problems.

There are several guides available in your resource document. A little bit later in the presentation we'll point you to those online resources, as well as hard copy resources. I often reflect as a physical therapist that when we provide someone an ambulation aid, whether it's an orthosis or a prosthesis or an ambulation piece of equipment, a roll aid or a cane walker, we provide gait training as part of the treatment plan.

We don't frequently enough provide mobility training when people are new to a mobility device, particularly a manual chair. If someone has the capability, in addition to propulsion training providing them the ability to "pop a wheelie," being able to go up a ramp independently. Understand that where their body is in the chair will have an impact on the stability of the chair.

It's much, much more effective to provide advanced mobility skill so somebody gets the best use of the chair that's been recommended and not leave the chair in this highly-stable, nonresponsive

position that it got shipped from the factory. But if you move the wheel forward, you want to be sure you're giving somebody the skills that they can control that chair and not end up flipping the chair backwards.

When we work with folks with power mobility, the first bullet here talks about joystick operation. The same is true if someone is operating the chair with another access method; whether it's through sip and puff, or switches behind their head. Whatever access method they're using, we want to be sure that they completely understand how the access method controls the chair. With a joystick I often use the expression, "You point the stick where you want it to go and the further you move it from center the faster you will go." So it's both your gas pedal and your steering wheel.

Driver training shouldn't be assumed and I'll share a personal experience of coming and working in New York City and providing the first couple of power wheelchairs, and recognizing that backing up in particular people had significant trouble. It finally dawned on me that the wheelchair riders I was working with who were New York City born and bred had never driven an automobile.

So the ability to back up a device while you were sitting in it was a completely foreign skill to people who ride around in public transportation all the time. So we had to build in driver training, much like you would for a new automobile driver. Here are three or four driving sessions so that people felt comfortable manipulating not only the joystick, but the wheelchair in an environment as an extension of themselves.

The most important thing in power wheelchair driving is not so much the ability to go, but the ability to stop. So an absolute minimum safety requirement is that the person can readily release whatever input device they're using so that they can stop the chair on a dime. We want to be sure that they don't pose a danger to themselves or to others. The "and others" is very important depending on the environment in which the person is living.

With progressive disabilities, particularly our experience with folks with multiple sclerosis, you may have someone who has been a power wheelchair rider for over several years -- 10, 15, 20 year -- but due to the progression of the disability it may have impaired vision. It may have impaired motor ability. It may have impaired cognitive skills. They are no longer able to safely operate the device and it's much like working with the senior that the recommendation is they're no longer a driver. It's important to recognize that power mobility is a privilege. It's not a right. Someone has to be safe not only for themselves, but for others.

So these are the really key questions that we want to be sure clinicians and rehab specialists are engaging people in when they're providing rider skills. It makes a difference between someone being successful in the environments of use and not being successful.

A much overlooked topic during wheelchair ownership is maintenance. How can the rider engage their caregivers or themselves to do those routine things that will keep the chair working in the best condition as possible? A couple of quick things to just note; we like to provide the rider the needed tools that they're going to need to have. Their owner's manual is a great place to

start. Often you want to refer someone to the back part of the owner's manual that gives the maintenance and repair information.

In that owner's manual is often information about the tools somebody will need and we visually show people. This is an Allen key. You're going to need a metric and an imperial. This is a socket. You're going to need a 7/16 socket. People see, they have a real tangible. Oh, my husband has those, or my son is good at this. Or gee, we have none of these. Where can we get them? The Home Depot is a great resource. People can order tools online.

Information specific to the chair that is invaluable and we often put it right in the user's manual and point it out to the person to put it in a safe place. That's three pieces of information. What's the manufacturer of their chair? What's the model name of their chair? Most importantly, what's the serial number of their chair?

If they need their chair repaired and they're calling the supplier, if you can say "I have a Quickie P200 and my serial number is ABC123," the supplier has much more specific information about specific components that are in that chair. There's a reminder that chairs are mechanical devices, particularly if you're an active user and you're in and out multiple days in a row, mechanical things become loose and need to be tightened up.

So tightening up nuts and bolts and particularly in a Northeast area in a winter like we've had this year, road grime and salt and hair that gets picked up off of carpets, those are all things that need to be cleaned on a regular basis. We give folks instruction on solvents, using Simply Green, having a couple of rags, being sure that people are getting hair out of caster wheels and wiping down frames. It'll just make the longevity of the chair significantly longer.

Unfortunately, if they never broke down, we wouldn't need to have this last segment. Like many mechanical devices, and particularly mechanical devices that are prone to everyday hard use, there are repairs. There are a couple of options. Independent Care System has focused on adults with physical disabilities living in New York City.

One of our very early learning was keeping these chairs rolling was not an easy thing to do. We brought onto our staff technicians who were empowered to go to people's homes to be able to do onsite repairs, as needed. If the chair is functional and somebody just needs their brakes tightened, or a footrest or an armrest fixed, or replacing a seatbelt or replacing upholstery, it is incredibly efficient to have the technician go to the home. Know what's needed, do the installation, and the person's mobility is only minimally interrupted.

If the chair can't be fixed at the home and is essentially not working, our technician will pick up that chair and either make arrangements for the supplier to repair the chair, or in some cases we'll do the repair directly. For those members who don't have a backup chair, and frequently enough in New York City storage of a backup chair is a really impossible thing in a studio apartment, so if we have a loaner available our technician will bring the loaner when they're picking up the backup chair.

We also offer two in-shop options. One we like to call our "jiffy lube" and in our community-based offices, one's in Brooklyn and one's in the Bronx, we offer a weekly technician-manned wheelchair workshop. The technician is there to assist in maintenance and light repairs. We really try and encourage our members to learn their own repairs so that they're as independent as possible. They can come in and have an extra set of hands to help with putting on a replacement tire or replacing the tube, fixing a caster; but these are as we say light maintenance and relatively easy repairs.

If it's a bigger repair; motors need to be replaced or power seating functions have failed, then we have a main shop that's available to do those major repairs. We work very closely with the suppliers who are providing the original chair. If it's a warranty repair, it will go to the supplier, who also has a main repair shop and is working closely with the manufacturer's technicians to get those new chairs fixed in as timely a fashion as possible.

So based really on much of ICS's experience in the last 10 to 12 years of providing really high-end complex rehab products and the repair services needed for those products, we've come up with a couple of policies that are very consumer-centric that we think are really helpful to our participants who, as I said before, rely on wheeled mobility as their primary means of getting around.

A policy that supports a primary and a backup chair, and if you spend any time with someone who relies on a wheelchair, what they'll tell you is when their chair is not working it's like having two broken legs. It's not like your car broke down and you can call a taxi, or you can walk to your destination. If your primary means of mobility isn't working, it's like you're bedbound. You can't start your day, because you don't have a means of getting around.

For highly-complex folks, individually-configured chairs are not easily replaced with an existing stock rental product. The rental product is designed to meet a commodity need and the end user may have a very specific configured chair that is not well matched by the rental stock. Knowing that a backup is available provides huge peace of mind to those folks dependent on wheeled mobility.

What ICS has done is a method of providing this primary and backup chair. When someone's chair has had frequent repairs; two, three or four in the last six or seven months, we start the process for a new chair. We highly recommend that the person keeps that old chair. We'll support maintaining that chair and that chair becomes the backup. Their new chair becomes the primary and is the chair that's robust and ready for everyday use. But if anything happens to the primary chair, the old faithful is ready to be kicked into service and available. That does provide huge peace of mind to end users.

We talked briefly last time about the specialty of complex rehab technology and using a supplier that's used to individually configuring chairs. Oftentimes, I talk about depot chairs or transport chairs, the chairs that you might see in an airport or a hospital that they're really designed to move somebody from point A to point B. They're not really designed for some one end user to use on an ongoing basis. What a rehab technology supplier will help you do is find the product

and the configuration that will meet the functional needs working with the participants and the therapist to meet their unique needs.

Next is a bit of an innovative approach and that is, when we think about rental in the durable medical equipment, it's often in reference to a rent-to-purchase item, where a product is recommended and the purchase is spread out over 10 or 13 months. It's highly likely that that one person may not use that device the entire 13 months. They may progress out of not needing it and they may expire and be deceased and no longer have a need. If someone's expected to have one- to five-year use of a piece of equipment, then individually configuring that equipment is really helpful and is really important.

Renting complex rehab products isn't really in the cards today, because there isn't a payment structure. But if there was an interim rental policy that would cover repairs that were going to take 48 hours to 14 days -- because repairs can take that long depending on the availability of product -- if there were rehab chairs that could be configured for short-term use that had nothing to do with the purchase of a chair, suppliers may be more willing to keep those things in stock.

One other consideration is preapprovals for a certain level of repairs. For example, $250 for a manual chair repair; very likely, somebody could get new casters and tires and tubes and we're not waiting a long time for an authorization for the installation of a product that is readily on the shelf. The longest time is getting the authorization before you can put the parts on the chair that are needed.

For power wheelchairs the price needs to be perhaps double that, perhaps $500, in order to cover something that is routinely needed but not expensive, for example a set of batteries. Every 12 to 18 months even if someone takes really good care of their batteries, batteries have a life and if you're coming to the end of the life it would be so much easier to have preapproval so that batteries could be installed and the person doesn't have a long wait based on the authorization.

As Chris mentioned early at the presentation, power mobility really is a lot like cars in that we don't just hand a 16-1/2 year old young person keys and say, "I'm sure you know how to operate this because you've been watching somebody do it for the last 16 years." We need to give training for safe and optimal use of the wheeled mobility device.

Good maintenance can't be underscored enough. It will definitely improve the lifespan and reliability of the device. Having a backup plan for continuity is so critical when wheeled mobility is your primary means of getting around.

Christopher Duff: Thank you, Jean, I appreciate that. Why don't we turn it over to Mary Lou? Do you have any comments or questions before we go to questions from the audience?

Mary Lou Breslin: I just wanted to just mention that I'm a long-time wheelchair user; a push chair for a couple of decades, and a motorized wheelchair for a few more decades. The policies and procedures that Jean just discussed to me are really one of the most critical elements in supporting particularly a power mobility wheelchair user's needs to be functioning in the

community and to be active and to be able to rely on their equipment to get to school, get to work, take care of their families and so on.

I think these are really terrific templates and would really urge the health plans and others that are thinking about how to serve this group of people to take a look at those suggestions, because they are really grounded in a tremendous amount of experience.

I actually had a question, Jean, for you about the emergency repair services that you all are offering. One of the problems that I think many of us experience is that our DME providers simply don't have any emergency repair capability. If we break down in the street, we're essentially either stuck or relying on friends or relatives or family members to try and come and help us. I'm wondering if you can say a little bit about what happens if somebody breaks down on the street does your technician come out and make an onsite repair, or what's the provision for that kind of breakdown?

Jean Minkel: Sure. Given our core philosophy of being as consumer responsive as we can, we have an 800 member service number and everybody who answers that phone, if it's a wheelchair repair issue, the very first question is "Are you stranded outside?" If that answer is yes, we immediately kick in actually our transportation unit so that we can be sure the person gets off the street and into their home in an expedited fashion as possible.

This is where the "do you know how to undo the clutches" comes into play so that the driver can push you into the ambulet or whatever means of transportation we can get you home. Simultaneously, they'll reach out to the rehab department and ask is there a technician in the area. We're borough-specific. We have a technician in each of the boroughs, but someone may be broken down in faraway Queens and our technician is in downtown Brooklyn.

We do our very best to get to them as quickly as we can, but we absolutely get them home via transportation first. The second question on the assessment is do you have a backup. So we encourage people to get home, get into their backup and we'll get them a technician as quickly as we can.

Mary Lou Breslin: Just in terms of the backup issue, I think it's absolutely critical that there be a provision to provide some support for the backup chair. Many policies that I'm familiar with do not permit service to a backup chair and it's really impossible to continue with your life if you can't get into your backup chair while the primary chair is being repaired, as you mentioned. So, it's another terrific and important policy that you've mentioned.

Jean Minkel: Thanks.

Christopher Duff: Why don't we open it at this point? Kira, could come on and give instructions for how to open the phone lines.

Kira: Yes. Ladies and gentlemen, if you'd like to ask a question, please press *, then 0, on your touchtone phone. If you are using a speakerphone, please pick up the handset before pressing the numbers. Once again, to ask a question please press *, then 0, at this time. One moment please.

Christopher Duff: While we're waiting for some calls to come in, why don't we do another push poll? This one is directly related to wheelchair repairs. Does your organization have policies related to wheelchair repairs? If you could make a selection and answer it, I'd appreciate it.

We've received a couple of questions in the Chat component. The first question is from Jacob from Mountain Legal Aid. Jean, this probably would be a quick answer. How can a person whose only payment, means a payment as Medicare have a backup chair?

Jean Minkel: As I referred to earlier, if the person is replacing an existing mobility device, hang on to the old device. It may mean that the parts support may need to be a private pay to keep that backup device running. But as peace of mind and insurance that you'll have a means of getting around, it's really, really important to make that investment in your own contingency plan.

I know under traditional Medicare backup chairs aren't a covered benefit, but if you're relying wheeled mobility you may want to tap some of your own resources to keep an old chair keep moving. Additionally, people have purchased maybe less sophisticated pieces of equipment so that they know that they have an emergency exit plan. I'm willing to stay in bed for two days, but in the event of an emergency I know somebody can put me in this manual chair and push me out to safety.

The third thing is I would encourage folks in different local venues, the use of recycled and reuse equipment is a great place for a backup chair. Exploring online the options to direct purchase at significantly less cost, because there's no supplier that's needing to configure and build the chair, but it may be an economical way to have the peace of mind of a backup chair.

Christopher Duff: Thank you. Are we ready to look at the responses of that last push poll?

Jean Minkel: We have no questions from the phone lines.

Christopher Duff: Okay, thank you. I see that most people follow Medicare and Medicaid policies. That doesn't surprise me. That's common and I would hope that out of this webinar you can see that there may be some opportunities to really significantly improve the experience of your participants or members by some relatively simple policy changes, even as basic as the automatic authorization for $250.00 or $500.00 depending on the chair. So you don't have to wait for days to get the authorization, because that's usually the bigger issue.

There's a question here from Rachel at Care More, which I think is also interesting here. Past experiences with repairs have been a nightmare that took over a year for my sister, who has a rather complex, individually-configured mobility system. Can you offer any insight in how to facilitate and expedite the repair process?

Jean Minkel: Oh boy, patience is a virtue. I think there are several pointers that I can give. Like many things where you're relying on someone else for information, having a record of to whom did you speak, on what day, and what was the outcome of the conversation really helps keep

people on track. When a chair goes in for an evaluation, when might you expect those eval findings?

If parts were ordered, when are the parts expected? When the parts come in, were they the correct parts? Being diligent in following through, I often hear people telling us stories of they took the chair and nobody got back to me. Who's the "they"? We don't know who the entities were. So tracking and being really at the risk of a bad pun "a squeaky wheel," squeaky wheels do get grease in wheelchair repair.

The second thing is if the supplier themselves who has a technician in the community is having difficulty with a complex, individually-configured mobility system, a great question to ask is, "Has that supplier contacted the manufacturer's technical support department?" Often with these multiply-manufactured devices, you may have one company is the power base; another company is the power seating.

The problem may be in the interface between the two. I literally have been on the phone with one tech service on one line, the other tech service on another phone, and we're being sure that everybody's talking together. So asking the question, "Has the manufacturer's tech service been consulted," is a great question for the tech who's trying to solve the problem at the technician level.

If it's "nobody seems to know," has a manufacturer's representative come to see the chair? That often pushes it up the intervention level, and when the manufacturer's rep can't fix the chair, they're much more likely to bring in their manufacturer's assistance and get something solved. So those are just a couple of pointers you might want to take on.

Christopher Duff: Here's a question I think Mary Lou might be able to help us with. Victoria from Leuella Hannan Memorial – and I don't see the rest of that -- are there people who can come and give educational workshops to a group of seniors who have had power or manual chairs, but have never been properly trained?

Mary Lou Breslin: I think it's really a terrific question. I was very interested to hear Jean talk about the level of training that you all providing people when their chairs are delivered to them. I think the answer to this question is likely that there isn't an organized 800 number you call for this kind of information. But that your local DME supplier, your local rehabilitation organization or institution, even your health plan might have resources that could put such a training together even though that might not be something that they routinely do as a matter of course.

But I think it's a really terrific question and, Jean, you might actually have more experience putting this kind of training together for a group rather than just working with an individual. What are your thoughts about this?

Jean Minkel: Sure. I'd actually offer two suggestions. One is there is actually a therapeutic code and we call them CPT Codes or Common Procedure Terminology Codes, that's specific to wheelchair management and propulsion. So a therapist could be asked to put this person on

program to teach them the mobility skills that they haven't been taught before. So there's an opportunity for one-on-one instruction.

The group settings is a great chance for socialization and often we like to engage peer-to-peer teaching, so that an experienced rider is giving instruction and guidance to other people. I think there's a sense of things aren't so rushed, or people have more comfort to ask questions or to goof up, if you will, when it's at a peer-to-peer level. If there's a senior who's particularly skillful who's willing and may actually be honored to be asked to teach some other folks or give them pointers on how they maneuver or negotiate using a particular device, group training and setting mobility courses and really trying to make it fun to learn to use the device safely.

Christopher Duff: That's a great answer. The only thing I would ask is if none of those work out, a good place to start would be your local center for independent living. They might either have someone or know of some community resources in your local community. I think this is, as they both indicated, really tied to the local resources where you are.

Kira: This is the operator. We do have a question from the phone line.

Christopher Duff: Great.

Kira: It comes from the line of Victoria Haltom. Please go ahead.

Victoria Haltom: You know what, that was my question. I wrote it in.

Christopher Duff: Okay, great. Thanks anyway, Victoria.

Victoria Haltom: That was a good answer. Thank you.

Christopher Duff: Absolutely. We have another question from Leuella Hannan Memorial. For those clients who've encountered a lack of knowledge and expertise from providers not knowing the specifics, or sometimes even what to include on the referral for repairs, do you have any suggestions?

Jean Minkel: I'm going to make an assumption, which is always dangerous here. On the referral, we often ask that the referral be quite general and say, please evaluate participant's chair. Noted, joystick isn't working; display is blank. Whatever has been reported to us, like we ask them to evaluate in full.

As much as we love to promote maintenance and light repairs, all too often people wait to the very, very end. So yes, they call us when the joystick isn't working, and then when the technician goes and sees the chair the tires are bald, the batteries are shot, the seat upholstery is gone. So we want to be sure that our referral has been open enough that they can come back and say, to get a fully-functional chair you're going to need the following parts.

As I said in terms of suggestions, if it's at all possible for someone to get on the ground, look at the chair and find that serial number, that makes the ordering of parts significantly easier,

because you know you're getting the parts that were originally configured for that chair itself. I hope that answers the question.

Christopher Duff: I'm going to take one more question. First, I'd like to review the resources that we've referenced. I believe it's on Slide 23. Some of them Jean showed you images of the material in her slides, but I really would encourage people to go to these links. Some of them are materials that are really more aimed at; most of them actually are generally aimed at the user, the wheeler. Some of them are aimed at the professionals working with them, but they're all great resources and I would encourage you to use them.

I also would like to remind you that we would very much like your feedback on this webinar. Please go to the link and I believe it's on the slide that's showing right now that will give you the link to give an evaluation of this webinar.

Lastly, we want to remind you that we'll be off for two weeks, but then we'll be starting another series of four webinars three weeks from today, Tuesday, March 18th; we will be focusing on meeting the transportation needs of participants. There's a link on Slide 26 that will take you right to the registration page for the next four webinars.

For the last question and depending on how fast you answer, we may have room for another. Jean, do you have any standard recommendation for regular review of an individual's mobility needs?

Jean Minkel: We're fortunate enough that our program has an 180-day -- so twice a year every member has a functional assessment by a nurse, followed up by the social worker conferring with the participant on what their individual care plan needs are. So, we have a twice-a-year opportunity for people to look at how's the person getting around? Are they doing the things that they want to do? We ask a very simple question. Can you go where you want to do when you want to go there? If any part of that is no, then a request comes in for a reevaluation.

Every six months for a young fellow with a spinal cord injury it may feel nauseating too frequent. However, for someone with MS or an elderly person who the winter months have caused great decline in their cardiovascular activities, six months may be way too long. We really encourage you to take a functional approach. Can you get where you want to go? If that answer is no, give us a buzz and we're happy to go in. It may take tweaking to your existing equipment, or it may be a recommendation to change from manual chair to power chair, or power chair to a dependent mobility device.

If I could take three seconds, someone had a question about the Scooter Store being out of business and how can we help. It's a big problem when a chair needs to be fixed and the original provider is no longer in business. We stronger encourage that you make access of the payer's ombudsman. If it was a Medicare purchase chair, direct the beneficiary to that office for guidance.

It is a problem that people are consistently coming up against and is a place I think as we move to dual demonstration projects we have an opportunity to improve the service by being creative

with our supplier network. But they need to know that they will be supported in providing repairs to the person who has a broken chair.

Christopher Duff: Thank you. At this point I wanted to thank both Jean and Mary Lou for your presentation and assistance with the discussion here. Remind people that we will back in three weeks focusing on transportation needs of participants. Please take a minute to give the evaluation and then email us directly. One of the latter slides has email addresses of all the presenters today and feel free to contact us directly if you have topics that you would like us to address in the future.

Thank you all very much and I look forward to having you join us in three weeks. Goodbye.

Kira: That does conclude our conference for today. Thank you for your participation and for using AT&T Executive Teleconference. You may now disconnect.