

Completing the Application for Funding Ventilator Equipment & Supplies

Instructions for submitting a completed application form directly to the Ontario Ventilator Equipment Pool (VEP).

As per the [memorandum dated March 24, 2020 from the Ontario Ministry of Health](#):

Introduction

This training module will provide you with a step-by-step guide to completing the Assistive Devices Program(ADP) Ventilator Equipment and Supplies Funding Application form accurately.

For specific information about eligibility criteria, see the Assistive Devices Program [Grants Policy and Administration Manual](#)

Physicians are encouraged to provide employees/hospital staff with the information in this training module.

Training Outline

Assessment and Application Process

Rejected/Denied Application

Application Delays

Section 1: Applicant's Biographical Information & Confirmation of Benefits

Section 2: Devices and Diagnosis (to be completed by Physician)

Section 3: Applicant/Agent Consent and Signature

Section 4: Devices and Diagnosis (to be completed by Physician)

Submitting the Application Form

Additional Resources

ADP Program Information

Ontario VEP Information

Assessment and Application Process

Step 1

- Physician or their delegate, can obtain the Addendum and Application for Funding Ventilator Equipment & Supplies at [Addendum for Ventilator Equipment and Supplies Application Form-Health Care Professionals & Forms Repository](#)
- The life-enhancing equipment provided by the Ontario Ventilator Equipment Pool (VEP), can only be prescribed by a physician specialist with an expertise in the assessment, care and management of individuals who need life-enhancing equipment. Only physicians who fit this criteria can complete and sign the Application Form and the Addendum

Step 2

- The Application Form and Addendum must be submitted to the VEP by secure email to VEPApplication@kingstonhsc.ca or by fax at 1-613-548-6157.
- VEP reviews the Application Form and determines if the Applicant is eligible for the prescribed device(s). If the Applicant is deemed eligible, VEP notifies the Ministry of Health Assistive Devices Program (ADP). The VEP will not process any Application that is incomplete or does not include the Addendum and required supporting documentation;
- the Addendum should always include the name and contact information of the health care professional the VEP can contact for additional information or clarification.

Step 3

- ADP determines appropriate amount of **Grant** funding (75% or 100%).
- If the Applicant is deemed ineligible, the VEP will advise the prescribing Physician in order to obtain corrections and/or additional information.
- If VEP reviews the information and/or corrections that are provided and determines that the Applicant is now eligible to receive the prescribed device(s) and the Grant, the VEP will contact the medical personnel/Client as per the “Equipment Delivery Instructions” stated on the Addendum for the delivery of the device(s) and notifies ADP of grant eligibility.

Step 4

- For **Supplies** associated with Ventilator Devices (BPAP-ST; Ventilator and Mechanical In-Exsufflation-Cough Assist device), clients will receive from ADP, an annual Grant amount paid to them in four (4) equal instalments.
- Supplies such as replacement masks, tubing, filters, etc may be purchased from any vendor or supplier of the client’s choice who sells these products regardless of their registration status with the ADP.

Rejected/Denied Applications

An Applicant will be deemed ineligible if:

- They do not meet the ADP's medical eligibility criteria
- The Application Form is incomplete
- The Application Form contains inaccurate information such as invalid Health card number
- The Physician and/or the Applicant does not sign and date the form.

Application Delays

Getting Applications Approved

Applications that are complete, accurate and submitted for individuals who are eligible as found in the ADP's [Grants Policy and Administrative Manual](#) will be approved for funding.

Correction fluid/tape MUST not be used on any part of the Application. These Applications will not be processed.

Mistakes and Omissions Result in Delays

Applications that are incomplete, inaccurate or are submitted for individuals who are ineligible for program funding will not be approved.

Applications submitted without the Addendum will not be approved.

Applications submitted without supporting documentation, where applicable, will not be approved.

Section 1: Applicant's Biographical Information and Confirmation of Benefits

Health card information must be verified using the physical card.

The applicant's biographical information must match the information on the Health card, e.g. legal name and date of birth. Incorrect health card number will impact the application approval and processing time, and may result in the request being denied.

Applicants eligible for funding through WSIB or VAC Group A are not eligible for funding through the program. Physicians must not submit an application for these individuals. Residents of Long-Term Care Homes or patients in acute or chronic care hospitals are not eligible for VEP-funded equipment and supplies.

Fields marked with an asterisk (*) are mandatory.

Section 1 – Applicant's Biographical Information			
Last Name *			
First Name *		Middle Initial	
Health Number (10 digits)	Version	Date of Birth (yyyy/mm/dd)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Long-Term Care Home (LTCH) (if applicable)			
Address			
Unit Number		Street Number	
Street Name *			
Lot/Concession/Rural Route *			
City/Town *		Province* ON	Postal Code*
Home Telephone Number		Business Telephone Number ext.	
Confirmation of Benefits			
I am receiving social assistance benefits <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check one <input type="checkbox"/> Ontario Works Program (OWP)			
<input type="checkbox"/> Ontario Disability Support Program (ODSP)			
<input type="checkbox"/> Assistance to Children with Severe Disabilities (ACSD)			
I am eligible to receive coverage for Ventilator Equipment or Supplies from:			
Workplace Safety & Insurance Board (WSIB)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Veterans Affairs Canada (VAC)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I am a resident of a Long-Term Care Home (LTCH)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I reside in an acute or a chronic care hospital		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: Devices and Diagnosis

Physicians are required to verify the following information:

- The correct device(s) and the Ventilator Supplies associated with the prescribed device(s) **are selected**
- Applicant meets the medical eligibility criteria for the prescribed device: Ventilator, BPAP-ST, Oxygen Saturation Monitor, Mechanical In-Exsufflation

Section 2 – Devices and Diagnosis (to be completed by Physician)			
Devices/Supplies Required (check as applicable)			
<input type="checkbox"/> Ventilator	<input type="checkbox"/> Bilevel Positive Airway Pressure System with backup rate (BPAP-ST)	<input type="checkbox"/> Oxygen Saturation Monitor (OSM)	
<input type="checkbox"/> Ventilator Supplies	<input type="checkbox"/> Mechanical In-Exsufflation		
Confirmation of Applicant's Medical Eligibility			
For Ventilator devices			
1. Applicant has a chronic respiratory illness and requires a ventilator for life support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
For BPAP-ST devices			
2. Applicant has a chronic respiratory illness and requires a BPAP-ST device with a backup rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Applicant has a diagnosis of Obstructive Sleep Apnea Syndrome (OSAS), Obesity Hypoventilation, or Central Sleep Apnea (if Yes, provide supporting documentation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Applicant and/or family is aware that this device is not for life support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section 2: Confirmation of Applicant's Eligibility

The physician **MUST** answer all the questions in Section 2 related to the device(s) being prescribed by checking the appropriate box with either **YES, NO** or **N/A**

For Oxygen Saturation Monitor devices

5. Applicant is 18 years of age or younger and has a chronic respiratory illness and requires an oxygen saturation monitor Yes No N/A
6. Applicant is unable to notify caregiver and is:
 a. technologically dependent **and** Yes No N/A
 b. at risk of a profound hypoxemic event
7. The prescribing physician has privileges at the following hospital(s): (check as applicable)
- Bloorview Kids Rehab (Toronto) Children's Hospital of Eastern Ontario (Ottawa)
- Hamilton Health Sciences Centre (Hamilton) The Hospital for Sick Children (Toronto)
- London Health Sciences Centre (London) Sunnybrook Health Sciences Centre (Toronto)
- Kingston General Hospital (Kingston)

For Mechanical In-Exsufflation devices

8. Applicant has a diagnosis of neuro-muscular disease, post-polio, spinal cord injury or a condition with weak respiratory muscles or paralysis Yes No N/A
9. Applicant is at risk of or ventilator-assisted Yes No N/A
10. Applicant has documented objective evidence of a weak cough with Peak Cough Flows < 270 L/min with Lung Volume Recruitment and/or Manually Assisted Cough. Yes No N/A

Section 3: Applicant/Agent's Consent and Signature

The applicant/agent must read the consent statement before signing. Their signature confirms that they have read and understood the form.

VEP accepts original signatures, copies or images of signatures (physical copy of claim or fax), or electronic signatures

Section 3 – Applicant's Consent and Signature		
Note: This section of the form may be signed only by the applicant or his or her agent		
The Ministry of Health's (the Ministry) collection of the personal health information on or attached to this form is necessary for the purpose of assessing and verifying eligibility for the Assistive Devices Program, and for all other purposes related to the proper administration of that Program.		
This information may be used or disclosed in accordance with the <i>Personal Health Information Protection Act</i> , 2004, as set out in the Ministry's "Statement of Information Practices" which is accessible at: www.health.gov.on.ca .		
Applicants may withhold their consent to the collection of this information; however, doing so will interfere with their coverage under the Assistive Devices Program.		
For more information on the Ministry's Information Practices, or the collection of the personal health information on this form, call 1-800-268-6021 or 416-327-8804 or write to the Program Manager, 5700 Yonge Street, 7 th Floor, Toronto ON M2M 4K5.		
I consent to the collection and disclosure of medical and non-medical information for the purpose of assessing and verifying eligibility for the Assistive Devices Program, and for all other purposes related to the proper administration of that Program. I have read the Applicant Information Sheet, understand the rules of eligibility for ADP and am eligible for the equipment specified.		
I certify that the information I have provided on this form is true, correct and complete to the best of my knowledge. I understand that this information is subject to audit and that I am therefore obliged to retain receipts for a period of two years.		
Signature	<input type="checkbox"/> Applicant * <input type="checkbox"/> Agent *	Date (yyyy/mm/dd)
If the above signature is not that of the applicant, specify relationship and complete contact information		
<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Public Trustee <input type="checkbox"/> Power of Attorney		
Last Name		
First Name		
Address		
Unit Number		
Street Name		
Lot/Concession/Rural Route		
City/Town		
Province		Postal Code
ON		
Home Telephone Number		ext.

The signing agent must disclose their relationship to the applicant, provide their contact information and have the proper authority to make health decisions on behalf of the applicant.

Section 4: Signatures

The physician's 6-digit OHIP billing number is required for application processing.

VEP accepts original signatures, copies or images of signatures (physical copy of claim or fax), or electronic signatures

Section 4 – Signatures	
Physician Signature	
I hereby certify that the Applicant has a chronic respiratory illness or disability requiring the long-term use of the device(s) specified above. The Applicant has been instructed and has received training on the use of the equipment.	
Physician's Last Name	Physician's First Name
Business Telephone Number	Ontario Health Insurance Billing Number (6 digits)
ext.	
Physician's Signature	Date Signed (yyyy/mm/dd)

Provide supporting documentation if required. Other attachments will not be considered by the Assistive Devices Program.

Note: resident doctors with temporary billing numbers, are not allowed to sign the form.

Provide supporting documentation ONLY IF required.

Submitting the Application Form

Application, Addendum and supporting documentation should be sent by secure email directly to VEPApplication@Kingstonhsc.ca or by fax to 613-548-6157

Physician's office/hospital **MUST** retain a copy of the original application form and the Addendum for their records.

Verify that all sections have been completed accurately prior to submitting.

Submitted application forms that are incomplete, or are incorrectly completed, will not be approved and/or will be subjected to processing delays.

Additional Resources

[Policies and Procedures Manual for the ADP](#)

[Grants Policy and Administrative Manual](#)

Forms Repository: [Addendum for Ventilator Equipment and Supplies Application Form-Health Care Professionals](#)

Find a business that sells respiratory equipment and supplies [Respiratory equipment and supplies | Ontario.ca](#)

ADP PROGRAM INFORMATION

ADP Website: <http://www.health.gov.on.ca/adp>

Mailing Address

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto, ON M2M 4K5

Contacts:

Email: adp@ontario.ca

Program Coordinator: Nicole Arai

Telephone: (416) 326-6505
(800) 268-6021

Fax: (416) 327-8291 or (416) 327- 8963

Ontario Ventilator Equipment Pool Information

VEP website: <https://ontvep.ca>

Mailing Address

**640 Cataraqui Woods Drive, Unit 6
Kingston, Ontario K7P 2Y5**

Contacts:

Email: VEPApplication@Kingstonhsc.ca

Janet Hyatt or Sandy Fodey

Telephone:(613) 548-6156

Toll-Free in Ontario: (800) 633-8977

Fax: (613) 548-6157