

Ministry of Health

Assistive Devices Program Vendor Training

Hearing Devices
Completing the Application for Funding

July 2023

Introduction

- This training module will provide you with a step-by-step guide to completing the ADP Hearing Devices Application for Funding accurately.
- For specific information relating to eligibility criteria, see the [Hearing Devices Policy and Administration Manual](#).
- Vendors are encouraged to provide business associates and employees with the information in this training module.

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Application Processing

Getting Applications Approved

- Applications that are complete, accurate and submitted for individuals who are eligible as found in the ADP's policy and administration manuals 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 not complete, not accurate or are submitted for individuals who are ineligible for program funding will be returned and notification sent to the vendor via the Application Status Report.

Section 1

Applicant's Biographical Information and Confirmation of Benefits

All information in Section 1 must be provided.

- 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 numbers will impact the application approval and processing time, and may result in the application being denied.
- Applicants eligible for funding through Workplace Safety and Insurance Board (WSIB) or Veteran Affairs Canada (VAC) Group A are not eligible for funding through the program, and must not submit an application

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)
Name of Long-Term Care Home (LTCH) (if applicable)		
Address		
Unit Number		Street Number
Street Name *		
Lot/Concession/Rural Route *		
City/Town *	Province *	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 Hearing Devices from		
Workplace Safety & Insurance Board (WSIB) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Veterans Affairs Canada (VAC) – Group A <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2

Devices and Eligibility

All information in Section 2 – Devices and Eligibility must be provided.

- Verify that the correct device and placement (i.e. right and/or left) is selected. This selection must correspond with the code entered in the equipment specifications section (Section 3).
- Vendor quote for repair is required for replacement requests. Quotes should show the total cost to the client to get the hearing aid repaired, which may include vendor costs, such as shipping the device to the manufacturer. The actual repair cost must be based on the wholesale price.

Section 2 – Devices and Eligibility			
Device Selection (to be completed by Authorizer or Prescriber)			
Hearing Aid(s)			
Behind the Ear	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Canal Aid
In the Ear	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Completely in the Canal
			<input type="checkbox"/> Left <input type="checkbox"/> Right
			<input type="checkbox"/> Left <input type="checkbox"/> Right
Other Hearing Devices			
Cochlear Implant Replacement Speech Processor	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> FM System
Date of Surgery (yyyy/mm)			<input type="checkbox"/> Teletypewriter (TTY)
			<input type="checkbox"/> Flashing/Signalling Device
Bone Anchored Hearing Aid Replacement Sound Processor with abutment	<input type="checkbox"/> Left	<input type="checkbox"/> Right	
Bone Anchored Hearing Aid Replacement Sound Processor without abutment	<input type="checkbox"/> Left	<input type="checkbox"/> Right	
Replacement Abutment Only	<input type="checkbox"/> Left	<input type="checkbox"/> Right	
Date of Surgery (yyyy/mm)			

Section 2

Replacement Device

- Devices older than five years may be deemed unrepairable **by the manufacturer**. Where applicable, this must be clearly stated on the vendor quote/attachment, not on the form.
- Where the replacement is due to a change in medical condition, all supporting documentation (e.g. audiogram) must be kept on file. ADP may request copies at any time in order to verify the process that was followed to determine eligibility for funding.

Replacement Device Required Due To: *(check one or more if applicable)*

- Change in medical condition. Previously funded equipment no longer meeting client's needs.
Hearing Aids Only: minimum 20db loss across 3 speech frequencies
 - Normal wear and applicant confirms that it is no longer under warranty.
 - Vendor quote and/or copies of repair bills attached (other attachments will not be considered)
-

Section 2

Confirmation of Applicant’s Eligibility

- All questions in the section **MUST** be answered by checking the appropriate box with “Yes”, “No” or “N/A”
- Authorizers must only check “Yes” for the boxes applicable to the device being prescribed.

Confirmation of Applicant’s Eligibility (to be completed by Authorizer)			
Hearing Aids (answer required for question 1)			
1. There is documented evidence of the need for the hearing aid to meet applicant's basic daily listening needs based on established clinical assessment tools.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
FM Systems (answer required for questions 2 - 4)			
2. There is documented evidence of the ability of applicant/caregiver to use an FM System effectively to meet his/her basic daily listening needs and the benefits and limitations of FM technology have been explained to the applicant/caregiver.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. At the time the FM system was dispensed, the ADP Registered Vendor has obtained the applicant/agent's signature confirming that: <ul style="list-style-type: none"> • education was provided to the applicant/caregiver on the use, care/ maintenance and trouble-shooting of the device; and • applicant / agent was provided details regarding the minimum 30 day trial period and a minimum 1 year warranty. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. The ADP Registered Authorizer has documented confirmation prior to the end of the trial period that the FM System meets the applicant's basic daily listening needs and that the applicant is using the system as authorized.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
TTY or Flashing/Signalling Device (answer required for questions 5 - 6)			
5. The applicant has a hearing loss severe enough to impede normal use of a telephone even with the use of a hearing aid and a voice amplified telephone, and requires the long-term use of a TTY and accompanying flashing-signalling device if required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. The applicant has a speech impairment severe enough to impede normal use of the telephone even with the use of an augmentative communication aid and requires the TTY on a long-term basis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section 3

Applicant's Consent and Signature

All information in Section 3 – Applicant's Consent and Signature must be provided.

Note:

- The applicant must read the consent statement before signing.
- The applicant must understand that signing the Consent and Signature Section confirms they have read the Applicant Information Sheet, understands the rules of eligibility and believes they are eligible.
- Electronic and wet signatures are acceptable. Exceptions required due to a disability will be handled on a case-by-case basis.
- When an agent is signing the application on behalf of an applicant, they are required to complete all information in Section 3.

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

I consent to the Ministry of Health (the Ministry) collecting the information I provide on this form for the purpose of assessing and verifying my eligibility to receive benefits under the Ministry's Assistive Devices Program (the "Program"). In addition, I consent to the Ministry and the Workplace Safety and Insurance Board (WSIB) collecting, using and disclosing personal information about me, including the information on this form and information related to my entitlement to health care benefits under the *Workplace Safety and Insurance Act* ("WSIA"), for the purpose of assessing and verifying my eligibility to receive benefits under the Program and WSIA.

The Ministry and WSIB will limit the information that they exchange about me to only that information that is necessary for the purpose above.

The Ministry will only use and disclose my personal information in accordance with the *Personal Health Information Protection Act*, 2004, and the Ministry's "Statement of Information Practices" which is accessible at www.health.gov.on.ca. In addition, the WSIB will collect, use and disclose my personal information to the Ministry for the purpose of administering and enforcing the WSIA.

I understand that if I choose to withhold my personal information from the Ministry or WSIB, I may be denied coverage for the equipment specified.

For more information on the Ministry's Assistive Devices Program, call 1-800-268-6021/416-326-2222, ext. 2222, or visit our website at www.health.gov.on.ca. Our office is located at 7th Floor, Toronto ON M2M 4K5.

I have read the Applicant Information Sheet and understand the rules of eligibility for the equipment specified.

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that this information is subject to audit.

Signature _____ Date (yyyy/mm/dd) _____
Agent *

If the above signature is not that of the applicant, please complete contact information

Spouse Parent Legal Guardian Power of Attorney
Last Name _____

First Name _____ Middle Initial _____

Address Unit Number _____ Street Number _____

Street Name _____

Lot/Concession/Rural Route _____

City/Town _____

Province **ON** Postal Code _____

Home Telephone Number _____ Business Telephone Number _____ ext. _____

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



Section 4

Signatures

All information in Section 4 must be provided.

- Health professionals signing the ADP application form must read and understand the consenting statements within their section of the application form.
- Electronic and wet signatures are acceptable.
- The authorizer must provide their ADP registration number, assessment date and sign the application. Applications expire one year after authorizer signs.

Section 4 – Signatures	
Prescriber's Signature (to be completed by Physician OR Audiologist)	
I certify that I have personally assessed the applicant named on this form in person. Based on my assessment of this individual's medical requirements, I have confirmed that the applicant named above has a hearing loss sufficient to warrant the use of a hearing device on a long-term basis as part of his/her total daily activities, and is not for exclusive use in sports, school, or work.	
Physician's Last Name	Physician's First Name
Business Telephone Number ext.	Ontario Health Insurance Billing No (6 digits)
Physician's Signature	Date Signed (yyyy/mm/dd)
OR	
Audiologist's Last Name	Audiologist's First Name
Business Telephone Number ext.	College Registration Number
Audiologist's Signature	Date Signed (yyyy/mm/dd)
Authorizer's Signature and Confirmation of Applicant's Eligibility	
I hereby certify that I have personally assessed the applicant named on this form in person. Based on my assessment of this individual's medical requirements, I have confirmed his/her eligibility for funding assistance in accordance with all ADP funding guidelines. I have advised the applicant or his/her agent that he/she may purchase the ADP approved equipment from the ADP Registered Vendor of their choice, and have provided a list of ADP Registered Vendors in the applicant's community for their use.	
Authorizer's Last Name	Authorizer's First Name
Business Telephone Number ext.	ADP Authorizer Registration Number
Authorizer's Signature	Assessment Date (yyyy/mm/dd)

Section 4

Vendor Information

ADP Vendor Registration Number

- All vendors registered with ADP are issued a unique ADP vendor registration number.
- Applications with invalid vendor registration numbers or submitted by vendors not registered with the program will not be approved.

Vendor Representative Information

- The vendor representative must sign and date the form.
- Electronic and wet signatures are acceptable.
- The unique invoice number must be included for payment to be made.

Vendor Information I hereby certify that the applicant named above has received the items as authorized.		
Vendor Business Name		ADP Vendor Registration Number
Vendor Representative's Last Name	Vendor Representative's First Name	
Position Title	Business Telephone Number	
Vendor Location		
Vendor Representative's Signature	Date (yyyy/mm/dd)	Invoice Number

Vendors must review the information provided for accuracy. Incorrect or incomplete information, may delay the application processing.

Common Invoice Errors

- **ADP Device code on the invoice does not belong to the approved device type**
 - The device selected in Section 2, Devices and Eligibility, must match the device code entered in Section 4, Equipment Specifications (e.g. Behind-the-Ear on page 1, and code HA0000939 on page 3)
- **Delivery date must be on or after the authorization date**
 - Hearing aids must not be delivered to the client before the authorizer has signed the ADP application form.
- **Vendor invoice number has been previously used and must be unique**
 - An invoice number may only be used once. Once an application has been made, applications submitted with the same invoice number will not be approved.

Section 4

Equipment Specification

- Vendors are required to complete all details pertaining to the equipment specifications. This information can be found in the [Hearing Aids and FM System Product Manual](#).
- Device placement must correspond with selections made in Section 2 (Devices and Eligibility), of the application. Select N/A for a FM System.
- The Client portion figure must be all inclusive (i.e. includes all ADP-funded fees such as ear molds and dispensing fees)

Equipment Specifications (to be completed by Vendor)

Device Placement			ADP Device Code	Make and Model Description	Serial Number	ADP Portion (\$)	Client Portion (\$)
Left	Right	N/A					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Applications with incorrect or missing codes will **NOT** be paid.

Submitting the Application Form

- Applications must be completed electronically, exported as XML and uploaded online.
- Scanned/e-mailed applications and faxed applications may be accepted if there are extenuating circumstances where an application cannot be submitted electronically.
- Vendors **MUST** retain a copy of the original application for their records.
- Verify that all sections have been completed accurately prior to submitting. Applications with missing or incorrect information will not be approved.
- The use of correction fluid/tape to correct information will not be accepted.
- Submitted application forms that are incomplete, or are incorrectly completed, will not be approved and/or will be subject to processing delays.

Vendor Responsibilities

Vendors have a number of responsibilities as part of the ADP. A full list is available in the Hearing Devices Policy and Administration Manual.

- Orders and provides prompt delivery of the Authorized Device specified on the Application Form.
- Provides counseling and instructions necessary for the proper and effective use, operation, care and maintenance for all Devices sold.
- Provides the Applicant with a fully itemized invoice for the Authorized Device purchase together with a copy of the manufacturer's warranty and user manual. The original invoice must be kept with the applicant's file together with a copy of the application form. The ADP may request a copy of the invoice at any time.
- Honours manufacturer's warranties for the benefit of Clients and provides after-sales service such as repair and maintenance services.
- Provides repair quotes, as necessary, to the Applicant and/or to the ADP.
- Retains all supporting documentation on file and provide to the ADP as requested.

Common Mistakes and Omissions

Mistakes and Omissions result in delays to the application, here are a few common mistakes which may delay the application processing:

- Invalid health card number or personal information does not match information in the OHIP files (e.g. date of birth or legal name)
- Applicant/agent details and signature missing
- Prescriber's signature missing
- Incorrect physician billing number
- Authorizer/Prescriber not registered with ADP
- Application has expired
- Inconsistent physician contact details
- Replacement reason missing
- No device selected
- Incorrect device type, placement and/or code
- Information selected on page 1 (device type/placement) about device does not match page 3 (ADP device code)

Application Delays/Denials

Applications may be delayed/denied for a number of reasons. Although not exhaustive, here are a list of common reasons:

Delays

- Invoice number is missing or incorrect.
- Replacement must be selected if at least one device is being replaced.
- Multiple reasons for funding provided e.g. first-access and replacement.

Denials

- Applicant does not meet eligibility requirements for the hearing device, e.g. applicant is not eligible for health services (OHIP) on the assessment date.
- Applicant has exceeded the number of devices permitted for the funding period.
- Invalid biographical information due to mismatch of OHIP information.

Additional Resources

- [Policies and Procedures Manual for the ADP](#)
- [Hearing Devices Policy and Administration Manual](#)
- [Applicant Information Sheet](#)
- [Hearing Devices Application Form](#)
- [Hearing Devices Product Manual](#)
- [List of ADP Approved Devices](#)

Program Contact Information

ADP Website:

[General Public Website](#)

[Health Professionals Website](#)

Mailing Address:

Program Coordinator, Hearing Devices

Assistive Devices Program (ADP)

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Toronto, Ontario

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