CRT & Wheelchair Repair Advisory Council

MEETING MINUTES

Wednesday, December 4, 2024

11:00 AM in Room 1A of the LOB and Zoom and YouTube Live

I. Convene Meeting

The meeting was called to order at 11:05 AM by Co-Chairman, Maureen Amirault.

II. Roll Call:

Members: Jonathan Slifka, Co-Chair, Maureen Amirault, Co-Chair, Michelle Johnson, Sheldon Toubman, David Morgana, Diane Racicot, Farrah Garland, Darrell Ruopp, Joseph Shortt, Jim Carson, Ginny Mahoney, Adam Prizio

Absent: Shirley Skyers-Thomas,

Guests: Gary Gilberti

III. Open Remarks

Ms. Amirault spoke to the comments made by industry representatives in regard to the advocates not recognizing improvements being made; stating that consumers have a trust issue with the industry. Ms. Amirault reported that most of the wheelchair users on the council have experienced repairs since July 1, but personal experience has not matched what is being reported by the industry. This has led to trust issues with the industry. Ms. Amirault stated that the industry has expressed concern that they feel the advocates are not coming to the table in good faith. Ms. Amirault asked that the council move forward with open dialogue and collaborative discussions.

IV. Industry Recommendations

Diane Racicot presented recommendations on behalf of the industry.

Legislative Support: Eliminate prior authorization and prescriptions for CRT repairs for all insurance plans. This recommendation was included in the law, but as was shared during the task force the state does not have authority over the ERISA (Private/ Commercial) or over Medicare plans. This will continue to time holder until legislation is change for all insurance plans.

Ms. Racicot stated that the state does not have much oversight over this recommendation, but an issue that is being worked on at the federal level.

Recommendation #1: Payers should cover repair technician travel to and from consumer homes to provide in-home assessment and repair. No payers reimburse technician travel costs to the consumer's home or facility. Massachusetts pays for the diagnosis time to assess the repair, which can be as little as 15 minutes but can take upwards of 1 hour. Since 85% to 90% of repairs are being performed in the home, the CRT providers must be reimbursed for this service time needed for travel and other out-of-pocket travel expenses.

Ms. Racicot stated that 80-90% of services are done in the home.

Mr. Toubman asked for specifics on the bills that were passed in Massachusetts (MA).

Ms. Racicot answered that MA was paying a flat fee for technicians traveling to the home.

Recommendation #2: Payers should cover annual preventive maintenance of all CRT wheelchairs. Wheelchair users must wait until their equipment malfunctions, requiring them to seek repairs. Annual preventive maintenance could prophylactically reduce the need for repairs by helping consumers maintain well-functioning equipment before it malfunctions.

Ms. Racicot reported that the State of Tennessee passed this provision, and the Massachusetts Medicaid program utilized regulatory discretion to offer preventative maintenance. Discussion continued about manufacturer suggestions and possibilities for reimbursement with Medicare and Medicaid.

Recommendation #3: Transportation to the CRT location, should a consumer choose, is a covered benefit, and DSS prohibitions on payment for transportation to a wheelchair repair shop should be repealed. Currently, transportation to a repair location is not covered by any Connecticut-based insurance payers, and it is cost-prohibitive for most consumers to pay for this on their own, particularly if they are on Medicaid with its very low-income limits and, also for people who are on Medicare. Unfortunately, while DSS and other payers have nonemergency medical (NEMT) transportation services available for medical appointments as federal law requires, these services do not cover transportation for wheelchair repairs. DSS has regulations prohibiting such payment. These prohibitions should be repealed. If DSS regulations prohibiting such payment are repealed, this may prove an option for Medicaid enrollees to have their equipment repaired, in some cases, the next day. The State of Massachusetts Medicaid program utilized regulatory discretion to expand the use of NEMT for consumers to travel to repair facilities.

Recommendation #4: Annual preventive maintenance of consumer-owned backup equipment should be a covered benefit. Many consumers have old equipment in the event their current equipment malfunctions. This is a far better option for consumers than relying on a loaner chair that will not be customized or properly fitted, leaving consumers at risk of injury or accident. As such, it makes sense that consumers' old equipment be maintained from both a cost savings and safety perspective. This is currently a covered benefit with the Massachusetts Medicaid program.

Mr. Ruopp recommended that any functional parts left over after a repair be offered to the customer to be used in the future.

Ms. Racicot stated that the industry is liable for any self-repairs being done. A right-to-repair law would have to be enacted for this to be possible. Ms. Racicot acknowledged that there are not enough repair facilities and that having another source of repair possibilities would be good.

A liability waiver was suggested.

Recommendation #5: Expand the number of CRT repair facilities in the state that can provide service and repairs for consumers whose equipment is out of warranty. Currently, in CT, the CRT industry must meet manufacturer's standards, be trained properly, and have an NPI number with CMS to bill for reimbursement. Any new repair facilities would be required to meet these same standards.

Ms. Racicot reported: An option to consider in this area is having a non-profit option for repair and service. For example, the Oak Hill Center for Assistive Technology - the New England Assistive Technology NEAT program has the Adaptive Assistance Reuse program, including an entire showroom of sanitized, rebuilt, and repaired manual and power wheelchairs, adaptive exercise equipment, pediatric mobility devices, scooters, walkers and more. They also have several rooms of parts and supplies cataloged and available for resell or loan.

Organizations such as this should be considered a choice for consumers, allowing for more repair technicians across the state, increased diversity for service allocation, and possibly cheaper alternatives.

Mr. Morgana asked about repair facilities having personnel or apparatuses to help with the transfer of consumers in and out of their chair during repairs. Ms. Racicot stated that the industry is looking into providing more qualified personnel and other options for transfer. Mr. Gilberti stated that he does offer Hoyer slings, and he is replacing mat tables with high-low options.

Recommendation #6: Require Insurance Payment for Overnight or Expedited Delivery of Urgently Needed Parts. When a part is urgently needed to ensure consumer safety, reduce the risk of injury, or ensure uninterrupted mobility, payers should pay for expedited delivery.

V. Discussion

Mr. Slifka stated that the co-chairs are looking into asking for an extension on the final report.

Industry Reporting Form

Ms. Racicot provided comments on the reporting form provided by the advocates. Comments included changes from minimum, maximum, and averages to a percentage that may be more relevant. The consensus was to include min, max, and average along with percentage. Ms. Racicot and the advocates discussed clarifications on reporting points.

VI. Adjournment

A motion to adjourn was made by Mr. Morgana and seconded by Mx. Garland at 11:58 am. Until the next regularly scheduled meeting.

Chandra Persaud	Sarah Makowicki
Task Force Administrator	Minutes Prepared by