Complex Rehabilitation Technology Repair Advisory Council Annual Report and Recommendations - January 10, 2025



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Complex Rehabilitation Technology & Wheelchair Repair Advisory Council

Annual Report and Recommendations - January 10, 2024

Council Introduction and Overview

The Complex Rehabilitation Technology & Wheelchair Repair Advisory Council (hereinafter, the Council) was established under PA 24-58 <u>AN ACT CONCERNING WHEELCHAIR REPAIR REQUIREMENTS.</u> The Council initially convened August 20, 2024, and has met monthly. The Council held additional meetings in November and December for discussions and fine-tuning of its recommendations.

Previously, per SA 23-22, a Wheelchair Repair Task Force was convened to make recommendations to the legislature related to wheelchair repair issues. That Task Force's Final Report and Recommendations (dated February 1, 2024) states:

"NuMotion has 47% of the CT Market and [National Seating & Mobility] NSM 45% based on revenue. There are two other small service providers licensed to do repairs in CT - Home Health Pavilion and Agawam [Medical Supply Corp] - that have about 8% of the market."

A delegate from NSM was appointed to the Council to represent the Wheelchair Industry. In order to obtain the best sense of the landscape of wheelchair repairs in CT, as well as to avoid any conflict of interest that could arise from providing data from a competitor, the Council agreed to invite a representative from NuMotion to join the group (effective October 2024) as a nonvoting member to provide data and answer questions. The Council has not received data from either of the two smaller companies. A representative from the industry has contacted both companies without any return communication.

In compliance with PA 24-58, the Office of the Healthcare Advocate (OHA), a member of the Council, has published information on its website to instruct consumers how to file a complaint over wheelchair repair delays. General information and information for reporting complaints can be found at <u>Office of the Healthcare Advocate</u>. Reports of complaint may be filed by:

- Phone: 866-466-4446
- Email: <u>Healthcare.Advocate@ct.gov</u>
- Online Form: OHA Online Inquiry Form

OHA is also required to produce an annual report of any complaints of wheelchair delays received but has agreed to voluntarily produce monthly such data. Additionally, they worked with the Council member from the Department of Social Service (DSS) to produce a notice about the complaint process for all HUSKY recipients in their newsletter which will be disseminated early 2025. Similarly, the industry was required in PA 24-58 to produce only annual data but has voluntarily agreed to produce data on a monthly basis.

In order to have more productive meetings, the members of the Council agreed to review monthly data from the industry and OHA, which are included within this report. Additionally, representatives from advocate members of the Council have worked with the industry to produce a data reporting form so that reporting is clear and uniform among the companies. The data will continue to be captured monthly and will also include the number of technicians currently employed in Connecticut for each company. The form will be finalized and in use early in 2025.

As part of Council discussion, questions arose as to the correct interpretation of the following three items:

 Section 1(5) states: "'Timely repair' means as soon as practicable but not later than ten business days after the date of request for repair from a consumer, provided (A) the consumer makes the wheelchair available, (B) any prior authorization required from an insurer has been acquired, and (C) any time spent waiting for prior authorization from an insurer or for delivery of necessary parts ordered."

The concern from a few Council Members was that the applications of the ten-day requirement might not be clear. For the purposes of the Council meetings, data reporting, and the data presented in the final report, the Council agreed on the interpretation that the 10-day requirement commences with the initial repair request from the consumer and ends with the completion of the repair. Any time waiting for prescriptions, prior authorization, shipment of parts, or customer's availability does not count toward the counting of the ten business days.

> Section 1(6) states: "Wheelchair' means a manual or motorized wheeled device that enhances the mobility or positioning of an individual with a disability and includes a complex rehabilitation technology wheelchair."

The question arose whether this definition includes scooters. For the purposes of the Council meetings, data reporting, and the data presented in the final report, the Council agreed to include scooters.

3) Section 2(d) states: "Not later than December 31, 2024, and annually thereafter, an authorized wheelchair dealer that contracts with the Department of Social Services to sell or lease wheelchairs to Medicaid recipients shall submit a report to the Commissioner of Social Services and the advisory council established pursuant to section 4 of this act regarding repair of such wheelchairs. The report shall include, but need not be limited to, minimum, maximum and average times from the date and time of a repair request for the authorized wheelchair dealer to (1) respond; (2) conduct a repair assessment (A) in the home or other community location, (B) remotely, or (C) at a repair facility; (3) request any necessary prior

authorization from the Department of Social Services and receive a decision from the department on such request; (4) order any wheelchair parts needed; (5) receive delivery of any needed repair parts; and (6) complete repairs (A) in the home or other community location, (B) remotely, or (C) at a repair facility."

Based on the Council's interpretation, it seems the Public Act 24-58 requires data reporting for Medicaid recipients only. However, for the purposes of the Council meetings and to understand the repair landscape, the reports provided by the industry are currently including data for all repairs in Connecticut.

Introduction to Council Recommendations

The primary objective of the Council is to discuss and assess the data provided by the consumer advocates, industry, and OHA and to produce recommendations that are designed to ensure the consistent and timely

repair of wheelchairs. The following recommendations result from rigorous and meaningful dialogue and debate. Because of the diversity of the group and varying, sometimes opposing goals, it must be noted that none of the following recommendations were met with consensus of the entire Council. In order to fairly present our recommendations, each stakeholder group was asked to provide responses to each recommendation, as desired. These responses are attached to this report, and they have not been edited or changed in any way by the Council Chairs or other members.

It should be noted that state agency appointees to the Council, with the exception of OHA's representative, are not in a position to recommend, approve, or oppose policy recommendations, but rather to assist Council members in understanding the impact of recommended policy on their agency. Thus, they abstained from voting on all of the Council's proposed recommendations.

The following recommendations passed by a simple majority vote. The advocates and OHA voted in favor of the recommendations and the remaining state agencies abstained. Those recommendations noted by an asterisk (*) indicate that the industry voted against the recommendation. Recommendations noted by a double asterisk (**) indicate that the industry did not agree, but the industry representative did not vote against the recommendation at the December 18, 2024, meeting. The explanations may be found in the industry's responses included in this report.

Council Recommendations

1) Clarifying language in the legislation determining when the 10- day clock for repairs begins. *

1(5) "Timely repair" means as soon as practicable but not later than ten business days after the date of request for repair from a consumer, provided (A) the consumer makes the wheelchair available, (B) any prior authorization required from an insurer has been acquired, and (C) any time spent waiting for prior authorization from an insurer or for delivery of necessary parts ordered for the repair by an authorized wheelchair dealer shall not be included in the ten business days.

The Council has adopted the reading that the ten-day window begins when the repair is reported to the wheelchair provider and ends upon completion of the repair, with any time waiting for prescriptions, prior authorization, the shipment of parts, or customer availability not counting toward the ten days; the "clock" is paused during this time. This is in alignment with the <u>C G A -</u> <u>Connecticut General Assembly</u> website that reads: "The act requires authorized wheelchair dealers to timely repair wheelchairs the dealer sells or leases in the state, which means as soon as practicable but not later than 10 business days after the consumer requests a repair. This requirement applies so long as the consumer makes the wheelchair available and any prior authorization required by an insurer has been acquired. Any time spent waiting for prior authorization, or for delivery of needed parts ordered for the repair, does not count towards the 10-day limit."

2) Clarifying language in the legislation determining if the legislation includes scooters. *

1(6) "Wheelchair" means a manual or motorized wheeled device that enhances the mobility or positioning of an individual with a disability and includes a complex rehabilitation technology wheelchair.

While scooters do not fall under the category of complex rehabilitation technology (CRT), they do seem to fit the definition provided under this section. For the purposes of the Council and this report, the data provided by the industry includes scooters. The Council recommends that the statute be clarified to expressly include scooters.

3) Eliminate prior authorization and prescriptions for CRT repairs for all insurance plans. The State of Connecticut removed the prior authorization requirement for Medicaid effective July 1, 2024, and for private insurance within its regulatory authority effective January 1, 2025. 2(b) "Notwithstanding the provisions of subsection (a) of this section, on and after July 1, 2024, the Commissioner of Social Services shall not require a new prescription or prior authorization for the medically necessary repair of a customized wheelchair unless the original prescription for such wheelchair is more than five years old" and;

5 (b) Each individual health insurance policy providing coverage of the types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a469 delivered, issued for delivery, renewed, amended or continued in this state on and after January 1, 2025, shall not require a new prescription or prior authorization for the medically necessary repair or replacement of a complex rehabilitation technology wheelchair unless the original prescription is more than five years old.

The state employees' health plan could be modified to ban prior authorization for wheelchair repairs as part of negotiations with state employee unions. Medicare does not require prior authorization for wheelchair repairs; however, many recipients have a Medicare Advantage Plan with a prior authorization requirement. Additionally, traditional Medicare does impose some prescription requirements for wheelchair repairs. Medicare is outside of regulation by the State of Connecticut so recommendations for changes would need to be referred to Connecticut's Congressional delegation for action to be taken on this recommendation.

4) Payers should cover repair technician travel to and from consumer homes to provide in-home assessment and repair.

Currently, no payers reimburse for technician travel time, which causes a hardship for wheelchair providers. According to the Wheelchair Repair Task Force Final Report (February 2024), "Since nearly 85% to 90% of repairs are being performed, and should continue to be performed in the home, it is essential that the CRT providers be reimbursed for this extra time needed for travel and other out of pocket travel expenses."

5) Payers should cover annual preventive maintenance of all CRT wheelchairs.

Currently, wheelchair users must wait until their equipment malfunctions before requesting a repair. This places the consumer at risk of injury, additional damage to the chair and the loss of wheelchair use. Annual preventive maintenance could serve to reduce the need for urgent repairs by helping consumers maintain well-functioning equipment. Wheelchair providers would be able to schedule repairs ahead of time instead of waiting for an emergency or hard-down situation. At this time, preventive maintenance is covered under Massachusetts Medicaid and has passed in the states of Tennessee and Wisconsin. 6) Transportation to the CRT location, should a consumer choose, [should be] a covered benefit, and DSS prohibitions on payment for transportation to a wheelchair repair shop should be repealed.

At present, transportation to a repair location is not covered by any payers, and it is cost-prohibitive for most consumers to pay for transportation to the site. Unfortunately, transportation services may also have liability concerns with transporting an individual with a broken wheelchair and there is currently no Medicaid coverage for this service. According to the Wheelchair Repair Task Force Final Report (February 2024): "Additionally DSS does not currently pay for transport to a wheelchair repair shop, and it has regulations prohibiting such payment. These prohibitions should be repealed. If DSS regulations prohibiting such payment are repealed, and NEMT vendors agree to accept the liability for transporting members with broken wheelchairs, this may prove an option for Medicaid enrollees. For individuals on Medicaid, it is not clear that any federal reimbursement will be allowed. As such, the increased cost would need to be state funded." Currently, Massachusetts Medicaid covers this option, so it appears that federal Medicaid reimbursement is available for this service.

7) Annual preventive maintenance of consumer-owned backup equipment should be a covered benefit.

Many consumers retain their old equipment in the event their current equipment malfunctions. This is preferable to consumers than having to rely on a loaner chair which is not fully customized to their needs. This is currently covered under Massachusetts Medicaid, so it appears federal Medicaid reimbursement is available for this service.

8) Expand the number of CRT repair facilities in the state that can provide service and repairs for consumers whose equipment is out of warranty.

According to the Wheelchair Repair Task Force Final Report, "Currently, in CT, CRT industry must meet manufacturer's standards and be trained properly as well as have an NPI number with CMS to be able to bill for reimbursement. Any new repair facilities would be required to meet these same standards.

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 Ioan. Organizations such as this should be considered an option for consumers allowing for more repair technicians available across the state, increased diversity for service allocation and possibly cheaper alternatives. There may be obstacles to this solution in that the entities may not be able to obtain new parts from manufacturers unless they become authorized dealers, there may be conflicts that could interfere with their non-profit mission and they may have infrastructure obstacles. However, this is a resource that may provide some opportunities for collaboration and support that will help address the issues facing consumers with equipment in disrepair."

9) Require insurance payment for overnight or expedited delivery of urgently needed parts.

When it has been determined that a part is urgently needed to ensure consumer safety, reduce risk of injury, or mitigate interrupted mobility, payers should cover expenses for expedited delivery. It is also suggested the wheelchair providers maintain an inventory of frequently used parts to reduce the need for expedited shipping.

10) Industry needs to hire more technicians and call center staff so it can comply with the timeliness requirements. *

Based on discussion in the Wheelchair Repair Task Force and Complex Rehabilitation Technology Advisory Council, advocates and industry agree that the hiring of more technicians would improve the timeliness of repairs.

11) DSS should notify all of its Medicaid members (and dual Medicare/Medicaid members) known to use wheelchairs about the new wheelchair repair law and the option of filing a complaint with OHA.

It is likely that the low number of complaints received by OHA is due, at least in part, to ignorance of PA 24-58 and/or the process to file a complaint. DSS is currently working on a newsletter mailing to be distributed early 2025 to HUSKY members, including this information. Annual such notification is warranted.

12) Industry needs to adjust its scheduling procedures, including use of "routing software," so as to reasonably accommodate user's needs and ensure more timely community visits. *

The concern is that the current scheduling systems can further delay timely repairs. Also, consumers are not given sufficient notice of when the technician will arrive at the home. This especially affects those who need assistance from a caregiver or have other scheduling conflicts. The inability to plan ahead for a repair or assessment could result in a consumer's need to reschedule their appointment at the last minute.

13) Industry should produce monthly compliance data to Advisory Council. *

In order to foster productive and collaborative discussion within the Council, it is imperative to receive monthly data. This would facilitate analysis, identification of patterns and problem areas. The OHA and industry have already been providing monthly data and that is included in this report.

14) Industry should be required to produce compliance data concerning non-Medicaid consumers not just Medicaid consumers. *

In order to gain a comprehensive understanding of the repair situation in CT, the report should reflect data for all consumers regardless of payer; the industry is currently providing this information.

15) Industry should be required to produce monthly data regarding staffing numbers based on a uniform definition of tech staff. *

In order to gain a comprehensive understanding of the wheelchair repair landscape, and for the purpose of uniform reporting, the industry should provide monthly data regarding the number of technicians, using an agreed-upon definition for "technician". The industry has to some degree been providing, at least verbally, their staffing levels, and have worked with the advocates on a reporting form that includes this information. The Council has not yet formally defined the role of "technician," which has led to some uncertainty about the data presented by NSM and NuMotion.

16) Industry should be required to report any new postings for tech positions and starting and average compensation and benefits for all tech staff for review by the Advisory Council and possible additional recommendations, both for Connecticut and nationally. *

The industry has identified staffing as one of its biggest challenges, and has requested assistance from the Council. It is perceived that these challenges may be due, at least in part, to inadequate compensation. The provision of this information can give context to the data presented and even assist members of the Council who are able to network and identify possible job candidates to serve in the repair technician capacity. In prior meetings, NSM has provided definitions of technicians.

17) Industry should be required to work with OHA to regularly inform all wheelchair consumers about the new wheelchair repair law and the option of filing a complaint with OHA, including how to file a complaint, in an annual mailing, on its website, in all of its electronic newsletters and in all other electronic communication with consumers. *

It is imperative that customers are informed about their rights under the new law. The most efficient way to communicate this to the consumers is directly, by the wheelchair provider, which has direct access to them. OHA has agreed to assist with this process.

18) Enforcement should be added to the new law so there are economic consequences for persistent, systemic non-compliance with timeliness requirements, including defining systemic non-compliance with the timeliness requirements in PA 24-58 beyond a specific small percentage as an "unfair trade practice" under the CT Unfair Trade Practices Act. ** The concern is that a law without enforcement is ineffective. 19) The timeliness requirements in PA 24-58 should be revised to provide for emergency repair services when a wheelchair is completely inoperable, including on weekends and holidays, via remote or other service. **

Industry should implement emergency customer care on weekends and holidays for those instances that a wheelchair user encounters a malfunction that poses a risk of injury, lack of access to daily living etc. Users should not have to wait for daily hours of operation to report emergency malfunction. NSM and NuMotion do offer some limited hours on Saturdays.

20) A loaner wheelchair, whenever possible to be safely provided, should be required to be provided, upon the request of the wheelchair consumer, when a wheelchair is completely inoperable, and the repair is expected to not be completed within 5 calendar days (waiver of liability may be required). **

A loaner chair is a valuable option in the case of a hard-down, or other situation where the wheelchair is unsafe or unreliable, and a back-up wheelchair is not available. This option can provide mobility access for everyday living and can protect the wheelchair user from being bedbound. Because wheelchairs are often highly customized, the Council recognizes the difficulty in providing a loaner chair for every customer.

21) The statute should be amended to require consumers to receive from the wheelchair dealer all timeline data related to their repair request necessary to determine if a violation of the law has occurred (a) electronically during and after the repair process, and (b) in paper at the time of completing the repair.

(Note: the original text of the recommendation states that the wheelchair dealer is required to collect timeline data for Massachusetts. However, this is true only for the purposes of a voluntary incentive program and is not mandated by law. This language has been removed.) This would aid in the transparency of repairs and communicate to the customer the progress of their repair. This also holds the industry accountable to the law regarding timely repairs.

22) Keeping the exception to the 10-business day deadline in the law for waiting for parts where parts are waiting for delivery, all wheelchair dealers should be required to either have parts in stock, or, for all other parts, have (a) a 1-day shipping option for parts once available from the manufacturer if located in the United States, or (b) expedited shipping once available from the manufacturer if located outside the United States.

These measures would prevent unnecessary delays due to waiting for the shipment of parts.

23) To ensure quality service calls, all services calls, chats and remote evaluations should be required to include a follow-up email to the consumer with the summary of the call, cc'ing the local dealer contact, with links for the consumer to request a response from a local escalation team. This would aid in the transparency of repairs and communicate to the customer the progress of their repair.

Rejected Recommendation

Clarifying language in the legislation determining if the year-end reporting required of the Industry to the Advisory Council is on Medicaid recipients only.

The Council agrees that the statute only requires industry data from Medicaid recipients. However, for purposes of the Council meetings, data reports, and final reports, the OHA and industry have provided data for all payers, not just Medicaid recipients. The data is included in this report. This proposal was rejected in light of Council recommendations #13 and #14, which rendered this specific recommendation moot.

OHA Wheelchair Repair Case Annual Report

OHA In Public Act 25-58 – New Statutory Rules

On and after July 1, 2024, the Office of the Healthcare Advocate, in consultation with the Department of Consumer Protection, shall maintain a phone number and electronic mail address to be posted conspicuously on the Internet web sites of the Office of the Healthcare Advocate and the department, to receive and record complaints regarding timely repair issues. Not later than January 1, 2025, and annually thereafter, the Healthcare Advocate shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to general law, human services and insurance regarding the complaints received and recorded pursuant to this subsection. (Public Act 24-58 Sec. 2(c)) (emphasis added)

OHA Process – Record and Report Complaints

When was the request made? To which company? When did the company respond? When was the assessment? When were parts ordered? When were parts received? When was prior authorization requested? When was prior authorization determined? When was the repair been completed?

Assist Consumers with their Healthcare-Related Issues

- Receive and record complaints
- Assist consumers by participating in and advocating for the resolution of their healthcare-related issue
 - Collect HIPAA release
 - Refer complaint to wheelchair company, DSS, commercial insurance, or other party as appropriate
 - Request and receive information about case
 - Advocate for consumer's rights

Data Reporting

- 7 total complaints
- 1 complaint regarding NuMotion and NSM phone messages
- 1 complaint regarding a request made prior to July 1, 2024
- (Request made 4/30/2024, repair completed 8/20/2024, 112 days)
- 1 complaint in which the consumer did not respond to inquiries for details
- 4 cases identify an inquiry after July 1, 2024
- No consumers returned a HIPAA form
- 1st case: request made 7/22, repair completed 9/13 (53 days)
- 2nd case: request made 7/31, repair completed 8/2 (2 days)
- 3rd case: request made 8/14, not known if repair completed (35 days)
- 4th case: request made 9/3, not known if repair completed (15 days)

National Seating & Mobility Repair Report December 4, 2024

National Seating & Mobility Repair Report Jan 7th, 2024

Repair Summary December and year end totals.

This is covering all repairs manual, scooter and power wheelchairs, total per advocates bill interpretation on timelines.

Dec 4 report: 932 Orders (238 Medicaid, 156 Medicare FFS, 538 Commercial/MA Primary Plans)

DEC Total 396 Orders (77 Medicaid, 132 Medicare FFS, 173 Commercial/MA Primary Plans)

Year-end Total <u>1,328 Orders</u> (315 Medicaid, 288 Medicare FFS, 711 Commercial/MA Primary Plans)

Total orders missed 10-day window: Dec 4 report 322: Dec 160: Year- total: 482

- <u>NSM Fault –112; Dec 70 orders</u> Year end total at <u>NSM Fault: 182</u> (13.7% orders) (scheduling conflict, admin, quote delays)
- SNF Facility scheduling or client request-- 210 orders, Dec 90 orders, Year end total SNF or client request outside 10-day window: Total 300 (22.5% orders)

One business day to respond to repair request: 23; Dec 37 orders missed.

Year-end total missed: 60 (4.5%)- BD avg < 1 day, Calendar avg 1 day

Repair Evaluations Locations Completed: avg BD 2.2, avg calendar 4

Dec 4 report: Remote: 142 (15%) SNF Facility: 172 (18%) Branch: 146 (16%) Home: 472 (51%)

DEC orders Remote: 98 (24.7%) SNF Facility: 64 (16.2%) Branch: 73 (18.4%) Home: 161 (41.1%)

New Total Remote: 240 (18%) SNF Facility: 236 (17.7%) Branch: 219 (16%) Home: 633 (47.6%)

PO issued within 3 days of Evaluation: Avg 1.5 business days first PO (Dec 8 BD includes quote time from manufacturers)

Orders require RX or Prior Authorization Range days (all repairs): 5- 15 calendar days, this will be wheelchair specific with new reporting completed this month. (Dec 9 days)

Receipt of Parts from Manufacture: range 11- 6 calendar days, **avg 8., (**this avg is driving down as we work with manufactures last two months avg 6.6 days) Dec Average 6 days

Completed Repair Locations:

Remote: 14 (1.5%) SNF Facility: 237 (25%) Branch: 18 (2%) Ship/Other: 28 (3%) Home: 641 (68%)

DEC Remote: 2 (0.51%) SNF Facility: 89 (22.5%) Branch: 9 (2.3%) Ship/Other: 6 (1.52%) Home: 289 (73.0%)

New Total Remote: 16 (1.2%) SNF Facility: 326 (24.5%) Branch: 27 (2%) Ship/Other: 29 (2.1%)

Home: 930 (70%)

Staffing improvements and current staffing:

Administrative Account Executive in place managing administrative around tracking and scheduling.

Dedicated spec entry for PO orders and managing manufacturing quotes

Newington Location: 5 dedicated in shop technicians (various skill levels for assembly, warehouse, in shop repairs). 8 Dedicated Road Technicians (1 still in training) – repairs and chair delivery and set ups.

Niantic location: 1 in shop technician, 3 Dedicated Road Technicians, one new hire in training and one vacancy still needing to be filled. Also pull technician from RI to aid in southwest corner of CT

Niantic Location: Pending 1 Field Tech Pending 1 Customer Service Rep Pending

Sub-Process	Dec-24	Nov-24	Oct-24	Sep-24	Aug-24	Jul-24	Jun-24	May-24	Apr-24	Mar-24	Feb-24	Jan-24	Dec-23	Nov-23	Oct-23	Sep-23 A
Create to Eval	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eval to CBC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CBC to RTP	1	1	1	1	2	2	1	1	1	1	0	1	1	2	2	0
RTP to FSFF	4	4	5	13	14	13	9	9	9	12	12	13	14	12	13	17
Approval	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RTP to Aprv	5	5	6	15	13	15	11	11	13	15	16	18	20	15	19	29
Purchase	-1	-1	0	0	0	0	0	0	0	1	0	1	1	0	0	0
Receipt	7	6	6	7	7	8	7	7	7	7	8	8	8	9	7	9
Delivery	13	12	11	13	14	16	21	17	23	33	29	37	31	27	26	22
Auth to Divry	15	17	20	22	22	28	31	27	34	41	43	50	42	37	38	32
Total	29	32	42	48	57	59	56	61	71	76	83	94	78	82	87	82

NSM Mean Transaction Cycle Time All repairs in CT calendar days

RTP to FSFF Avg 7 days (time to get RX/PA and medical records if needed)

RTP To Aprv Avg 9 days (2 days avg to await PA approval)

NuMotion Annual Data Report

Numotion Connecticut Repair Data Submitted by Gary Gilberti	7/1/2024 - 12 1/10/2025	2/31/2024
Orders by payer	# Orders	
Medicaid	490	
Medicare	357	
Commercial / MA Primary / Other_	1107	
Total	1954	
Orders complete in 10 days	# Orders	%
No	762	39%
Yes	1192	61%
*Our system does not currently tra	ck impact of re	schedules by customer.
PO within 3 days of Eval	# Orders	%
No	698	36%
Yes	1234	64%
Average business day	6	
Req Rx or Med Docs to Recv PA		
Average business day	4	
Received Product to Delivery		
Average business day	6	
Days to respond to request		
Average business day	1	
Location Evaluation Completed	# Orders	%
In-Home	717	37%
In-Shop	343	18%
Remote	894	<u>46%</u>
Total	1954	

Appendix A: Complex Rehabilitation Technology & Wheelchair Repair Advisory Council Member List

Pursuant to PA 24-58, there is an established complex rehabilitation technology and wheelchair repair advisory council to monitor repairs of wheelchairs, including complex rehabilitation technology wheelchairs, as defined in Section 1 of this act, and to make recommendations concerning improving repair times.

No.	Authority		Special Qualifications/Notes	Appointee
1.	Senate and House Chairpersons of the Human Services Committee	Senator Matt Lesser & Representative Jillian Gilchrest	One of whom is a consumer who uses a complex rehabilitation technology wheelchair purchased, leased or repaired under the Medicaid program	Michelle Johnson
	Senate and House Chairpersons of the Human Services Committee	& Representative Jillian Gilchrest	One of whom is a representative of the state advocacy system for persons with disabilities, established pursuant to section 46a-10b of the general statutes;	Sheldon Toubman
	Senate and House Ranking Members of the Human Services Committee		One of whom is a consumer who uses a complex rehabilitation technology wheelchair purchased, leased or repaired under a private health insurance policy	David Morgana
4.	Senate and House Ranking Members of the Human Services Committee	Senator Lisa Seminara & Representative Jay Case	One of whom is an authorized wheelchair dealer, as defined in section 1 of this act	Diane Racicot
_	Senate and House Chairpersons of the General Law Committee	Maroney &	One of whom is a representative of an organization that represents persons with physical disabilities	Farrah Garland
•.	Senate and House Chairpersons of the General Law Committee	Maroney &	One of whom is a representative of an organization that represents persons with physical disabilities	Maureen Amirault
7.	Senate and House Ranking Members of the General Law Committee	& Representative	One of whom is a consumer who privately pays for complex rehabilitation technology wheelchairs	Darrell Ruopp

No.	Authority		Special Qualifications/Notes	Appointee
	Ranking Members of	& Representative	One of whom is a consumer who privately pays for complex rehabilitation technology wheelchairs	Joe Shortt
5.	Commissioner of Aging and Disability	Commissioner Amy Porter	Or designee	Jonathan Slifka
IU.	Insurance Department Commissioner	Commissioner Andrew Mais	Or designee	Jim Carson
11.	Commissioner of Social Services	Commissioner Andrea Barton Reeves	Or designee	Ginny Mahoney
12.	Healthcare Advocate		Or designee	Adam Prizio
13.	Commissioner of Consumer Protection	Commissioner Bryan Cafferelli	Or designee	Shirley Skyers- Thomas
	Chairpersons of the Advisory Council		The Commissioner of Aging and Disability Services, or the commissioner's designee, and a member of the advisory council chosen by a majority of members of the advisory council, shall serve as chairpersons	Jonathan Slifka & Maureen Amirault

Appendix B: CRT & Wheelchair Repair Advisory Council Meetings

The Council met on the following dates. Links to the meetings and meeting minutes may be found: <u>Complex Rehabilitation Technology and Wheelchair Repair Advisory Council - C G A - Connecticut General</u> <u>Assembly.</u>

- August 20, 2024
- September 24, 2024
- October 22, 2024
- November 19, 2024
- November 26, 2024
- December 4, 2024
- December 10, 2024
- December 18, 2024

January 7, 2025

Appendix C: Consumer Advocates Response to Recommendations

• Clarifying language in the legislation determining when the 10 day clock for repairs begins.

We disagree that there is any need for clarifying language in legislation regarding the 10-day deadline in PA 24-25, as it plainly means what the Office of Legislative Research understood it to mean on page 1 of their report, and by the legislators and Governor Lamont who had passed it into law: "The act requires authorized wheelchair dealers to timely repair wheelchairs the dealer sells or leases in the state, which means as soon as practicable but not later than 10 business days after the consumer requests a repair. This requirement applies so long as the consumer makes the wheelchair available and any prior authorization required by an insurer has been acquired. Any time spent waiting for prior authorization, or for delivery of needed parts ordered for the repair, does not count towards the 10-day limit." (https://search.cga.state.ct.us/Highlighter/doc/57c4c986fd13c3ad5b32a3cff635a9 31.pdf#page=1) However, out of an abundance of caution, because of the contrary interpretation by the Legislative Commissioner's Office and the ranking House member on the Human Services Committee, we would agree to such clarifying language. It should be noted that the industry has already been presenting the council with wheelchair-only repair data based on the OLR understanding of the 10-day requirement.

• Clarifying language in the legislation determining if the legislation includes scooters.

There also is no need for clarifying language to say that "wheelchairs" include scooters, As laid out in PA 24-58 section 6, "'[w]heelchair' means a manual or motorized wheeled device that enhances the mobility or positioning of an individual with a disability and includes a complex rehabilitation technology wheelchair." This necessarily includes scooters, by definition. However, out of an abundance of caution, we would agree to clarify this by adding "...and includes scooters," making this meaning even more explicit. It should be noted that the industry has already been presenting the council with wheelchair-only repair data that has included scooters.

We also note that Section 3 defines "complex rehabilitation wheelchair" which "means a specialized, medically necessary manual or powered wheelchair individually configured for the user with specialized equipment." This category of medical device would *not* include scooters, by definition.

• Clarifying language in the legislation determining if the year-end reporting required of the industry to the Advisory Council is on Medicaid recipients only.

We oppose this, as we recommend that legislation require such reporting to be monthly and include all consumer wheelchair (and scooter) repair data, not only that of Medicaid recipients.

• Eliminate prior authorization and prescriptions for CRT repairs for all insurance plans.

We strongly support that this be added to legislation for all payers, including the state employee health insurance plans, and at all levels, but believe this should cover all wheelchairs, including scooters. PA 24-58 already accomplishes this for complex rehabilitation technology wheelchair repairs under the Medicaid plan administered by the Commissioner of Social Services, and in state-regulable group and individual plans, providing coverage of the types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of General Statutes Chapter 54, regulated by the Insurance Commissioner. However, similar changes are also needed in federal law to affect plans outside of State regulatory authority, such as self-funded employer-based plans.

• Payers should cover repair technician travel to and from consumer homes to provide in-home assessment and repair.

We strongly support that this be added to legislation for all payers and at all levels, but believe this should cover all wheelchairs, including scooters.

According to last year's SA 23-22 Wheelchair Repair Task Force Final Report, nearly 85% to 90% of repairs are being performed, and should continue to be performed, in the home, and so it is essential that CRT providers be reimbursed for such travel.

• Payers should cover annual preventive maintenance of all CRT wheelchairs.

We strongly support that this be added to legislation for all payers and at all levels, but believe this should cover all wheelchairs, including scooters. It's not only a cost-saving choice for both the industry and insurance, but cost-saving and life-enhancing for the wheelchair user. However, we believe that this should be limited to preventative maintenance as recommended by the manufacturer.

• 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. We strongly support that this be added to legislation, but believe this should cover all wheelchairs, including scooters. This is a basic equity issue; if it is possible and desirable for a consumer to go into an authorized wheelchair dealer location for repairs to a medically prescribed mobility device, DSS should not limit a person's access to this medical care due to transportation. Massachusetts Medicaid may be now paying for this.

• Annual preventive maintenance of consumer-owned backup equipment should be a covered benefit.

We strongly support that this be added to legislation for all payers and at all levels, but believe this should cover all wheelchairs, including scooters. This would be a wonderful and cost-saving measure for consumers, the industry, and insurance. It would also help prevent any issues regarding loaner chairs (another recommendation point) for people with highly specialized chairs by helping keep their

own backup chairs in working condition, reducing the need for a loaner chair that would likely not meet their needs.

- Expand the number of CRT repair facilities in the state that can provide service and repairs for consumers whose equipment is out of warranty We agree that this is a worthy goal, but do not see this as a priority solution for solving the principle cause behind extreme wait times for wheelchair repairs: insufficient industry investment for in-home repair staffing and lack of insurance coverage for measures to support that essential work, such as preventative maintenance, backup chair repairs, overnight part delivery, and others mentioned in these recommendations. We note that the majority of CRT repairs conducted by the industry are for devices that are **outside** of the manufacturer's warranty.
- Require insurance payment for overnight or expedited delivery of urgently needed parts.

We strongly support that this be added to legislation for all payers and at all levels, but believe this should cover all wheelchairs, including scooters.

Overnight or expedited delivery of necessary products for patients or consumers is standard throughout the medical field. There is no reason that wheelchair repairs should be exempt from providing timely service when delays of days or weeks due to ground shipping can result in catastrophic and costly health outcomes, such as bedsores resulting in hospitalization or death.

• Industry needs to hire more techs and call center staff so it can comply with the timeliness requirements.

We strongly support this inarguable position. The majority of the wait times for repairs depends on the capacity for the industry to send in-home technicians to conduct assessments and repairs in a sufficiently timely manner as currently required by law, as their own reporting shows. The struggle seems to be not only hiring enough staff, but retaining quality employees. We recommend assessing the wages that these specialists are being offered, as well as their training and support structures. Starting wages for technicians have been reported to be similar to fast food service workers. Please note previous consumer advocate comments from last year's SA 23-22 Wheelchair Repair Task Force Final Report on this issue:

"Numotion and NSM have significant financial capacity to abide by the timeliness requirements of PA 24-58 and hire the necessary staff; any internal cost concerns stem from standard cost-cutting practices of private equity (PE) businesses, which are not a necessity but a choice. 'Over the last decade, private equity firms have increasingly bought up [Durable Medical Equipment] manufacturers and suppliers and consolidated them, using debt-funded growth strategies to achieve market dominance. The resulting companies are highly indebted, and are now seeking ways to cut costs to

achieve the outsized returns demanded by their private equity owners ("Private Equity in DME" Report, 2023, page 7,

https://pestakeholder.org/wp-content/uploads/2023/11/PESP_Report_DME_2023

.pdf). The same report highlights how the latest owners, AEA Investors for Numotion and Civen for NSM, have bought out 25 and 42 competitors, respectively, across the country since 2013 and have become the dominant wheelchair service providers, while consumer complaints of wait times and litigation surrounding service quality and injuries have only increased (pages 14-15). Having only these two CRT providers, with a total of only three locations and 16 current inhome technicians to serve roughly 5,000 wheelchair users across Connecticut's 5,543 square miles, is a result of a chosen strategy of market consolidation. Regulating the timeliness and thus the quality of service that CRT providers must provide will not push Numotion and NSM out of any state market that they dominate, such as CT."

- DSS should notify all of its Medicaid members (and dual Medicare/Medicaid members) known to use wheelchairs about the new wheelchair repair law and the option of filing a complaint with OHA.
 We strongly support this recommendation and are grateful that DSS has said they are open to this, at least in its newsletters.
- Industry needs to adjust its scheduling procedures, including use of "routing software", so as to reasonably accommodate user's needs and ensure more timely community visits.

We strongly support that this be added to legislation. A request for a reasonable scheduling accommodation should never be interpreted by the industry as "the consumer not making the wheelchair available for repair", which is one exemption for missing the 10-day repair deadline.

- Industry should produce <u>monthly</u> compliance data to the Advisory Council. We strongly support this as a current practice within the Council and believe this should be added to legislation to ensure this ongoing cooperation and good data, regardless of who sits on this council or enters the CRT industry in months and years to come. This is something the industry has voluntarily been doing since the inception of the Council, and it has been invaluable in helping the council assess how things are changing, growing, coming into compliance, and where there is a need for further growth.
- Industry should be required to produce compliance data concerning non-Medicaid consumers not just Medicaid consumers.

We strongly support this as a current practice within the Council and believe this should be added to legislation to ensure this ongoing cooperation and good data, regardless of who sits on this council or enters the CRT industry in months and years to come. This is something the industry has voluntarily been doing since the inception of the Council, and it has been invaluable in helping the council assess how things are changing, growing, coming into compliance, and where there is a need for further growth.

• The industry should be required to produce monthly data regarding staffing numbers based on a uniform definition of tech staff.

We strongly support that this be added to legislation. The industry has repeatedly stated that their primary issue with meeting compliance requirements is staffing. When pressed on their numbers, answers have been vague and varying from company to company. A requirement for monthly data using a uniform definition would help the council assess the needs of the industry and aid in understanding where difficulties coming into compliance lie.

• Industry should be required to report any new postings for tech positions and starting and average compensation and benefits for all tech staff for review by the Advisory Council and possible additional recommendations, both for Connecticut and nationally.

We strongly support that this be added to legislation. The industry has repeatedly stated that their primary issue with meeting compliance requirements is staffing. When pressed on their compensation numbers, answers have been vague and conflicting. A requirement for monthly data using a uniform definition would help the council assess the needs of the industry and aid in understanding where difficulties coming into compliance lie.

• Industry should be required to work with OHA to regularly inform all wheelchair consumers about the new wheelchair repair law and the option of filing a complaint with OHA, including how to file a complaint, in an annual mailing, on its website, in all of its electronic newsletters and in all other electronic communication with consumers.

We strongly support that this be added to legislation. A notice of the existence of this law and the OHA process to allow the companies' customers to know and understand their rights is not a difficult or extraordinary request. We should be looking at this as all being on the same team and therefore coming together on this to support the consumers in understanding their rights, to support OHA and help consumers in reaching them, and to support the industry in coming into compliance. Requiring the industry to share this basic information with their customers will build trust between consumers and the industry, as well as support OHA in their work, and the council in its work.

• Enforcement should be added to the new law so there are economic consequences for persistent, systemic non-compliance with timeliness requirements, including defining systemic non-compliance with the timeliness requirements in PA-24-58 beyond a specific small percentage as an "unfair trade practice" under the CT Unfair Trade Practices Act.

We strongly support that this be added to legislation. This is an obvious addition to any law meant to protect the vulnerable from the powerful. Without a penalty mechanism for those who have been harmed by repeated violation of a law, it is little more than a suggestion. While we appreciate any increase in compliance shown by the industry over the past 6 months since PA 24-58 came into effect, the lack of uniform and full compliance demonstrates that additional pressure is necessary to achieve

and maintain timely wheelchair repairs, which is not a matter of consumer convenience but of rights, full stop.

• The timeliness requirements in PA-24-58 should be revised to provide for emergency repair services when a wheelchair is completely inoperable, including on weekends and holidays, via remote or other service.

We strongly support that this be added to legislation. As a medical service, this is an inarguably necessary addition to PA 24-58. While the industry often tries to meet this need, putting an expedited service requirement into law adds additional protections for the most vulnerable members of the wheelchair user community.

• A loaner wheelchair, whenever possible to be safely provided, should be required to be provided, upon the request of the wheelchair consumer, when a wheelchair is completely inoperable, and the repair is expected to not be completed within 5 calendar days (waiver of liability may be required).

We strongly support that this be added to legislation. Many wheelchair users do not have backup equipment to use in the case of a primary wheelchair becoming inoperable. In those cases, loaner wheelchairs may be the only alternative to becoming bedridden, which carries the significant risk of bedsores and related medical complications and hospitalization.

• The statute should be amended to require consumers to receive from the wheelchair dealer (as they do in Massachusetts) all timeline data related to their repair request necessary to determine if a violation of the law has occurred (a) electronically during and after the repair process, and (b) in paper at the time of completing the repair.

We strongly support that this be added to legislation. The burden of tracking down timeframes of the repair process should not be left to the consumer, especially when any delay in that process may impact their health and their ability to readily request the information necessary for filing a complaint.

• Keeping the exception to the 10-business day deadline in the law for waiting for parts where parts are waiting for delivery, all wheelchair dealers should be required to either have parts in stock, or, for all other parts, have

(a) a 1-day shipping option for parts once available from the manufacturer if located in the United States, or (b) expedited shipping once available from the manufacturer if located outside the United States.

We strongly support that this be added to legislation. Note that this recommendation still provides discretion by the wheelchair dealer as to when to utilize this form of delivery. Overnight or expedited delivery of necessary products for patients or consumers is standard throughout the medical field. There is no reason that wheelchair repairs should be exempt from providing timely service when

delays of days or weeks due to ground shipping can result in catastrophic and costly health outcomes, such as bedsores resulting in hospitalization or death.

• To ensure quality service calls, all services calls, chats and remote evaluations should be required to include a follow-up email to the consumer with the summary of the call, cc'ing the local dealer contact, with links for the consumer to request a response from a local escalation team.

We strongly support that this be added to legislation. A verification and summary email of chat or phone correspondence will make communication history more accessible and reduce miscommunications between the consumer, any caregivers, service reps, and local branch administrators involved in a repair need. This requirement is especially important for consumers who are non-verbal or rely on others to communicate on their behalf. In a business environment where customer service calls may connect consumers with representatives outside the state where they live and receive such an important service, it is essential to provide consumers with immediate access to local branch contacts if needed. Misunderstandings of a repair need, if not addressed early, can lead to additional weeks and months of delay, and put the health of consumers at risk.

Appendix D: Industry Response to Recommendations

1. Clarifying language in the legislation determining when the **10**-day clock for repairs begins.

Companies have reported this information based on the consumers' understanding of the 10day clock. Therefore, no additional clarification is needed.

2. Clarifying language in the legislation determining if the legislation includes scooters.

Since the task force started, the companies have included scooters in their reporting. No additional clarification is needed. However, this committee should understand and consider the following: Scooters are NOT considered complex rehab equipment due to the off-the-shelf nature of the product. Scooters are not prescribed to meet the specific medical needs of the individual patient. Scooters are a product included in national DME competitive bidding as a general durable medical piece of equipment- while complex rehab equipment was exempted by CMS and federal legislators. The language should have been more specific if the law had intended to include scooters. Suppose the legislative language includes scooters; then the legislature must stop this process and include all DME providers who provide scooters, retail mobility companies, and internet scooters to all consumers in the state. This language must not specifically require only two companies (one that no longer provides scooters) and exclude all the other providers; this would be discriminatory and punitive.

3. Clarifying language in the legislation determining if the year-end reporting required of the industry to the Advisory Council is on Medicaid recipients only.

Since the task force started, the companies have included all insurance companies in their reporting. No additional clarification is needed.

4. Eliminate prior authorization and prescriptions for CRT repairs for all insurance plans.

We are in full agreement. Eliminating prior authorization and prescriptions for CRT repairs for all insurance plans would speed up the repair process, as demonstrated in our reporting data for CT Medicaid consumers. Yet state does not have authority over private commercial insurance policies.

5. Payers should cover repair technician travel to and from consumer homes to provide in-home assessment and repair.

We are in full agreement. We have shared that at least (82%- national average) of repairs occur at the consumer's home or nursing facility. We agree that many consumers cannot travel to supplier locations, and we must ensure that suppliers can care for them in their homes. If the state and insurance companies cannot fund our services, they should fully fund transportation to our facilities for service and repairs.

6. Payers should cover annual preventive maintenance of all CRT wheelchairs.

We are in full agreement- We agree that insurance and all payers should cover annual preventative maintenance. The current insurance and payer requirements only allow us to fix a product once it is malfunctioning or broken. This requirement adds additional pressure to the consumers and stretches our service capabilities. If the legislature would require all insurance payers to cover and fund preventative maintenance, we would be allowed to identify potential problems before they become an emergency. Along with eliminating prior authorization and prescriptions, providers could identify the problem during preventative maintenance (wellness check), and, in many cases, we would have the parts available to fix the problem right away and avoid any hard-down situations for the consumer. Preventative maintenance coverage has passed in the States of Tennessee and Wisconsin and is also covered by Massachusetts Medicaid.

7. 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.

We are in full agreement- We agree that insurance and all payers should cover annual preventative maintenance. The current insurance and payer requirements only allow us to fix a product once it is malfunctioning or broken. This requirement adds additional pressure to the consumers and stretches our service capabilities. If the legislature would require all insurance payers to cover and fund preventative maintenance, we would be allowed to identify potential problems before they become an emergency. Along with eliminating prior authorization and prescriptions, providers could identify the problem during preventative maintenance (wellness check), and, in many cases, we would have the parts available to fix the problem right away and avoid any hard-down situations for the consumer. Preventative maintenance coverage has passed in the States of Tennessee and Wisconsin and is also covered by Massachusetts Medicaid.

8. Annual preventive maintenance of consumer-owned backup equipment should be a covered benefit.

We are in full agreement- The expected useful life of a CRT wheelchair is 5 years. Many consumers keep their older equipment as backup chairs when they receive new equipment. The backup chair was built specifically to meet the medical needs of that consumer. Keeping the backup chair in good working condition would ensure consumers have a viable alternative if their current wheelchair is in a hard-down situation. The state and all insurance companies should be required to cover and fund repair and preventative maintenance for backup wheelchairs. This is currently covered under MA Medicaid program.

9. Expand the number of CRT repair facilities in the state that can provide service and repairs for consumers whose equipment is out of warranty.

We fully agree- The consumers and the industry agreed with this initial task force's recommendation. We encourage other CRT repair facilities to open to provide additional options for consumers to repair their CRT wheelchairs. However, the challenge has been that

the current model, policies, and procedures for expanding into a state like Connecticut are viewed as non-business friendly. This further disincentivizes prospective companies from entering this marketplace.

10. Require insurance payment for overnight or expedited delivery of urgently needed parts.

We are in full agreement- The state and Insurance companies should be required to overnight or expedite delivery of urgently needed parts. This was a recommendation that both industry and consumers agreed upon during the initial task force. The insurance companies presently have policies that prohibit payment for shipping. There will need to be policy changes that must happen with the insurance companies.

11. Industry needs to hire more techs and call center staff so it can comply with the timeliness requirements.

The industry had been hiring more technicians and call center staff before the original task force finalized its recommendations. We have significantly reduced the number of days from the consumer's initial contact to the time the consumer's wheelchairs are being repaired. Because we have consistently reported time reductions during each of our meetings, hiring more technicians and call center staff is unnecessary.

12. DSS should notify all of its Medicaid members (and dual Medicare/Medicaid members) known to use wheelchairs about the new wheelchair repair law and the option of filing a complaint with OHA.

The industry agrees with this recommendation.

13. Industry needs to adjust its scheduling procedures, including use of "routing software", so as to reasonably accommodate users' needs and ensure more timely community visits.

We disagree with this recommendation - The two companies have invested significant capital into routing software. The routing software is designed to allow us to maximize the number of repair stops in the day by analyzing the locations and providing the most efficient route. We currently work with consumers to accommodate them and ensure they are available when we schedule the repair appointment. We contact consumers via text, email, or voice calls to confirm appointments the previous day. We understand that issues that come up during the day affect the consumer's availability, and when this occurs, we work to reschedule the appointment as soon as possible.

14. Industry should produce monthly compliance data to Advisory Council.

We propose that after January 1, 2025, the compliance data be reported quarterly to the council to provide a better picture of the trends in the data.

15. Industry should be required to produce compliance data concerning non-Medicaid consumers not just Medicaid consumers.

The industry is already providing compliance data for non-Medicaid consumers. Therefore, no

need to legislate.

16. Industry should be required to produce monthly data regarding staffing numbers based on a uniform definition of tech staff.

We do not agree- The industry has consistently provided data showing that we have been reducing the number of days from the consumer's initial contact to when the consumer's wheelchair is being repaired. Since we have shown a considerable decrease in time, providing monthly staffing data is unnecessary.

17. Industry should be required to report any new postings for tech positions and starting and average compensation and benefits for all tech staff for review by the Advisory Council and possible additional recommendations, both for Connecticut and nationally.

We do not agree with this recommendation. The industry pays above the national average for Connecticut technicians' salaries and provides a full range of benefits to ensure we remain competitive and keep good staff members. Over the past three years, the two companies have increased salaries and benefits and provided sign-on and retention bonuses. We develop compensation packages based on geographic requirements. The Advisory Council has no experience running a healthcare business, and its recommendations would not reflect the reality of the present labor market in Connecticut or nationally.

18. Industry should be required to work with OHA to regularly inform all wheelchair consumers about the new wheelchair repair law and the option of filing a complaint with OHA, including how to file a complaint, in an annual mailing, on its website, in all of its electronic newsletters and in all other electronic communication with consumers.

We do not agree with this recommendation. OHA should be the agency required to contact Connecticut consumers. Additionally, consumer groups have already set up websites and social media accounts and are communicating with consumers about the new law. The industry should remain focused on reducing the time spent repairing CRT equipment.

19. Enforcement should be added to the new law so there are economic consequences for persistent, systemic non-compliance with timeliness requirements, including defining systemic non-compliance with the timeliness requirements in PA-24-58 beyond a specific small percentage as an "unfair trade practice" under the CT Unfair Trade Practices Act.

We strongly disagree with this recommendation — The full law will not go into full effect until January 1, 2025. We need time for the entire law to take effect and provide data to the legislature before any discussion about enforcement should be considered. The companies have hired more technicians and call center staff, invested in additional inventory and routing software. Any monetary penalties could be harmful to the industry, and further disincentivize other entities from wanting to do business in Connecticut.

20. The timeliness requirements in PA-24-58 should be revised to provide for emergency repair services when a wheelchair is completely inoperable, including on weekends and holidays, via remote or other service.

The industry does not agree with this recommendation - The industry provides service during normal business hours, including Saturdays. Neither of the two companies currently doing business in Connecticut have the infrastructure, nor are they compensated to provide a 24-hour on-call emergency service. We have met the law's requirement to contact the consumer during the stated period. The industry makes every attempt to prioritize any consumer dealing with a hard down situation and we will continue to do so.

21. A loaner wheelchair, whenever possible to be safely provided, should be required to be provided, upon the request of the wheelchair consumer, when a wheelchair is completely inoperable, and the repair is expected to not be completed within 5 calendar days (waiver of liability may be required).

We do not agree with this recommendation - CRT wheelchairs are prescribed by a physician and individually configured to meet the consumer's medical needs. Insurance companies and Medicaid do not pay for two chairs. We encourage the state to consider following the state of Missouri and New York, which pays for manual CRT wheelchairs as backups or covers and pays for preventative maintenance and repairs for consumer-owned backup wheelchairs, which Massachusetts Medicaid presently covers. These recommendations ensure that the consumer utilizes the properly fitting temporary replacement chair.

22. The statute should be amended to require consumers to receive from the wheelchair dealer (as they do in Massachusetts) all timeline data related to their repair request necessary to determine if a violation of the law has occurred (a) electronically during and after the repair process, and (b) in paper at the time of completing the repair.

Massachusetts set up a program to offer incentive payments to CRT suppliers. If the company repairs the CRT wheelchair within 12 days, the supplier will receive an additional \$1,000 fee. The requirements include 80% of that payment, which must be reinvested in repair and service-related items (inventory, staffing, equipment, etc..) and timeline data related to the repair request, not to determine a violation of any law. No enforcement law exists in Massachusetts. This is not relevant to Connecticut at this time.

23. Keeping the exception to the 10-business day deadline in the law for waiting for parts where parts are waiting for delivery, all wheelchair dealers should be required to either have parts in stock, or, for all other parts, have (a) a 1-day shipping option for parts once available from the manufacturer if located in the United States, or (b) expedited shipping once available from the manufacturer if located outside the United States.

There are over 75,000 SKUs of wheelchair parts from US-based manufacturers of CRT wheelchairs. The CRT equipment is prescribed to meet the individual needs of that consumer, which in many cases requires a product to be customized or modified to meet their need.

Each wheelchair repair may also include multiple manufacturers. It is unreasonable to ask any business to stock 75,000 SKUs to cover an issue that may come up. Both companies have invested significant capital in expanding their inventory of the most common parts repaired or needed for maintenance of CRT equipment. Both companies are incentivized to keep an extensive parts inventory to perform the repair the first time and not incur additional costs with multiple trips. We do support the state and the Insurance companies to be required to overnight or expedite delivery of urgently needed parts. This was a recommendation that both industry and consumers agreed upon during the initial task.

24. To ensure quality service calls, all services calls, chats and remote evaluations should be required to include a follow-up email to the consumer with the summary of the call, cc'ing the local dealer contact, with links for the consumer to request a response from a local escalation team.

The companies have made significant investments in online order tracking. This service allows a consumer to track their repair or order from the initial call through every step in the repair process. The companies are also required by their accrediting organizations to survey consumers about the quality and satisfaction of new equipment and repair requests.



Appendix E: ADS Response to CRT & Wheelchair Repair Advisory Council Recommendations

Although the Department of Aging and Disability Services (ADS) supports the overall goal of improving wheelchair repair timeframes, it should be noted that state agency appointees generally focus comments and feedback to factual and programmatic infor mation. Our role is to assist the task force in understanding the impact of a recommended policy on our agency, flagging potential operational issues and fiscal impact. Until the Governor's budget is presented in February, and we can determine policy priorities and funding levels, we are unable to support policies that may have a fiscal impact. ADS appreciates inclusion in the task force, and we look forward to continued collaboration in the upcoming legislative session.

Proposed Recommendations

1. Clarifying language in the legislation determining when the 10-day clock for repairs begins.

ADS supports clarifying the legislative intent of PA 24-58.

2. Clarifying language in the legislation determining if the legislation includes scooters.

ADS supports clarifying the legislative intent of PA 24-58.

3. Clarifying language in the legislation determining if the year-end reporting required of the industry to the Advisory Council is on Medicaid recipients only.

ADS supports clarifying the legislative intent of PA 24-58.

4. Eliminate prior authorization and prescriptions for CRT repairs for all insurance plans.

ADS cannot support eliminating prior authorization or prescription requirements for repairs of CRT equipment at this time. We defer to DSS, our sister agency administering the Medicaid program, on whether any changes to this process would be appropriate. ADS would support last year's suggestion¹ by the DSS to allow the original custom wheelchair prescription to include all needed repairs for the lifetime of the wheelchair (which typically averages 5 years).

5. Payers should cover repair technician travel to and from consumer homes to provide inhome assessment and repair.

ADS believes this is already addressed by existing regulations. Per

Regulations of Connecticut State agencies § <u>17b-262-680(c)</u>:

"The price for any item listed in the fee schedule published by the department shall include: (1) fees for initial fittings and adjustments and related transportation costs;

(2) labor charges; (3) delivery costs, fully prepaid by the provider, including any and all manufacturer's delivery charges with no additional charges to be made for packing or shipping; (4) travel to the client's home, postage and handling, and set up or installation charges; (5) technical assistance to the client to teach the client, or his or her family, the proper use and care of the equipment; and (6) information furnished by the provider to the client over the telephone.

It is also worth noting that the federal Employee Retirement Income Security Act (ERISA) preempts many state laws relating to employer-sponsored health insurance coverage. In addition, changes to Medicare reimbursement are outside of the authority of the General Assembly. Although Medicaid is a jointly funded federal and state program, expanded Medicaid reimbursement would have a state fiscal impact.

¹ <u>SA 23-22 Wheelchair Repair Task Force Final Report.pdf</u> see page 21

6. Payers should cover annual preventive maintenance of all CRT wheelchairs.

We defer to DSS, our sister agency administering the Medicaid program, on any anticipated impact this coverage change may have on the program.

It is also worth noting that the federal Employee Retirement Income Security Act (ERISA) preempts many state laws relating to employer-sponsored health insurance coverage. In addition, changes to Medicare reimbursement is outside of the jurisdiction of the General Assembly. Although Medicaid is a jointly funded federal and state program, expanded Medicaid reimbursement would have a state fiscal impact. Until the Governor's budget is presented in February, and we can determine policy priorities and funding levels, we are unable to support this expansion.

7. 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.

We defer to DSS, our sister agency administering the Medicaid program, on any anticipated impact this coverage change may have on the program.

It is also worth noting that the federal Employee Retirement Income Security Act (ERISA) preempts many state laws relating to employer-sponsored health insurance coverage. In addition, changes to Medicare reimbursement are outside of the jurisdiction of the General Assembly. Although Medicaid is a jointly funded federal and state program, expanded Medicaid reimbursement would have a state fiscal impact. Until the Governor's budget is presented in February, and we can determine policy priorities and funding levels, we are unable to support this expansion.

8. Annual preventive maintenance of consumer-owned backup equipment should be a covered benefit.

Preventative maintenance of a consumer's backup chair could, in certain circumstances, offer a viable, and likely safer alternative when their primary chair is
inoperable, and they are awaiting its repair. In some cases, however, repairing a backup chair may not be a viable option, such as when a chair's extensive repairs are deemed too costly, and a new chair was already issued. We defer to DSS, our sister agency administering the Medicaid program, on any anticipated impact this coverage change may have on the program.

It is also worth noting that the federal Employee Retirement Income Security Act (ERISA) preempts many state laws relating to employer-sponsored health insurance coverage. In addition, changes to Medicare reimbursement is outside of the jurisdiction of the General Assembly. Although Medicaid is a jointly funded federal and state program, expanded Medicaid reimbursement would have a state fiscal impact. Until the Governor's budget is presented in February, and we can determine policy priorities and funding levels, we are unable to support this expansion.

9. Expand the number of CRT repair facilities in the state that can provide service and repairs for consumers whose equipment is out of warranty.

ADS is neutral on this recommendation.

10. Require insurance payment for overnight or expedited delivery of urgently needed parts.

ADS cannot support this recommendation as it would pass on a logistical business operation choice to the state. We defer to DSS, our sister agency administering the Medicaid program, on whether any expedited shipping costs would be appropriate under certain emergency situations.

The federal Employee Retirement Income Security Act (ERISA) preempts many state laws relating to employer-sponsored health insurance coverage. Changes to Medicare reimbursement is outside of the jurisdiction of the General Assembly. Although Medicaid is a jointly funded federal and state program, expanded Medicaid reimbursement would have a state fiscal impact. Until the Governor's budget is presented in February, and we can determine policy priorities and funding levels, we are unable to support this expansion. 11. Industry needs to hire more techs and call center staff so it can comply with the timeliness requirements.

ADS supports the industry maintaining sufficient staffing to comply with existing statutory timeliness requirements.

12. DSS should notify all of its Medicaid members (and dual Medicare/Medicaid members) known to use wheelchairs about the new wheelchair repair law and the option of filing a complaint with OHA.

ADS supports informing Medicaid members using wheelchairs about the new repair law and their right to file a complaint. We defer to DSS, our sister agency administering the Medicaid program, on the most cost-effective method(s) of notification.

13. Industry needs to adjust its scheduling procedures, including use of "routing software", so as to reasonably accommodate user's needs and ensure more timely community visits.

ADS is neutral on this recommendation.

14. Industry should produce monthly compliance data to Advisory Council.

ADS supports the industry's compliance with existing statutory reporting requirements.

15. Industry should be required to produce compliance data concerning non- Medicaid consumers not just Medicaid consumers.

ADS supports the industry's compliance with existing statutory reporting requirements, as well as any enacted changes to them.

16. Industry should be required to produce monthly data regarding staffing numbers based on a uniform definition of tech staff.

ADS supports the industry's compliance with existing statutory reporting requirements, as well as any enacted changes to them.

17. Industry should be required to report any new postings for tech positions and starting and average compensation and benefits for all tech staff for review by the Advisory Council and possible additional recommendations, both for Connecticut and nationally.

ADS is neutral on this recommendation.

18. Industry should be required to work with OHA to regularly inform all wheelchair consumers about the new wheelchair repair law and the option of filing a complaint with OHA, including how to file a complaint, in an annual mailing, on its website, in all of its electronic newsletters and in all other electronic communication with consumers.

ADS supports raising consumer awareness of recent changes affecting wheelchair repairs and the associated complaint process. We defer to the Office of the Health Advocate on any anticipated impact this requirement may have on their agency.

19. Enforcement should be added to the new law so there are economic consequences for persistent, systemic non-compliance with timeliness requirements, including defining systemic non-compliance with the timeliness requirements in PA-24-58 beyond a specific small percentage as an "unfair trade practice" under the CT Unfair Trade Practices Act.

This would result in a staffing and budgetary impact to the state agency designated to regulate the industry's compliance with these standards. Until the Governor's budget is presented in February, and we can determine policy priorities and funding levels, ADS is unable to support this recommendation.

20. The timeliness requirements in PA-24-58 should be revised to provide for emergency repair services when a wheelchair is completely inoperable, including on weekends and holidays, via remote or other service.

ADS supports clarifying that nothing within <u>PA 24-58</u> would preclude repairing an inoperable wheelchair faster than the established maximum timeframes, especially when an emergency exists. We urge the industry to prioritize such critical cases, if they are not already doing so, with or without the enactment of legislation.

21. A loaner wheelchair, whenever possible to be safely provided, should be required to be provided, upon the request of the wheelchair consumer, when a wheelchair is completely inoperable, and the repair is expected to not be completed within 5 calendar days (waiver of liability may be required).

ADS has concerns about providing a non-customized loaner wheelchair for an individual whose customized wheelchair is inoperable as injuries could result.

22. The statute should be amended to require consumers to receive from the wheelchair dealer (as they do in Massachusetts) all timeline data related to their repair request necessary to determine if a violation of the law has occurred (a) electronically during and after the repair process, and (b) in paper at the time of completing the repair.

ADS is neutral on this recommendation.

23. Keeping the exception to the 10-business day deadline in the law for waiting for parts where parts are waiting for delivery, all wheelchair dealers should be required to either have parts in stock, or, for all other parts, have (a) a 1- day shipping option for parts once available from the manufacturer if located in the United States, or (b) expedited shipping once available from the manufacturer if located outside the United States.

ADS supports wheelchair dealers maintaining a basic inventory of parts. ADS cannot support expedited shipping if the cost is passed on to the state, as this is a logistical business operation decision.

24 To ensure quality service calls, all services calls, chats and remote evaluations should be required to include a follow-up email to the consumer with the summary of the call, cc'ing the local dealer contact, with links for the consumer to request a response from a local escalation team.

ADS is neutral on this recommendation.

Appendix F: Office of the Healthcare Advocate Response to Recommendations

1. Clarifying language in the legislation determining when the 10-day clock for repairs begins.

In OHA's view there is no ambiguity to clarify. The statute is clear as to the 10-day timeline beginning on the initial request, pausing for PA, parts to be delivered, and for times that the consumer has not made the wheelchair available for repair. Industry has adopted this reading of the statute into their reporting. OHA sees no reason to open up the definition of timely repair currently in statute to the vagaries of legislation.

2. Clarifying language in the legislation determining if the legislation includes scooters.

In OHA's view there is no ambiguity to clarify. The definition of "wheelchair" in the statute as currently written encompasses all wheeled devices which enhance the mobility of a disabled person; industry has adopted this reading into their reporting. OHA sees no reason to open up the definition of wheelchair in the statute to the vagaries of the legislative process.

3. Clarifying language in the legislation determining if the year-end reporting required of the industry to the Advisory Council is on Medicaid recipients only.

In OHA's view there is no ambiguity to clarify. The statute as written calls for reporting on the wheelchairs of Medicaid enrollees. The Wheelchair Repair Advisory Council is tasked with a broader mission which regards all wheelchair repairs in Connecticut, and the industry has been reporting monthly regarding both Medicaid and non-Medicaid consumers, for which OHA is grateful. OHA supports proposals, discussed below, to mandate monthly reporting of all repair cases and those proposals make this proposal unnecessary.

4. Eliminate prior authorization and prescriptions for CRT repairs for all insurance plans.

OHA supports this proposal for all payment systems, noting that the legislature has already passed legislation to remove this requirement from commercial insurance and Medicaid. Considering that many health benefits plans are exempt from regulation by the State of Connecticut, OHA recommends that this proposal be referred to Connecticut's Federal delegation for action at the Federal level.

5. Payers should cover repair technician travel to and from consumer homes to provide in-home assessment and repair.

OHA supports this proposal for all payment systems, including commercial insurance, Medicaid, and plans which are exempt from regulation by the state, with the caveat that this may be difficult to operationalize where, for instance, a technician travels to more than one consumer's home and the consumers are covered under different payors. Travel routing should be optimized in order to prevent waste and to distribute the travel costs equitably across all payors. Considering that many health benefit plans are exempt from regulation by the State of Connecticut, OHA recommends that this proposal be referred to Connecticut's Federal delegation for action at the Federal level.

6. Payers should cover annual preventive maintenance of all CRT wheelchairs.

OHA supports this proposal for all payment systems, including commercial insurance, Medicaid, and plans which are exempt from regulation by the state. Preventive maintenance can be scheduled and can allow consumers and repair technicians to anticipate future repairs; in some cases, parts may be able to be allocated ahead of a repair due to information gathered during an annual maintenance visit. Because many health benefit plans are not subject to regulation by the State of Connecticut, OHA recommends that this recommendation be referred to Connecticut's Federal delegation for action at the Federal level.

7. 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.

OHA supports this proposal for all payment systems, including commercial insurance, Medicaid, and plans which are exempt from regulation by the state. Because many health benefit plans are not subject to regulation by the State of Connecticut, OHA recommends that this recommendation be referred to Connecticut's Federal delegation for action at the Federal level.

8. Annual preventive maintenance of consumer-owned backup equipment should be a covered benefit.

OHA supports this proposal for all payment systems, including commercial insurance, Medicaid, and plans which are exempt from regulation by the state; where a consumer has retained an older wheelchair as a backup, keeping that backup operational is useful to protect the health and integration of the consumer while their primary chair is under repair. Because many health benefit plans are not subject to regulation by the State of Connecticut, OHA recommends that this recommendation be referred to Connecticut's Federal delegation for action at the Federal level.

9. Expand the number of CRT repair facilities in the state that can provide service and repairs for consumers whose equipment is out of warranty.

OHA supports this proposal for the purpose of developing it further to determine what interventions may be necessary to identify potential new CRT repair facilities, solicit those facilities for participation, train and certify those facilities and establish them as CRT repair organizations. It is also necessary to identify whose responsibility it should be to effect those interventions (for example: the state; local or regional economic development entities; the current wheelchair industry).

10. Require insurance payment for overnight or expedited delivery of urgently needed parts.

OHA supports this recommendation with suggested modifications: industry should identify commonly used parts by, for instance, generating the smallest list of parts that are needed in at least 80% of repairs. Industry should keep commonly used parts in inventory in adequate supply to effect repairs

without delay. Expedited shipping should not be covered where the wholesaler or other source of parts is related by ownership. For uncommon parts from unrelated sources, expedited shipping should be covered by all payors. Because many health benefit plans are not subject to regulation by the State of Connecticut, OHA recommends that this recommendation be referred to Connecticut's Federal delegation for action at the Federal level.

11. Industry needs to hire more techs and call center staff so it can comply with the timeliness requirements

OHA is supportive of this non-legislative recommendation for the purpose of developing further information about the impact of staffing levels on timely wheelchair repair.

12. DSS should notify all of its Medicaid members (and dual Medicare/Medicaid members) known to use wheelchairs about the new wheelchair repair law and the option of filing a complaint with OHA.

OHA is supportive of this proposal, while noting that DSS has already agreed to transmit information regarding PA 24-58 and the ability to contact OHA with a complaint, in a communication to all Medicaid providers.

13. Industry needs to adjust its scheduling procedures, including use of "routing software" so as to reasonably accommodate user's needs and ensure more timely community visits.

Industry needs to adjust its scheduling procedures, including use of "routing software", so as to reasonably accommodate user's needs and ensure more timely community visits.

14. Industry should produce monthly compliance data to Advisory Council.

OHA supports this proposal to enshrine in law what the industry is already doing, which is to provide monthly reports to the Council on all wheelchair repairs for all payors, in support of the Council's obligation to gather data and make recommendations regarding all wheelchair repairs. OHA recommends the use of a standard reporting format that is consistent with the information currently requested in statute, as proposed by advocates from the disability community to the Council.

15. Industry should be required to produce compliance data concerning non-Medicaid consumers not just Medicaid consumers.

OHA supports this proposal to enshrine in law what the industry is already doing, which is to provide monthly reports to the Council on all wheelchair repairs for all payors, in support of the Council's obligation to gather data and make recommendations regarding all wheelchair repairs. OHA recommends the use of a standard reporting format that is consistent with the information currently requested in statute, as proposed by advocates from the disability community to the Council.

16. Industry should be required to produce monthly data regarding staffing numbers based on a uniform definition of tech staff.

OHA supports this proposal.

17. Industry should be required to report any new postings for tech positions and starting and average compensation and benefits for all tech staff for review by the Advisory Council and possible additional recommendations, both for Connecticut and nationally.

OHA supports this proposal in order to develop information about industry staffing practices, wages, retention and turnover. It seems likely that staffing may be a factor in meeting the timely wheelchair requirements, and information about recruitment and compensation seems relevant to addressing staffing issues.

18. Industry should be required to work with OHA to regularly inform all wheelchair consumers about the new wheelchair repair law and the option of filing a complaint with OHA, including how to file a complaint, in an annual mailing, on its website, in all of its electronic newsletters and in all other electronic communication with consumers.

OHA supports this proposal and is willing to work with industry actors to create messaging and informational resources for consumers.

19. Enforcement should be added to the new law so there are economic consequences for persistent, systemic non-compliance with timeliness requirements, including defining systemic non-compliance with the timeliness requirements in PA-24-58 beyond a specific small percentage as an "unfair trade practice" under the CT Unfair Trade Practices Act.

OHA supports this proposal, with the caveat that economic consequences should be carefully crafted to avoid unintended consequences.

20. The timeliness requirements in PA-24-58 should be revised to provide for emergency repair services when a wheelchair is completely inoperable, including on weekends and holidays, via remote or other service.

OHA supports this proposal.

21. A loaner wheelchair, whenever possible to be safely provided, should be required to be provided, upon the request of the wheelchair consumer, when a wheelchair is completely inoperable, and the repair is expected to not be completed within 5 calendar days (waiver of liability may be required).

OHA supports this proposal, and suspects that this proposal, in combination with annual preventive maintenance and maintenance of individual-owned backup chairs where possible, may go a long way to reduce the number of untimely wheelchair repairs which interrupt the lives and integration of disabled people.

22. The statute should be amended to require consumers to receive from the wheelchair dealer (as they do in Massachusetts) all timeline data related to their repair request necessary to determine if a violation of the law has occurred (a) electronically during and after the repair process, and (b) in paper at the time of completing the repair.

OHA supports this proposal as an important transparency measure to ensure that consumers are able to understand whether their repair is being conducted timely or not.

23. Keeping the exception to the 10-business day deadline in the law for waiting for parts where parts are waiting for delivery, all wheelchair dealers should be required to either have parts in stock, or, for all other parts, have (a) a 1-day shipping option for parts once available from the manufacturer if located in the United States, or (b) expedited shipping once available from the manufacturer if located outside the United States.

OHA supports this proposal and reiterates its comments, above, that industry should identify commonly used parts which it will be required to keep in stock and that expedited shipping of uncommon parts from sources that are not related by ownership should be covered by all payors.

24. To ensure quality service calls, all services calls, chats and remote evaluations should be required to include a follow-up email to the consumer with the summary of the call, cc-ing the local dealer contact, with links for the consumer to request a response from a local escalation team.

OHA supports this proposal as an important transparency measure to ensure that consumers are able to understand whether their repair is being conducted timely or not.

<u>Appendix F: Wheelchair Repair Council</u> <u>Department of Social Services Recommendations</u>

- 1. Clarifying language in the legislation determining when the 10-day clock for repairs begins. Response: DSS supports clarifying the legislative intent of <u>PA 24-58</u>.
- **2.** Clarifying language in the legislation determining if the legislation includes scooters. Response: DSS does not take a position in support or opposition of this particular recommendation.
- **3.** Clarifying language in the legislation determining if the year-end reporting required of the industry to the Advisory Council is on Medicaid recipients only. Response: DSS does not take a position in support or opposition of this particular recommendation.
- **4.** Eliminate prior authorization and prescriptions for CRT repairs for all insurance plans. Response: DSS does not take a position in support or opposition of this particular recommendation.
- 5. Payers should cover repair technician travel to and from consumer homes to provide inhome assessment and repair.

Response: DSS has researched reimbursement for travel time and in the Regulations of Connecticut State Agencies Section 17b-262-680(c) Payment Limitations states that "**The price for any item listed in the fee schedule published by** the department shall include: (1) fees for initial fittings and adjustments and <u>related transportation costs</u>; (2) labor charges; (3) delivery costs, fully prepaid by the provider, including any and all manufacturer's delivery

charges with no additional charges to be made for packing or shipping;

(4) travel to the client's home, postage and handling, and set up or installation charges;

(5) technical assistance to the client to teach the client, or his or her family, the proper use and care of the equipment; and

(6) information furnished by the provider to the client over the telephone" (emphasis added).

Any reimbursement rate updates would require a fiscal impact analysis and, based on the estimated increase to expenditures, consider the trade-offs within the context of other budget demands likely to be raised during budget negotiations and, depending on the outcome of such consideration, request additional funding through the budget process.

6. Payers should cover annual preventive maintenance of all CRT wheelchairs.

Response: Currently DSS does not provide annual preventive maintenance for CRT equipment. The Department anticipates this would result in significant expenditures to the Medicaid program. The Department would have to complete an analysis of the fiscal impact of covering annual preventive maintenance of all CRT wheelchairs and, based on the estimated increase to expenditures, consider the trade-offs within the context of other budget demands likely to be raised during budget negotiations and, depending on the outcome of such consideration, request additional funding through the budget process.

7. 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.

- High risk of member injury in the process of transport;
- NEMT vendors would not contractually agree to transport members with malfunctioning, compromised wheelchairs to repair facilities due to high risk of possible injuries to members and legal liability concerns.

Additionally, the Department would have to determine the fiscal impact and, based on the estimated increase to expenditures, consider the trade-offs within the context of other budget demands likely to be raised during budget negotiations and, depending on the outcome of such consideration, request additional funding through the budget process.

8. Annual preventive maintenance of consumer-owned backup equipment should be a covered benefit.

Response: Currently, DSS does not provide preventive maintenance or repairs for HUSKY members' backup wheelchairs.

First, the Department would have to determine the fiscal impact and, based on the estimated increase to expenditures, consider the trade-offs within the context of other budget demands likely to be raised during budget negotiations and, depending on the outcome of such consideration, request additional funding through the budget process.

Second, systems changes would need to be made in order for the Department to be able to distinguish between repairs of new wheelchairs and repairs to back-up wheelchairs. This would be a lengthy process as all the different procedure codes would need to be identified.

Third, each individual wheelchair would need to have their own assigned prescription on file (could not use the same prescription for two different wheelchairs).

Fourth, per Section 17b-262-677 of the Regulations of Connecticut State Agencies, "The Department shall not pay DME providers for ... (2) the purchase or repair of DME necessitated by inappropriate, willful, or malicious misuse on the part of the client as determined by the department." DME vendors would have to abide by this.

Fifth, per Section 17b-262-680 (b) of the Regulations of Connecticut State Agencies: "If the cost of repairs to any item exceeds its replacement cost, the item shall be replaced." DME vendors would need to understand that the Department will not be providing back-up equipment but rather, once the original custom wheelchair becomes five years old, then that original wheelchair would be considered back-up equipment.

9. Expand the number of CRT repair facilities in the state that can provide service and repairs for consumers whose equipment is out of warranty.

Response: DSS cannot take a position in support or opposition of this particular recommendation.

10. Require insurance payment for overnight or expedited delivery of urgently needed parts.

Response: DSS cannot support this particular recommendation. The Regulations of Connecticut State agencies Section 17b-262-680 9(c) Payment Limitations states that **"The price for any item listed in the fee schedule published by the Department shall include:** (1) fees for initial fittings and adjustments and **related transportation costs**; (2) labor charges; (3) delivery costs, fully prepaid by the provider, including any and all manufacturer's delivery charges with no additional charges to be made for packing or shipping; (4) travel to the client's home, postage and handling, and set up or installation charges; (5) technical assistance to the client to teach the client, or his or her family, the proper use and care of the equipment; and (6) information furnished by the provider to the client over the telephone.

The Department believes this would create a significant fiscal impact as this reimbursement would need to apply to other type of urgently needed DME. DSS would have to determine the fiscal impact and, based on the estimated increase to expenditures, consider the trade-offs within the context of other budget demands likely to be raised during budget negotiations and, depending on the outcome of such consideration, request additional funding through the budget process.

11. Industry needs to hire more techs and call center staff so it can comply with the timeliness requirements

Response: DSS cannot take a position in support or opposition of this particular recommendation.

12. DSS should notify all of its Medicaid members (and dual Medicare/Medicaid members) known to use wheelchairs about the new wheelchair repair law and the option of filing a complaint with OHA.

Response: DSS in collaboration with OHCA worked together on notification of the new wheelchair repair law to HUSKY Health Medicaid members through a HUSKY Newsletter. Notification will be sent out shortly.

13. Industry needs to adjust its scheduling procedures, including use of "routing software", so as to reasonably accommodate user's needs and ensure more timely community visits.

Response: DSS does not take a position in support or opposition of this particular recommendation.

- 14. Industry should produce monthly compliance data to Advisory Council. Response: DSS does not take a position in support or opposition of this particular recommendation.
- 15. Industry should be required to produce compliance data concerning non-Medicaid consumers not just Medicaid consumers.

Response: DSS does not take a position in support or opposition of this particular recommendation.

16. Industry should be required to produce monthly data regarding staffing numbers based on a uniform definition of tech staff.

Response: DSS does not take a position in support or opposition of this particular recommendation.

17. Industry should be required to report any new postings for tech positions and starting and average compensation and benefits for all tech staff for review by the Advisory Council and possible additional recommendations, both for Connecticut and nationally.

Response: DSS does not take a position in support or opposition of this particular recommendation.

18. Industry should be required to work with OHA to regularly inform all wheelchair consumers about the new wheelchair repair law and the option of filing a complaint with OHA, including how to file a complaint, in an annual mailing, on its website, in all of its electronic newsletters and in all other electronic communication with consumers.

Response: DSS does not take a position in support or opposition of this particular recommendation.

- 19. Enforcement should be added to the new law so there are economic consequences for persistent, systemic non-compliance with timeliness requirements, including defining systemic non-compliance with the timeliness requirements in PA-24-58 beyond a specific small percentage as an "unfair trade practice" under the CT Unfair Trade Practices Act. Response: DSS does not take a position in support or opposition of this particular recommendation. However, establishing enforcement and penalty measures for non-compliance would not be within DSS' authority.
- 20. The timeliness requirements in PA-24-58 should be revised to provide for emergency repair services when a wheelchair is completely inoperable, including on weekends and holidays, via remote or other service.

Response: DSS does not take a position in support or opposition of this particular recommendation.

21. A loaner wheelchair, whenever possible to be safely provided, should be required to be provided, upon the request of the wheelchair consumer, when a wheelchair is completely inoperable, and the repair is expected to not be completed within 5 calendar days (waiver of liability may be required).

Response: Currently, DSS does not have a procedure code on the fee schedule which would allow loaner equipment (all types of DME, not just custom rehab technology equipment) to be rented while the member's equipment is being repaired. The Department would have to determine the fiscal impact and, based on the estimated increase to expenditures, consider the trade-offs within the context of other budget demands likely to be raised during budget negotiations and, depending on the outcome of such consideration, request additional funding through the budget process.

22. The statute should be amended to require consumers to receive from the wheelchair dealer (as they do in Massachusetts) all timeline data related to their repair request necessary to determine if a violation of the law has occurred (a) electronically during and after the repair process, and (b) in paper at the time of completing the repair.

Response: DSS does not take a position in support or opposition of this particular recommendation.

23. Keeping the exception to the 10-business day deadline in the law for waiting for parts where parts are waiting for delivery, all wheelchair dealers should be required to either have parts in stock, or, for all other parts, have (a) a 1-day shipping option for parts once available from the manufacturer if located in the United States, or (b) expedited shipping once available from the manufacturer if located outside the United States.

Response: DSS supports wheelchair dealers maintaining a basic inventory of parts. DSS cannot support expedited shipping costs that would be passed on to the state, as the Department's current rates include shipping costs; therefore this would be a logistical business operation decision on the part of the wheelchair dealer.

24. To ensure quality service calls, all services calls, chats and remote evaluations should be required to include a follow-up email to the consumer with the summary of the call, cc'ing the local dealer contact, with links for the consumer to request a response from a local escalation team.

Response: DSS does not take a position in support or opposition of this particular recommendation.

Appendix H: CRT & Wheelchair Repair Advisory Council Report Operational Impact on the Department of Consumer Protection

December 18, 2024

The Department of Consumer Protection ("DCP") appreciates the opportunity to provide feedback to the CRT & Wheelchair Repair Advisory Council. The DCP supports and applauds the mission and diligence of the Taskforce. We look forward to working with the Advisory Council as recommendations are laid out to legislative committees. Generally, DCP defers to its sister agencies with public health, patient advocacy and insurance billing expertise on health provider and public health oversight in response to the health care and accessibility elements of the survey and defers to the committee for best practices regarding questions 1 through 18 and 20 through 24. Our input is focused on how proposed requirements may be operationalized in a streamlined manner for the wheelchair industry and how enforcement plays into that operational structure (See Question 19).

The survey questions indicate the Advisory Council contemplates multiple agencies being responsible for reporting, complaint intake, compliance monitoring, and enforcement duties. DCP believes that state agency monitoring and enforcement is most effective when there is a central repository to vet issues raised, assess the need for further investigation, and take any necessary enforcement action. This will likely result in a staffing and budgetary impact to any state agencies involved in these activities.

Related to enforcement, making non-compliance with any new wheelchair requirements a per se violation of the Connecticut Unfair Trade Practices Act, Section 42-110b et seq., ("CUTPA") cannot be implemented without recognizing how enforcement cases must be developed. CUTPA cases must be thoroughly vetted for legal sufficiency and often require extensive investigation by agency investigators with subject matter expertise. DCP currently regulates and enforces CUTPA but does not have the resources to process and mediate complaints, investigate non-compliance, and enforce violations.

Appendix I: CT Insurance Department Recommendations Response

Please note that the Insurance Department regulates only the fully insured commercial health insurance market. As such, the regulatory authority set in CGS Sec. 38a is applicable to approximately 450,000 people, or 24% of the commercial market in Connecticut. Further, up until the legislature sets these recommendations into law for fully insured plans, the Insurance Department, as the industry regulators, will have no additional comments.