

MEDICAL EQUIPMENT AND SUPPLIES

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook updates Department of Veterans Affairs (VA) procedures for providing medical equipment and supplies to veteran beneficiaries.
- 2. SUMMARY OF CHANGES.** This VHA Handbook updates current procedures.
- 3. RELATED ISSUES.** VHA Directive 1173, and VHA Handbooks 1173.1 through 1173.07 and 1173.09 through 1173.15.
- 4. RESPONSIBLE OFFICE.** The Chief Prosthetics and Clinical Logistics Officer (10FP) is responsible for the contents of this VHA Handbook. Questions may be referred to 202-254-0440.
- 5. RESCISSIONS.** VHA Handbook 1173.8, dated October 30, 2000, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of June 2012.

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DISTRIBUTION: CO: E-mailed 6/19/2007
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mail 6/19/2007

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MEDICAL EQUIPMENT AND SUPPLIES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes uniform and consistent national procedures for providing medical equipment and supplies to veteran beneficiaries.

2. DEFINITIONS

a. **Beneficiary Service Contract.** A beneficiary service contract is a competitively bid, locally-awarded contract for the purchase, delivery, set-up, recovery, and storage of major items of medical equipment used by veteran beneficiaries for the treatment of their specific disabilities.

b. **Medical Equipment.** Medical equipment includes all items of a therapeutic or rehabilitative nature, which are determined as medically necessary for home treatment of eligible veterans, e.g., hospital beds, over-bed tables, bathroom equipment, invalid lifts, hand cycles, stair glides, room air conditioners, standing tables, portable ramps, mobility (walking) aids, environmental control units (ECUs), etc.

c. **Medical Supplies.** Medical supplies are expendable items required on a recurring basis for the home treatment of specific disabilities, e.g., incontinence supplies, sheepskins, catheters, etc.

d. **Respiratory Equipment.** Respiratory equipment includes mechanical devices to support or aid patients in normal respiration, e.g., concentrators, ventilators, Continuous Positive Air Pressure (C-PAP), Bi-level Positive Airway Pressure (Bi-PAP), nebulizers, humidifiers, masks, cannulas, etc. *NOTE: For further information regarding home respiratory equipment, refer to VHA Handbook 1173.13.*

3. SCOPE

a. Medical equipment, supplies and accessories are procured for, and issued or loaned to, eligible veterans upon receipt of a medical prescription in accordance with the procedures for providing treatment contained in VHA Handbook 1173.01, VHA Handbook 1173.02, and the special instructions contained in this Handbook. Strict adherence to the procedures concerning loaned equipment is required.

b. Medical supplies are normally provided by the Pharmacy Service; however, local circumstances may necessitate the involvement of the Prosthetic Service in the purchase of some items. Prosthetics Representatives must remain flexible and provide those items necessary in the interest of patient care. When circumstances require Prosthetic Service to be the primary provider of the medical supplies, documentation must be present for multi-level review.

c. Prosthetic Services are responsible for providing home oxygen equipment, accessories, and contract management. **NOTE:** For further information regarding home oxygen, see VHA Handbook 1173.13 and the Clinical Practice Recommendation (CPR) dated June 10, 2005, found at: <http://vaww1.va.gov/prosthetics/>

d. The use of a competitively bid, locally-awarded beneficiary service contract may be considered for the delivery, set up, recovery, reissue, maintenance, and storage of medical equipment. This type contract needs to be considered if it will improve service and if the Department of Veterans Affairs (VA) facility does not have the available internal resources to provide timely delivery and set-up in a veteran's home. The use of this type of contract is optional and supplemental methods may be indicated depending on local conditions. Purchase of devices through locally-awarded beneficiary service contracts may also be considered for devices not available for procurement from Prosthetic Clinical Management (PCM) mandatory contracts.

4. ISSUING MEDICAL EQUIPMENT FOR HOME USE

a. **Beds.** Designated standard electric hospital beds are to facilitate the care of the patient by a caregiver and/or functional independence, as described in following subparagraphs 4a(1), 4a(2), and 4a(3) and per PCM Clinical Practice Recommendations (CPR) for Prescription of Electric Hospital Beds for Home Setting:

(1) Electric hospital beds, when not designated as standard issue, may be considered whenever they offer specific functions that would be advantageous to the patient's medical condition, or if the attendant is unable to operate a manual bed. For example, patients with spinal cord injuries may gain a height advantage which facilitates transfers through the use of the high and low feature of an electric bed. Other bed-ridden patients may use an electric bed to change positions and thus provide better weight distribution.

(2) Any request for other than a standard issue hospital bed must be prescribed and justification provided to support the need.

(3) Accessories used with a hospital bed, e.g., trapezes, over-bed tables, half-side rails, foot boards, etc., must be furnished as prescribed.

b. **Invalid Lifts.** These lifts are electrically or manually operated and are designed to lift a patient from bed to wheelchair or wheelchair to bed. Invalid lifts may be considered when prescribed for those patients who cannot transfer independently as described in following subparagraphs 4b(1), 4b(2), and 4b(3) and per CPR for Prescription of Patient Lifts at: <http://vaww1.va.gov/prosthetics/>. **NOTE:** Training of the person who is to operate the lift is essential prior to issuance of the lift.

(1) Accessories, e.g., special purpose slings, may be furnished when prescribed.

(2) Specialized lifts with an extended mast and smaller casters may be necessary for specialty beds.

- (3) A back-up lift may be issued when prescribed.

c. **Stair Glides**

(1) Electrically operated stair glides are designed to carry a patient from one level of the home to another to access essential lavatory and/or living facilities (i.e., bedroom, bathroom, and kitchen). In general, there are two types:

- (a) The platform type, which is designed to carry the patient while seated in a wheelchair.

(b) The chair type, which requires a patient to transfer into a specially designed chair which travels up and down the staircase.

(2) Stair glides may be furnished as part of medical and/or prosthetic services to eligible veterans provided that they are medically necessary for the veteran's care and treatment. In many cases the need is apparent; e.g., access to dialysis equipment located in the basement of the home. In other cases the need is not as clear; e.g., prescribed, rehabilitative exercise equipment located on another level, leather crafts or some other vocational pursuit prescribed for rehabilitation, etc.

- (3) The following action must be taken whenever a request for a stair glide is received:

(a) A home visit by an evaluation team consisting of the Prosthetic Representative and/or a Physical Medicine and Rehabilitation Service (PM&RS) therapist, or engineering personnel or other appropriately-trained individual to determine that alternative facilities or rooms suitable for the prescribed activity are not available on the accessible level of the home.

(b) An evaluation by PM&RS to assess the veteran's ability to safely transfer, if a chair type of stair glide is being requested.

d. **Porch Lifts.** Porch lifts which are electronically operated and designed to lift a wheelchair-bound patient from the ground level to the entrance level of the patient's home may be furnished when prescribed, provided they are the most effective and economical means of providing access to the home. *NOTE: Using portable and/or modular ramps or permanent ramps furnished under the Home Improvement and Structural Alterations (HISA) Program needs to be considered prior to providing a porch lift.*

e. **Ramps**

(1) Portable ramps are prefabricated ramps that are compact, lightweight, transportable, and constructed in various lengths that are used for temporary needs of short height elevations. They can be made of metal, fiberglass, etc., and are designed to allow access to a home. They may be prescribed for a wheelchair-bound veteran and must be installed in compliance with the American Disabilities Act Accessibility Guidelines. Portable ramps are to be a first consideration prior to the request of a permanent ramp under HISA benefits.

(2) Modular ramps are prefabricated ramp sections in various lengths, landings, fully-adjustable support legs and handrails that are installed semi-permanently and can be disassembled (by trained personnel) for relocation to a new site, if required.

(3) Permanent ramps constructed of wood, concrete, or a combination thereof, are in the nature of a home improvement and may be furnished only as a HISA benefit, subject to the applicable HISA benefit dollar limits. There is no other basis under Title 38 United States Code (U.S.C.) Chapter 17 for VA to provide permanent or custom-made ramps. **NOTE:** *For guidelines relating to the HISA Grant program, refer to VHA Handbook 1173.14.*

f. **Air Conditioner.** Room air conditioners, when prescribed, may be provided to an eligible veteran suffering from a spinal cord injury, neurological condition(s), and/or severe respiratory or coronary disease, which is substantially worsened by exposure to heat and humidity, and where the absence of a controlled environment subjects the veteran to health-threatening circumstances.

NOTE: *Prosthetic and Sensory Aids Service (PSAS) can provide a room air conditioner only for the primary living quarters. If central air conditioning is required, it can only be considered under the HISA benefit.*

g. **Environmental Control Unit (ECU)**

(1) The ECU consists of an array of components designed to provide a severely-disabled patient the opportunity for independent action in some of the activities of daily living. The unit may be furnished when prescribed for high-level spinal cord injury patients, patients suffering from advanced neurological diseases, or any other condition resulting in severe impairment of motor control.

(2) ECUs are normally voice-activated, switch-activated, or a combination of voice and switch activations. Voice-activated units are operated through verbal commands into a microphone. Switch-activated units are operated through a control panel, e.g., sip and puff device.

(3) The selection of the appropriate activation tool for the veteran is critical to its successful implementation. The veteran needs to have at a minimum, the following skills in order for the ECU to be used effectively:

(a) Ability to read, comprehend, and speak the appropriate language required to operate the ECU;

(b) An understanding of cause and effect;

(c) An understanding of timing issues involved with scanning (if used);

(d) Perceptual acuity;

(e) Controllable actions;

- (f) Repeatable actions;
- (g) Positional reliability;
- (h) Endurance;
- (i) Accuracy; and
- (j) An acceptance of assistive technology as a component of life.

(3) As the goals are being determined by the PM&RS team and the veteran, the following critical areas are to be considered:

- (a) Is the system going to be used in a single room or in several different environments?
- (b) Can the veteran use the switch for more than one task?
- (c) What intervention is necessary for the veteran to use the device?
- (d) With what level of complexity will the veteran feel comfortable?

(4) Before the team designs the unit to be used, the medical issues related to the veteran's needs must be explored. The range of medical issues addressed by an ECU can vary from a reduction of attendant care during the day, or telephone access for emergency assistance, to the security of monitoring the home, and controlling the entrance and lighting of the house. Several of these factors are generally present and when properly addressed, the solution contributes to an improvement in the veteran's quality of life.

(5) When the goals of the veteran have been determined and the most effective tool has been identified, the process of selecting a device to achieve these goals can begin. Understanding how the device influences the environment is important to creating a successful solution. Some of the common effectors used with ECUs are infra-red (a non-visible beam of light that requires an unobscured path for transmission), radio frequency transmission (which can penetrate some obstacles), power line transmission (X-10) or ultra-sonic (not as common as it once was). These transmission signals are used to cause an action in the object that is under control. The action from the ECU should not interfere with the normal operation of the device in question.

(6) Items within the home that can be controlled by an ECU are: lights (on and off, brighten, dim), appliances (on and off, brighten, dim), phone (answer, random dial, speed dial, hang-up, call waiting, etc.), infra-red remote control devices (TV, VCR, cable, stereo, DVD, CD player, satellite, etc.), bed control (foot, head, up and down mattress), accessories (door openers, page turners, nurse calls), etc., and possibly medical equipment.

(7) Prescriptions for environmental control units for home use must be developed well in advance of the patient's discharge. A home visit by a person knowledgeable about the equipment; e.g., Prosthetic Representative, Biomedical Engineer, PM&RS Therapist, etc., must

be made to ensure that conditions and attendants are compatible with the patient's needs and that the equipment can be accommodated.

(8) ECUs for use by long-term, severely-disabled inpatients must be provided as with any other hospital equipment. PSAS are not normally involved with furnishing these units unless discharge is planned for the near future and an ECU is necessary to train the patient. In these instances, the ECU provided would be the unit installed in the patient's home.

h. **Care Coordination and Telehealth Devices.** Care coordination technologies are home telehealth technologies that are suitable to use in managing the care of veterans in the home setting (refer to PCMP Clinical Practice Recommendations for the Ordering of Care Coordination and Telehealth Devices for Veteran Patients found at:

<http://vaww1.va.gov/prosthetics/> .

i. **Seat Lift Mechanisms.** Seat lift mechanisms need to be considered for patients who are unable to achieve the standing position when seated in a conventional height seat, when the patients have the ability to ambulate independently in a safe manner once in the standing position (refer to PCM Clinical Practice Recommendations for Prescription of Seat Lift Mechanisms found at: <http://vaww1.va.gov/prosthetics/>. **NOTE:** *Lift chairs may not be provided.*

j. **Mobility and/or Walking Aids.** Mobility and/or walking aids are devices used to support the body while walking: e.g., canes, crutches, walkers, etc.

(1) Standard canes, crutches, and standard aluminum walkers (folding or non-folding) must be furnished to eligible veterans based upon the determination of medical need (refer to PCM Clinical Practice Recommendations on the Issuance of Walkers found at: <http://vaww1.va.gov/prosthetics/> . PM&RS may maintain the stock of these devices in coordination with PSAS inventory control mechanisms and protocols if PM&RS provides training in accordance with the established facility policy and guidelines.

(2) Metal forearm crutches, or other specialized types of crutches, canes, and/or walkers must be furnished to eligible veterans when specific determination of need is made by the prescribing physician (refer to PCM Clinical Practice Recommendations on the Issuance of Walkers found at: <http://vaww1.va.gov/prosthetics/> . Specialty types of crutches, canes, and/or walkers are not normally furnished for temporary disabilities, such as fractures, and are limited to those cases when there is a continued need over an extended period of time.

(3) Accessories for crutches, canes, and/or walkers; i.e., handgrips, pads, tips, walker wheels, and brakes must be stocked and may be maintained by PM&RS in coordination with PSAS inventory control mechanisms and protocols to facilitate patient care. Issuance must be in accordance with policy and procedures concerning eligibility and VA issue. A mechanism must be established between the PM&RS and the PSAS to maintain accurate records, once a prosthetic appliance has been issued to a patient by PM&RS. These issuances must be recorded and PSAS inventory updated in order to be accounted for in the National Prosthetics Patient Database. PM&RS staff must submit a completed Computerized Patient Record System (CPRS)

consult, listing the item issued (including any pertinent serial numbers, etc.) and including a statement that the patient has already received the requested equipment.

k. **Rehabilitative and/or Recreational Equipment.** VA may provide recreational equipment, which falls under the broad definition of a prosthetic appliance (all aids, appliances, parts, and accessories which are required to replace, support, or substitute for a deformed, weakened, or missing part of the body). *NOTE: For guidance on recreational prostheses refer to VHA Handbook 1173.03.*

(1) Rehabilitative sporting equipment that facilitates access for therapeutic and rehabilitative reasons may be provided to eligible veterans, when prescribed with a valid medical justification. Prescription(s) must include:

(a) Description of the veteran's sports activity which requires specially designed sports equipment for attainment of maximum rehabilitation; or

(b) Proof of proper training on the prescribed equipment; and

(c) Approval by the Major Medical Equipment Committee, local Wheelchair Committee, or by a physician who specializes in rehabilitation medicine.

NOTE: All requests for equipment of this nature must be submitted to VHA Central Office on VA Form 10-2641, Authorization for Issuance of Special and/or Experimental Appliances, to include medical justification.

(2) Exercise equipment may be issued if it is medically indicated for home use, for example, a prescribed cardiac rehabilitation program, whereby the desired results cannot be achieved from walking, jogging, or any other type of recommended home exercise program.

l. **Other Items of Medical Equipment.** Other items of medical equipment, e.g., commodes, shower chairs, alternating pressure pads, wheelchair cushions, flotation cushions, standing tables, grab-bars, raised toilet seats, etc., may be furnished to a veteran eligible under VA regulations, when prescribed as being a necessary aspect of the veteran's VA care and treatment.

5. BENEFICIARY SERVICES CONTRACT

a. A local beneficiary services contract is indicated when:

(1) Delivery and pick-up services are not available within the facility resources.

(2) The hospital discharge may be delayed and/or the care and treatment of outpatients may be compromised because of the time incurred by normal procurement procedures.

b. Contract provisions may authorize the return of Government property in the possession of the contractor. The contractor must provide a monthly inventory of VA-owned property. Prosthetic Representatives must reconcile the inventory in the same manner as other prosthetic

stock items. Unannounced periodic inspections must be conducted, as indicated, to resolve any differences.

c. A single contract may be established for services to a single medical center or to several medical centers within the Veterans Integrated Service Network (VISN).

d. Local contracts are negotiated by the Contracting Section of Acquisition and Materiel Management Service or VISN-established acquisition centers based on the needs, specifications, and work statements identified by PSAS.

e. The inclusion of Prosthetic Service responsibilities in Joint Commission on Accreditation of Health Care Organizations (JCAHO) standards (e.g., Equipment Management) has made the use of a local contractor more important and more widely utilized for (at a minimum) delivery, equipment set-up, patient education and proper pick-up, cleaning, and storage of recovered equipment.

f. Prosthetic activities pay for the initial delivery, set-up, and installation of medical equipment (e.g., hospital beds, lifts, etc.) in the veteran's home. If the veteran relocates, the cost of the transfer of the equipment from one residence to another must be borne by the veteran.

6. PATIENT EDUCATION AND JCAHO STANDARDS

Whenever an eligible veteran is issued medical equipment, patient education must be provided and documented. JCAHO standards provide guidance for this documentation, which can be found at: www.jointcommission.org.

7. MEDICAL SUPPLIES

Pharmacy Service normally provides expendable medical supplies generally required on a recurring basis for home treatment of specific disabilities including, but not limited to: incontinence supplies; colostomy, ileostomy, and urostomy supplies; urinals; catheters; etc.

a. PSAS may furnish certain items, which are not provided by the Pharmacy Service; e.g., specific brands, odd sized items, etc., when prescribed.

b. PSAS does not stock or furnish items normally provided by the Pharmacy Service.

c. A limited stock of those medical supplies unavailable through the Pharmacy Service may be maintained by the Prosthetic Service for immediate issue to eligible veterans. The quantities and the amounts to be stocked depend on local circumstances.

8. REPLACEMENT AND SPARE EQUIPMENT

a. Medical equipment is not to be replaced until a determination is made, through a Prosthetic Service evaluation, that the current equipment is unsatisfactory for further use. Evaluation criteria to consider include fair wear and tear and the repair cost involved.

b. Generally, spare medical equipment, with the exception of respiratory equipment, is not provided, unless there are unusual circumstances which would adversely affect the veteran's medical condition.

9. REPAIRS

a. The procedures for repairs contained in VHA Handbook 1173.01 and VHA Handbook 1173.02 apply to required repairs for medical equipment.

b. Repairs to medical equipment may be obtained through internal VA facility resources provided they are the most cost-effective, timely, or convenient service for the veteran.

10. INSTALLATIONS AND REMOVALS

a. Installation of Durable Medical Equipment (DME) (e.g., grab bars, porch lifts, stair glides, etc.) is paid through centralized funds and should not exceed the usual and customary local costs. Installation costs need to be notated as "not exceeding usual and customary costs" on the final invoice.

b. If a situation should arise where a patient moves to a new home location, VA is not responsible for moving any issued equipment to the new location. The equipment is considered part of the veteran's household goods and is to be moved accordingly.

c. If DME-installed equipment, which involves alteration of the house or its physical appearance, is removed from the veteran's residence, VA assumes no responsibility for returning the affected area to its original condition; this includes cosmetic adjustments.

11. ISSUANCE OF MEDICAL EQUIPMENT

a. Prosthetic Service coordinates the issuance of medical equipment with the locally established Major Medical Equipment Committee, HISA Committee, Home-based Primary Care Program, or other applicable committee or team, and the professional service providing the care and treatment to the veteran.

b. The guidelines for the issuance of those specific items of medical equipment identified in this Handbook have been based upon the medical requirements of the eligible veteran. Although every attempt has been made to develop realistic criteria, it is impossible to cover all items of medical equipment or all disabilities that require equipment. Physicians and Prosthetic personnel must carefully evaluate each case based on the needs of the veteran, especially in cases of severe disability.

c. Unusual requests or inquiries relating to the issuance of medical equipment may be referred to Prosthetic Program officials in VHA Central Office by submitting a VA Form 10-2641, in the normal manner.