Texas Health and Human Services Commission

MAXIMUS

2008 Specialized Seating and Wheeled Mobility Providers Report

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1. EXECUTIVE SUMMARY

In September of 2007, the State of Texas Health and Human Services Commission (HHSC) released a Request for Quote (RFQ-00011) to prepare a report for the Governor, Lieutenant Governor, and the Speaker's Office that addressed the requirements of Rider 64, Article II, H.B. 1, 80th Legislature, Regular Session, 2007. Rider 64 required HHSC to offer recommendations for licensure/certification of Specialized Seating and Wheeled Mobility providers. MAXIMUS responded to the RFQ and was awarded the contract to provide federal and state policy research and consulting services to HHSC to address Rider 64.

This report includes a review of the Texas legislative and policy history that lead up to Rider 64 including: relevant information from other states, including Colorado, Florida, Georgia, Illinois, Maryland, Minnesota, Mississippi, Missouri, Oklahoma, Tennessee, and Virginia; and Medicare policies and procedures related to wheeled mobility providers.

MAXIMUS met with key HHSC staff and read current Texas Medicaid coverage and policy documents in order to fully understand the current coverage before recommending changes or modifications to that coverage. MAXIMUS also thoroughly researched federal statutes, rules, and regulations related to the licensure/certification of Specialized Seating and Wheeled Mobility providers in order to advise the state regarding the available options and opportunities.

A summary of the recommendations provided within this report are provided in *Exhibit 1: Summary of Recommendations.*

Type of Recommendation	Recommendations
Recommendations for requirements of licensing and certification for specific provider types, including a timeline for grandfathering in providers who are not currently licensed or certified.	▪ Legislation should require the involvement of a qualified rehabilitation professional in the evaluation of custom wheeled mobility devices at the time the devices are delivered. ▪ Legislation should allow Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Qualified Rehabilitative Professional (QRP) certification as the standard rather than any of the three current specific credentialing categories. RESNA may be combining the Assistive Technology Supplier (ATS) and Assistive Technology Practitioner (ATP) designations in the next 12 months. ▪ Legislation should state that National Registry of Rehabilitation Technology Suppliers (NRRTS) alone cannot count as certification, as there is no exam for the NRRTS designations and NRRTS is a professional organization, not a certifying body. ▪ Legislation should allow phase-in of the evaluation/ certification requirements over a minimum two years to allow good coverage for the entire state and to permit those without certification to sit for the exam and gain certification.
Recommendations associated with the licensure and/or certification of Specialized Seating and Wheeled Mobility Providers as a condition of reimbursement under the state's Medicaid program.	▪ Legislation should apply only to Medicaid providers.
Recommendation concerning the nature of the licensure/certification, process, and the potential impact on access to care.	▪ Legislation should require certification and not licensure. Licensure is duplicative, expensive and burdensome on the state and the providers.

Exhibit 1: Summary of Recommendations. *This exhibit provides a synopsis of the recommendations for legislation and policy and regulations presented within this report.*

2. OVERVIEW

Approximately 750,000 aged, disabled or medically needy children and adults were enrolled in Texas' Medicaid program in July 2008. Approximately 9,034 – 10,849 adults and 1,815 children have disabilities severe enough to qualify for Medicaid funded mobility aids including customized power wheelchairs and seating and positioning systems. Over the last several decades, the durable medical equipment industry has improved power wheelchairs, providing otherwise physically immobile persons with improved mobility and functioning[1]

The complexity and diversity of power and manual custom wheelchairs led to a growing realization that specialized and ongoing training for suppliers is necessary. Recent studies suggest when wheelchairs, mobility aids, and seating and positioning devices fit properly they provide postural support for those who lack the strength or control to support themselves.[2] These devices may also reduce the tendency to develop orthopedic deformities and encourage normal postural development, which is particularly critical for children with disabilities.

In addition to the above, another study added these factors. When improperly fitted, these devices can lead to problems with skin ulcers, breathing, digestion, and head control. Improperly fitted wheeled devices also limit an individual's ability to use their arms, leading to further functional impairment.[3]

In 2005, Texas joined the growing ranks of states that considered legislation requiring customized wheeled mobility device suppliers to obtain certification as a condition for Medicaid reimbursement. When Texas' legislation did not pass, the Legislature passed Rider 64 as part of the state's biennial appropriations bill. Rider 64 instructs the Texas Health and Human Services Commission (HHSC) to investigate the feasibility of certifying or licensing durable medical equipment (DME) suppliers who sell customized or specialized wheeled mobility devices.

2.1 PROJECT OBJECTIVES

Following a competitive procurement, HHSC awarded a contract to MAXIMUS, a private consulting firm, to help meet the requirements of Rider 64. The purpose of the MAXIMUS contract was to assist HHSC in preparing a report for the Governor, Lieutenant Governor, and the Speaker's Office that addressed the requirements of Rider 64, Article II, 80th Legislature, Regular Session, 2007. Rider 64 requires HHSC to offer recommendations for licensure/certification of Specialized Seating and Wheeled Mobility providers. MAXIMUS' scope of work encompassed the following activities:

- Coordinate with stakeholders representing the provider and consumer communities to assess the impact that required licensure/certification will have on access to care.
- Make recommendations for requirements of licensing and certification for specific provider types, including a timeline for grandfathering in providers who are not currently licensed or certified.
- Make recommendations associated with the licensure and/or certification of Specialized Seating and Wheeled Mobility providers as a condition of reimbursement under the state's Medicaid program.
- Provide a recommendation concerning the nature of the licensure/certification, and address the potential impact on access to care, if the conclusion reached in the report is that there is a need for licensure and/or certification of Specialized Seating and Wheeled Mobility providers.
- Provide any reports requested by HHSC staff during the course of the project associated with the research and recommendations.

2.2 REPORT

This report provides the following information:

- An outline of the requirements of Rider 64.
- A review of relevant Texas legislative history and policies.
- The results of meetings with state staff and external stakeholders to assess the impact to wheeled device access.
- A review of other states' legislation related to Specialized Seating and Wheeled Mobility providers.
- A review of Medicare coverage for Specialized Seating and Wheeled Mobility providers.
- Draft findings and recommendations for HHSC to consider in the formulation of the Rider 64 required report to the Governor, Lieutenant Governor, and the Speaker's Office.

3. TEXAS LEGISLATIVE HISTORY AND RIDER 64

This section covers the legislative history leading up to passage of Rider 64. It also describes the certification requirements contemplated in proposed state legislation.

3.1 SB1580/RIDER 64

Senator Judith Zaffirini introduced Senate Bill (SB) 1580 or the "Consumer Protection Act for Wheeled Mobility" during the 79th (2005) Regular Legislative Session. The legislation would have applied to all companies selling complex wheeled mobility systems prescribed by a medical professional. SB1580 would have required the certification of all DME suppliers who sell specialized or custom wheel chairs or other complex seating. Specifically, SB 1580 would have required the following:

> - *Each entity selling prescribed wheeled mobility systems and some types of powered wheelchairs to employ a Qualified Rehabilitation Professional (QRP).*
> - *Consumers requiring a wheeled mobility system to have a physical evaluation. All such evaluations were to have been provided by an on-staff QRP.*
> - *All QRPs who performed these face-to-face assessments were to be certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) as an assistive technology supplier (ATS), assistive technology practitioner (ATP), or rehabilitation engineering technologist (RET).*
> - *All organizations making available prescribed wheeled mobility systems were to have a physical location within the state of Texas or within 200 miles of the consumer's residence.*

The legislation's stated intent was to avoid unnecessary medical complications and costs associated with poorly or improperly fitted wheeled devices.[4] Minimal costs were associated with the legislation's implementation. The Department of Aging and Disability Services (DADS) estimated a cost of approximately $15,000 to obtain certification for state school staff involved in building complex wheeled mobility devices for state school residents would be incurred if the legislation were adopted.

However, when the legislation failed to pass, Senator Zaffirini held a meeting with stakeholders, including the Texas Rehab Provider Council, Children's Policy Council, and physical and occupational therapists. Following this meeting, Senator Zaffirini, in 2007, inserted Rider 64 into the state's appropriation bill. Rider 64 required HHSC to study the issue of certification for Specialized Seating and Wheeled Mobility providers. Rider 64 asks HHSC to:

> - *Provide recommendations regarding licensure or certification of Specialized Seating and Wheeled Mobility providers as a condition for Medicaid reimbursement.*
> - *To consider input from provider and consumer stakeholders.*

- *Specify the nature of the certification or licensure and any potential adverse impact on access to care.*

3.2 CERTIFICATION

This section reviews the requirements of obtaining a Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) certification, as well as the criteria for acquiring a membership designation from the National Registry of Rehabilitation Technology Suppliers (NRRTS).

3.2.1 RESNA

Had SB1580 passed, it would have made having a RESNA certified QRP on the DME provider's staff a condition of reimbursement for the state's Medicaid program. RESNA is the national certifying body for rehabilitation professionals. Established in 1979, RESNA offers three certifications—Assistive Technology Supplier (ATS), Assistive Technology Practitioner (ATP), and Rehabilitation Engineering Technologist (RET).

- ***"Assistive Technology Supplier" (ATS):*** *a service provider who is involved in the sale and service of rehabilitation equipment or commercially available assistive technology products or devices for consumers with disabilities.*[5]
- ***"Assistive Technology Practitioner" (ATP):*** *a service provider who analyzes needs of consumers with disabilities, assists in selection of appropriate assistive technology for the consumer's needs, and provides training in the use of selected device(s).*
- ***"Rehabilitation Engineering Technologist" (RET):*** *a service provider who applies engineering principles to the design, modification, customization, and/or fabrication of assistive technology for persons with disabilities.*

ATP and ATS Certification Requirements

RESNA has over 4,000 members in the United States and Canada, with 100 ATPs and 103 ATS certified in Texas as of July 2008. Individuals seeking ATS/ATP certification must submit their application, noting which test they are taking six weeks prior to the exam date. Before sitting for RESNA's ATS or ATP exam, an applicant must have one of the following:[6]

- A bachelor's or associate degree in a rehabilitation science and a minimum of two years of direct consumer-related services experience.
- A bachelor's or associate degree in a non-rehabilitative science related field and at least four years of direct consumer-related work experience.
- A high school diploma or Certificate of General Educational Development (GED) if the individual has been employed full time in a direct consumer-related service

for at least two years and completed at least 30 contact hours in training/education in assistive technology (Only applies for ATS examination).

RET Certification Requirements

To qualify for the Rehabilitation Engineering Technologist (RET) exam, an individual must first have obtained ATP certification. An applicant must also have a bachelor's degree in engineering or computer science and have at least four years of direct consumer-related service.[7]

ATS, ATP, and RET Initial and Continued Certification Logistical Information

RESNA offers the ATS/ATP and RET exams about twelve times per year at various locations nationwide. The ATS and ATP exams take approximately four hours to complete and the RET exam takes 90 minutes to complete.

The initial ATS or ATP exam costs $500 and retesting within a year costs $200. The RET exam is $200 and retesting within a year is $100. RESNA membership is voluntary and costs an additional $150 per year for membership dues.

Certification for all three types of certification must be renewed annually, at a cost of $75 per year. Continued certification depends on an individual meeting both the work experience and professional development requirements. Each year ATS and ATPs must complete one continuing education unit (CEU), which equals 10 hours of instruction, or one academic credit. Continuing education must be assistive technology related and awarded from an International Association for Continuing Education and Training (IACET) approved provider. The IACET determines in advance how many CEUs will be awarded for a given course. Continuing education from non-recognized providers may be submitted for review by RESNA's Professional Standards Board at a cost of $15. An individual may also fulfill the professional development requirement by retaking the certification exam.

An ATS may earn all of his CEUs through manufacturer-sponsored seminars while an ATP may earn only half of their continuing education through manufacturer-sponsored seminars. The other half must come from non-manufacturer sponsors such as RESNA, American Speech-Language-Hearing Association (ASHA), and American Occupational Therapy Association (AOTA).[8]

An individual seeking certification must have worked at least quarter-time in direct-service work to meet RESNA's work experience criteria.

Each renewal application must be submitted annually with a log of courses taken and the CEUs earned for review and approval by RESNA. A list of certified individuals that includes the certified individual's name, location, and date of certification expiration is

available online at RESNA's website. RESNA is in the process of developing a new database that will allow them to track each member's CEUs.[9]

3.2.2 NRRTS

The National Registry of Rehabilitation Technology Suppliers (NRRTS) is a professional organization established in 1992. NRRTS offers two membership designations—Registered Rehabilitation Technology Suppliers (RRTS) and Certified Rehabilitation Technology Suppliers (CRTS). In 2008, NRRTS had 764 members across the United States and Puerto Rico, 53 of which reside in Texas.[10]

The RRTS designation requires at least one year of work experience, references from three health professionals associated with different facilities, and 15 contact hours of continuing education. An application for CEU must be submitted to NRRTS for each course taken. Each application must include proof of attendance, contact hours, and signature of the instructor. No exam is required for the RRTS designation.

Members may become CRTS designated once they have held the RRTS designation for two years and passed the RESNA exam for ATS certification. There is a one-time application fee of $25 and an annual registration fee of $200. The NRRTS continuing education tele-seminar series can be used to meet RESNA's continuing education requirements for ATS and ATP certification.

4. COMPARISON STATES, MEDICARE

The MAXIMUS team researched numerous sources to identify states that had either considered or passed legislation requiring provider entities to have a licensed or certified individual on staff to perform physical evaluations of consumers requiring wheeled mobility devices. These sources included RESNA, Texas DME- Mobility Dynamics, the Greater Texas Rehab Provider Council, and the Children's Policy Council.[11] The states of Tennessee, Oklahoma, and California passed such legislation, while the states of Mississippi, Maryland, Virginia, Missouri, Florida, Minnesota, Georgia, Colorado, and Illinois considered, but did not pass legislation.[12]

States were also identified that had adopted policies or regulations related to wheeled mobility providers, but did not have statutes addressing wheeled mobility providers. The states identified include Georgia, Alabama and Massachusetts.

4.1 TEXAS' CURRENT POLICY AND REGULATIONS

This section reviews Texas' current policies and regulations regarding mobility devices. These serve as a basis for the comparison with the policies and regulations of the states researched. This report only addresses policies and procedures for Medicaid eligible persons. There are a number of other agencies under the HHSC enterprise, such as the Texas Department of Assistive and Rehabilitative Services' (DARS) and Department of Aging and Disability Services (DADS), that pay for Specialized Seating and Wheeled Mobility devices but the individuals served by these agencies are either part of a waiver program or not Medicaid eligible.

4.1.1 HHSC Regulations

Mobility aides are a benefit through home health services and must be prior authorized to qualify for Medicaid reimbursement. To request prior authorization for a custom manual or power wheelchair, a physician, licensed occupational therapist, or physical therapist must complete a Wheelchair/Scooter/Stroller Seating Assessment Form. The following information must be included in the seating assessment:[13]

- A seating evaluation and seating measurements, which includes specifications for exact mobility/seating equipment, all necessary accessories, and how the client and/or family will be trained in the use of the equipment.
- Anticipated changes in the client's needs, anticipated modifications, or accessory needs, as well as the growth potential for the wheelchair to accommodate a 20 percent height or weight change for children requiring specialized seating.
- Significant medical information pertinent to mobility and requested equipment including intellectual, postural, physical, sensory (visual and auditory), and

physical status (Such information must address trunk and head control, balance, arm and hand function, existence and severity of orthopedic deformities, as well as any recent changes in the client's physical or functional status, and any expected/potential surgeries that will improve or further limit mobility).

- A description of the current mobility/seating equipment, how long the client has been in the current equipment, and why it no longer meets the client's needs.
- The client's height, weight, and a description of where the equipment is to be used This should include the accessibility of client's residence.
- The manufacturer's retail pricing information, with itemized pricing including the description of the specific base, any attached seating system components and any attached accessories as well as the manufacturer's retail pricing information and itemized pricing for manually priced components.

Prior authorization for a standard or customized power wheelchair also requires the following documentation:[14]

- The client's physical and mental ability to receive and follow instructions about the equipment and to operate a power wheelchair independently (The therapist must provide written documentation that the client is physically and cognitively capable of managing a power wheelchair).
- A description of how the power wheelchair will be operated, such as a joystick, head pointer, or puff and go.
- The capability of the caregiver or the client to care for the power wheelchair and accessories.
- The capability of the client to understand how the power wheelchair operates.

For Medicaid clients under the age of 21, mobility aids may be considered through Medicaid Children's Services if the requested equipment is not available through home health services or the client does not meet home health criteria. A seating assessment must be completed by a physician or licensed occupational or physical therapist, who is not employed by the equipment supplier, before requesting prior authorization.[15]

4.2 STATES REQUIRING CERTIFICATION THROUGH LEGISLATION

This section reviews specialized wheeled mobility provider legislation adopted by the states of Tennessee, California and Oklahoma.

4.2.1 Tennessee Legislation

Tennessee passed the Consumer Protection Act for Wheeled Mobility in 2003.[16] The original bill received minimal opposition. Initially, therapists felt existing education and

licensure requirements for therapists were adequate and that requiring them to be certified would be redundant.

Other opposition came from Hoverround, a wheeled mobility provider that operates from a mobile van. Hoverround opposed the bill's provision requiring providers have a physical location within the state. In 2007, the Tennessee Legislature amended the Consumer Protection Act by changing a provision that required suppliers have a QRP on staff to allow them to contract with QRPs.

Requirements for Providers

Tennessee law requires all suppliers providing prescribed wheeled mobility devices to have on staff, or contract with a QRP, regardless of funding source (Medicare, Medicaid, or private insurance). Tennessee defines a QRP as a licensed health care professional who may, within their scope of practice, provide face-to-face evaluations or as an individual who has obtained the RESNA designation of ATS or ATP.

Tennessee law requires suppliers to have the QRP complete face-to-face evaluations and make recommendations regarding the consumer's wheeled mobility needs. Additionally, the final fitting and delivery of the wheeled mobility device must be determined by the QRP. If a supplier loses its only QRP, the state gives them 180 days to find a replacement. During this grace period, the evaluator is held to the following minimum standards:

- Proof of at least 15 hours of continuing education within the last 12 months;
- Proof of at least one year's experience in the field of rehabilitation technology; and
- Three recommendations from licensed health care professionals that can attest to the skills of the provider in seating and wheeled mobility.[17]

All organizations providing prescribed wheeled mobility devices must have an in-house or contracted Tennessee repair service.

To ensure equal access to prescribed wheeled mobility devices, TennCare's (Tennessee's Medicaid managed care program) reimbursement rate was increased to equal Medicare's reimbursement rate, which they estimated will increase state expenditures by approximately $218,600.[18]

Implementation of the Legislation

Tennessee subjected all suppliers to these requirements and did not permit "grandfathering" of any providers. Instead, Tennessee allowed a three and a half year

phase-in period for providers to obtain certification, which was subsequently extended another six months when the legislation was amended in 2007.[19]

4.2.2 California Legislation

In 2005, California passed a bill requiring Medicaid suppliers of wheeled mobility devices to either have on staff, or contract with, a QRP in order to receive Medicaid reimbursement.

Requirements for Providers

The California bill defines a QRP as a licensed physical therapist or occupational therapist (PT/OT), a registered member in good standing of NRRTS, or an individual who has passed RESNA's exam for ATS, ATP, or RET. The QRP must be directly involved in determining the specific rehabilitation equipment needs of the patient. In addition, they must be directly involved with or closely supervise the final fitting and delivery of the device.

Implementation of Legislation

The California Association of Medical Products Suppliers and other advocate groups supported the legislation.[20] Prior law allowed a higher reimbursement rate for providers that chose to employ a QRP than those who did not. With the passage of this bill, all providers are eligible for the higher reimbursement rate. As a result, California anticipated additional annual costs to the state and federal government of $150,000.[21] California did not allow grandfathering of any providers. Instead, California allowed a nine month phase in period.

4.2.3 Oklahoma Legislation

Legislation regarding wheeled mobility devices was enacted in the state of Oklahoma in May 2008. The bill, initiated by advocates and providers, applies only to Medicaid providers of prescribed wheeled mobility devices.

Requirements for Providers

Oklahoma adopted legislation making Medicaid reimbursement for wheeled mobility devices contingent upon the patient receiving a specialty evaluation by a licensed or certified medical professional or a supplier who employs a RESNA-certified ATS or ATP.[22] The licensed or certified medical professional must have direct involvement in the selection of the wheelchair provided.

This specialty evaluation is assumed to be separate from the evaluation required for medical necessity and prior authorization. As a result, state expenditures are expected to increase $18,032.[23]

Implementation of Legislation

Oklahoma allowed a phase-in period of only nine months. After this time, suppliers who do not meet this requirement will be ineligible for Medicaid reimbursement for wheeled mobility devices.

4.2.4 Comparison of Legislation in States Requiring Certification

Exhibit 2: Comparison of State Statutes in States Requiring Certification for Wheeled Mobility Providers compares the statutes in Tennessee, California, and Oklahoma regarding wheeled mobility providers. All three of these states permit wheeled mobility suppliers to either employ or contract with a QRP. All three of these states also require a QRP to assess the fit of the device at the time the equipment is delivered.

While Tennessee statute applies to all providers regardless of funding source, California and Oklahoma laws apply to Medicaid suppliers only. However, the greatest difference among the states is the length of time allowed before the affected suppliers must meet statutory requirements for a QRP. Tennessee allows four years while both California and Oklahoma allow only nine months.

	Tennessee	Oklahoma	California
QRP Definition	A licensed health professional or a RESNA certified ATP or ATS	Licensed or certified medical professional or RESNA certified ATP or ATS	A licensed PT/OT, registered NRRTS member or a RESNA certified ATP, ATS, or RET
Allowability of QRP to be employed or contract with provider	Both	Both	Both
Scope of legislation	All Suppliers	Medicaid suppliers only	Medicaid suppliers only
Final fitting and device delivery	By QRP	n/a	Direct QRP involvement or close QRP supervision
Phase in period	4 years	9 months	9 months
Estimated Cost to State	$218,600	$18,032	$150,000

Exhibit 2: Comparison of State Statutes in States Requiring Certification for Wheeled Mobility Providers. *This exhibit illustrates the similarities and differences across states with enacted legislation.*

4.3 STATES REQUIRING CERTIFICATION THROUGH POLICY AND REGULATION

Alabama, Georgia, and Massachusetts have implemented certification requirements through rule or regulation.

4.3.1 Alabama

The state of Alabama requires wheeled mobility providers to be certified through regulation, which took effect in October 1, 2004. Alabama requires suppliers providing motorized/power wheelchairs to recipients to have at least one employee with certification from Rehabilitation Engineering and assistive Technology Society of North America (RESNA) or registered with the National Registry of Rehab Technology Suppliers (NRRTS).

4.3.2 Georgia

The Georgia Medicaid Regulations contain the following requirements for suppliers of complex custom wheeled mobility devices.

- Effective January 1, 2007, all rehabilitative suppliers must be or have an employee(s) working for them that is RESNA (Rehabilitation, Engineering and Assistive Technology Society of North America) ATS (ATS (Assistive Technology Supplier) certified and that is a registrant of NRRTS.
- Effective September 1, 2009, suppliers must be accredited by one of the following accepted Accreditation Companies:
  - Joint Commission on Accreditation of Healthcare Organizations (JACHO)
  - Commission on Accreditation of Rehabilitation Facilities (CARF)
  - Community Health Accreditation Program (CHAP)
  - Healthcare Quality Assurance Association(HQAA)
  - Accreditation Commission for Health Care (ACHC)
- Individuals working for suppliers who are providing custom wheelchairs, extensive modifications, and seating systems must be a registrant of NRRTS (National Registry of Rehab Technology Suppliers). They may then refer to themselves as a Rehab Technology Supplier (RTS) registrant. RTS is not a title, but a description of a supplier who provides enabling technology in the areas of wheeled mobility, seating and alternate positioning, ambulation assistance, environmental controls and activities of daily living. In addition, the registrant of NRRTS must be RESNA certified (ATS). Once a registrant of NRRTS for two years and an ATS, the individual will be a CRTS (Certified Rehabilitation Technology Supplier). The CRTS must be employed by one employer and the CRTS may not work for a second employer.

4.3.3 Massachusetts

Effective July 1, 2007, Massachusetts Medicaid Regulations require suppliers providing motorized/power wheelchairs to recipients to have at least one employee with certification from Rehabilitation Engineering and Assistive Technology Society of North

America (RESNA) or registered with the National Registry of Rehab Technology Suppliers (NRRTS).

4.4 MEDICARE

While there is not a Medicare requirement or regulation addressing the need for client fitting and training at the time of delivery of the equipment, the Centers for Medicare & Medicaid Services (CMS) did issue a final rule, effective June 5, 2006 that:

- Defined the term power mobility devices (PMDs) as power wheelchairs and power operated vehicles (POVs or scooters).
- Revised payment rules for PMD.
- Defined who may prescribe PMDs.
- Clarified CMS's requirement of a face-to-face examination of the beneficiary in advance of obtaining a PMD.

In the rule, CMS defines a power mobility device to mean a covered item of durable medical equipment that is in a class of wheelchairs that includes a power wheelchair (a four-wheeled motorized vehicle whose steering is operated by an electronic device or a joystick to control direction and turning), or a power operated vehicle (a three or four wheeled motorized scooter that is operated by a tiller) that a beneficiary uses in the home.

A prescription for a PMD means a written order completed by the physician or treating practitioner who performed the face-to-face examination of the patient's need for the PMD. The prescription must include the beneficiary's name, the date of the face-to-face examination, the diagnoses and conditions that the PMD is expected to modify, a narrative description of the item, the length of the beneficiary's need for the item, the physician's or treating practitioner's signature, and the date on which the prescription was written.

CMS also clarified in the new rule that a treating practitioner, for purposes of writing the prescription for PMD, can be a physician assistant, a nurse practitioner, or a clinical nurse specialist, recognized under the laws of the state in which the treating practitioner practices, who conducted the required face-to-face examination of the beneficiary.

A supplier is defined as an entity with a valid Medicare supplier number, including a mail order supplier. The supplier must maintain the prescription and supporting documentation provided by the physician or treating practitioner and must make this information available to CMS and its agents upon request, including any further documentation to support and/or substantiate the medical necessity for the PMD. Suppliers may not dispense a PMD to a beneficiary until they have received the PMD prescription and the supporting documentation from the physician or treating practitioner. This documentation must be received by the supplier within 45 days after the face-to-face examination.

Medicare will pay for a PMD only if the physician or treating practitioner meets the following conditions:

- Conducts a face-to-face examination of the beneficiary for the purpose of evaluating and treating the beneficiary for his or her medical condition and determining the medical necessity for the PMD as part of an overall treatment plan.
- Writes a prescription that is provided to the beneficiary or supplier, and is received by the supplier within 45 days after the face-to-face examination.
- Provides supporting documentation, including pertinent parts of the beneficiary's medical record that supports the medical necessity for the power mobility device, which is received by the supplier within 45 days after the face-to-face examination.

Beneficiaries discharged from a hospital do not need to receive a separate face-to-face examination as long as the physician or treating practitioner who performed the face-to-face examination of the beneficiary in the hospital issues a PMD prescription and supporting documentation that is received by the supplier within 45 days after the date of discharge. Accessories for PMDs may be ordered by the physician or treating practitioner without conducting a face-to-face examination of the beneficiary. Suppliers must be enrolled as a Medicare provider.

As part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Congress mandated CMS competitively bid Medicare funded Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The mandated competitive bidding process builds on CMS' successful competitive bidding demonstration projects in Texas and Florida. These demonstrations produced significant savings for individuals and taxpayers without diminishing the quality or access to needed items. The initiative for competitively bidding DMEPOS is intended to reduce the out-of-pocket costs incurred by individuals who are liable for Medicare coinsurance, and to bring competitive

market forces to DMEPOS prices. The resulting savings to the Medicare program are expected to be about $1 billion per year by 2010, when the competitive bidding process is fully implemented.

Suppliers are eligible to bid if they are in good standing with the Medicare program; have active National Supplier Clearinghouse numbers; meet any local or state licensure requirements for the item being bid; and are accredited by a CMS approved accreditation organization (or have accreditation pending). Bids are submitted electronically through a web-based portal and evaluated based on the supplier's eligibility, the vendor's financial stability, and the bid price. Suppliers are not required to submit bids for all product categories; but if they bid on a product category, they must bid on all the items in that product category.

The Medicare Improvements for Patients and Providers Act of 2008 was enacted on July 15, 2008. This new law delayed the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. Items included in the first round of the DMEPOS Competitive Bidding Program can be furnished by any enrolled DMEPOS supplier in accordance with existing Medicare rules. Payment for these items will be made under the fee schedule. Additional guidance regarding this new law is forthcoming.

5. STAKEHOLDER INPUT

Rider 64 required HHSC to consult with stakeholders in developing recommendations for wheeled mobility providers. Stakeholders were asked their views on the potential impact of the state requiring suppliers to use a QRP to evaluate whether a wheeled mobility device is meeting the consumer's needs.

MAXIMUS held interviews with parents, advocates, and providers to obtain stakeholders' perspectives. HHSC and Senator Zaffirini, who authored Rider 64, provided the names of stakeholders for the team to interview.[24] Interviews with stakeholders were completed between April 30, 2008 and July 22, 2008. In total; 22 stakeholders were interviewed for their input on legislation for wheeled mobility providers. The list of stakeholders interviewed can be found in *Appendix A: List of DME Stakeholders Interviewed*. A copy of the DME Rider 64 interview guide, which includes the questions asked of external stakeholders, can be found in *Appendix B: External Stakeholder Interview Guide*. No interview guide was created for interviews with internal or state staff, because questions directed to these individuals differed depending on the agency or program where they worked.

5.1 EXTERNAL STAKEHOLDER INTERVIEWS

The issues addressed with the parents, advocates and providers interviewed included the need for certification/licensure, access to providers, quality of care issues and implementation issues/concerns. The following sections discuss the input provided by the stakeholders.

5.1.1 Certification/Licensure

Rider 64 required HHSC to investigate the feasibility of establishing either licensing or certification standards for individuals who assess whether prescribed wheeled mobility systems or devices fit properly. None of the stakeholders interviewed supported licensure. They cited several reasons for their opposition to licensing, including the cost to the providers and the complexity of establishing a licensing program. However, the most significant reason was that licensure would simply duplicate certification.

In contrast, participants almost unanimously agreed wheeled mobility providers and suppliers should be certified. They noted how rapidly assistive technology is changing and the need for ongoing education to keep up with these advances. Stakeholders also discussed the science behind the new assistive technology and the potential impact improperly fitted devices have on patient outcomes. Parent participants were particularly outspoken about recent strides made in understanding the link between proper seating support and improved functioning.

Participants specifically recommended that suppliers and providers who are engaged in the delivery of wheeled devices should meet the certification criteria established by RESNA for either an ATS or ATP designation. The participants felt that RESNA's certification process was rigorous and their continuing education requirements helped ensure that individuals with certification would stay current on the latest technological advances and medical standards related to assistive technology generally and wheeled mobility systems specifically.

5.1.2 Access to Needed Equipment

Stakeholders representing consumer advocacy organizations expressed concerns about certification having the unintended consequence of limiting consumers' access to needed wheeled mobility devices. These individuals were particularly worried about access to needed devices for consumers living in rural Texas.

The parents of children using wheeled mobility devices that were interviewed did not share the advocates' concerns. The parents were less worried about how far they had to travel – or access to devices -- and more concerned that the provider who ordered and built their children's wheeled devices understand the equipment provided and how to customize it to ensure the best possible outcomes for their children. Parent stakeholders indicated that they were already used to driving hundreds of miles to reach a medical specialist or a trained, certified wheeled mobility supplier. Moreover, the parents stated they would prefer driving a long distance to obtain the services of a provider they knew was certified, rather than go to a closer provider who has less training and was not up-to-date with assistive technology advances.

The provider group had a slightly different perspective on the access problem for rural providers. Since rural providers do not receive a lot of business for wheeled mobility devices, they felt it was unfair to require suppliers to have a certified person on staff. Instead, suppliers suggested that they be allowed to either have a person on staff or to contract with a certified person.

5.1.3 Quality of Care

The majority of stakeholders interviewed focused on the quality of care. The parent stakeholders stated emphatically that their children's ability to participate in their own care was directly tied to having mobility devices that supported and fitted them properly. These parents also told stories of friends whose children had poorly fitted devices and subsequently suffered further injury such as spinal deformity or diminished ability to use their arms or hands. All stakeholders interviewed believed that requiring initial and ongoing education through certification would improve the quality of care provided to consumers.

5.1.4 Implementation Issues/Concerns

None of the stakeholders interviewed stated that providers should be "grandfathered" or exempted from the certification requirements. All of the stakeholders agreed there should be a phased-in approach to implementing a certification requirement; however, stakeholders suggested phase-in periods ranging from as little as six months to as long as three years with no single group of stakeholders supporting a particular phase-in period.

Stakeholders also differed on how best to ensure compliance with certification and final fitting requirements. Moreover, providers and suppliers stated that the provider should sign off on the back-end device fitting while state staff, advocates and parents were more likely to support having the consumer, their parent or the consumer's representative to sign-off on the device fitting.

Several stakeholders cautioned that any legislation that is introduced should not be so restrictive that the hands of either the suppliers or the state are tied. At least one supplier that was interviewed noted that Tennessee had to revise the legislation when the state realized that limiting wheeled device evaluations to suppliers who employed certified personnel imposed a hardship on rural suppliers and those with low volumes.

5.2 STATE AGENCY STAKEHOLDERS

In addition to providers, parents and advocates, the MAXIMUS team also spoke with state agency stakeholders within several HHSC departments, including the Office of Inspector General (OIG), the Department of State Health Services (DSHS), Department of Aging and Disability Services (DADS) and Department of Assistive and Rehabilitative Services (DARS).

5.2.1 Access to Needed Equipment: State School Residents

DADS oversees the state's residential facilities or "state schools" for persons with mental retardation. In addition to mental retardation, many state school residents have severe physical disabilities requiring the use of specialized or custom wheelchairs and other mobility devices. Twelve of the 13 state schools within Texas have assistive equipment (AE)/wheelchair shops. These shops fabricate and maintain specialized seating, positioning, and mobility devices built specifically for the schools' residents.

AE technicians, with years of experience in the field of assistive technology, staff the shops within the state schools. The AE technicians work under the direct supervision of licensed occupational and physical therapists.[25]

DADS has an in-house process for ensuring that the therapists overseeing the work of the AE technicians have the appropriate training to meet the sitting, positioning and mobility needs of the state school residents. The Coordinator of Habilitation Therapy Services and

other experienced DADS staff provide ongoing training in the evaluation and fabrication of seating and positioning devices at least quarterly. Between January 2007 and May 2008, DADS held seven training workshops. DADS also engages outside consultants and Quality Enhancement staff in the oversight and training of AE staff and the goods they produce.

The DADS Coordinator of Habilitation Therapy Services has explored the possible certification of state school AE staff in the past. The Coordinator concluded that the testing and training offered by RESNA did not offer any benefit given the depth of training already offered in-house and that certification would simply be an unnecessary cost to the state.[26]

5.2.2 Access to Needed Equipment: Nursing Home Residents

HHSC oversees the state's long-term care facilities, including nursing homes. Until recently, federal policies only allowed Medicaid reimbursement for equipment used in a resident's home, thus reimbursement of wheeled mobility devices for nursing home residents was disallowed.

Recent changes in federal policies recognize that a nursing home is the residents "home" and reimbursement for wheeled mobility devices for nursing home residents is now allowed under Medicaid. We interviewed HHSC long term care staff to determine whether requiring suppliers to have an evaluation completed by licensed or certified persons at the time a wheeled mobility device was delivered to a nursing home resident would adversely affect the resident's access to services. HHSC staff stated that instituting such a requirement would not impact nursing home resident's access to such devices.

5.2.3 Certification Versus Licensure

Agency stakeholders for the most part agreed that persons authorized to perform an initial evaluation of a patient's wheeled mobility needs and a subsequent assessment of the appropriateness of a prescribed, delivered device should be certified. Specifically, the OIG staff interviewed said they believed requiring such certification could improve quality, save the state money, and enhance patient functioning. However, the DADS staff interviewed indicated that, while public consumers could benefit from such a requirement, they felt DADS staff already have the proper and ongoing training necessary to meet state school residents' needs.

5.2.4 Department of State Health Services: Licensure Versus Certification

DSHS oversees the licensing of many of the state's medical and allied health professionals, including paramedics and emergency medical technicians (EMT),

orthotists and prosthetists, dieticians, and licensed professional counselors.[27] MAXIMUS asked DSHS staff their views on whether providers should be required to be licensed or certified to best meet the goals of increased patient safety, improved outcomes, and elimination of unnecessary or inappropriate costs to the state.

The MAXIMUS team discussed previous legislation, Rider 64 and current RESNA and NRRTS certification standards with DSHS staff. DSHS staff interviewed stated that establishing a licensing program involved developing initial and ongoing educational requirements and an exam to test the person's knowledge related to their license. After learning more about RESNA's certification process DSHS stated that licensure would duplicate RESNA's certification process.

DSHS staff interviewed also noted that if they had to develop a curriculum and an associated exam, a longer phase-in period would be needed than if the state were to require the use of the existing certification process. Further, DSHS staff indicated the development of curricula, materials, testing, and ongoing tracking could have a substantial financial impact on the state to cover the cost of staff's time and resources necessary to implement such a program.

5.2.5 Implementation Concerns

Unlike the external stakeholders, the OIG staff interviewed were uncertain whether permitting suppliers to employ certified persons was the best practice since that would "tie" a supplier to a certified evaluator. The OIG staff interviewed wanted to ensure customers receive independent and objective evaluations. If state legislation or policy were to allow suppliers to employ a QRP then OIG staff stated several processes would need to first be in place, including specific documentation requirements, the regular performance of audits, and an 'independent sign-off' by the consumer at the time the equipment was delivered.

The OIG staff interviewed understood that the goal of the legislation is to improve the quality of care, while protecting the state's resources. Therefore, OIG staff agreed that the patient or consumer would be in the best position to affirm that the equipment delivered meets their needs and that they had been properly trained in the equipment's use and maintenance.[28]

6. ACCESS TO NEEDED EQUIPMENT

In addition to talking with internal and external stakeholders, the MAXIMUS team obtained information from RESNA and NRRTS regarding the number of individuals currently residing in Texas with ATS, ATP and/or CRTS certifications. A database of providers residing in Texas that hold a current certification as of July 2008 can be referenced in *Appendix C: Provider Accreditation Database*. This database was used to develop two maps that identify the coverage of providers within each of the state's public health regions,

Exhibit 3: Texas Certified Providers and Suppliers illustrates how many certified providers exist statewide and in which counties and public health regions these individuals reside. As of July 2008, 231 individuals within the state of Texas hold an ATS, ATP and/or a CRTS certification. Of these 231 individuals, 103 hold an ATS certification, 97 an ATP, 43 a CRTS, and one an RET, with several individuals holding multiple certifications.

Exhibit 4: Texas Certified Providers and Suppliers with 75 Mile Access Radius illustrates the potential distance individuals might have to travel to reach a certified specialist. Information on individuals with certification was available by zip code. However, this information does not take into account certified occupational therapists, physical therapists, or suppliers who may travel to reach clients or suppliers with multiple locations. Therefore, this map may under represent coverage or over represent the distances consumers may have to travel to obtain an appropriate evaluation where their equipment is delivered.

The medical profession uses a generally accepted standard that a person should not have to travel more than 75 miles to reach a medical specialist. In Texas this may be a difficult standard to meet because of the state's size and distance between population centers. *Exhibit 4* uses the 75 mile distance to illustrate the potential coverage afforded by individuals with appropriate designations.[29]

This exhibit also shows that very few Texas residents would have to travel more than the generally accepted 75 miles. In fact, the state has remarkably good coverage in North, South and Central Texas. Coverage is also adequate in El Paso or Far West Texas. The areas where coverage of certified providers and suppliers could be improved is in both the sparsely populated Panhandle that is along the North Texas, Oklahoma and Arkansas border and in the West Texas regions of the state.

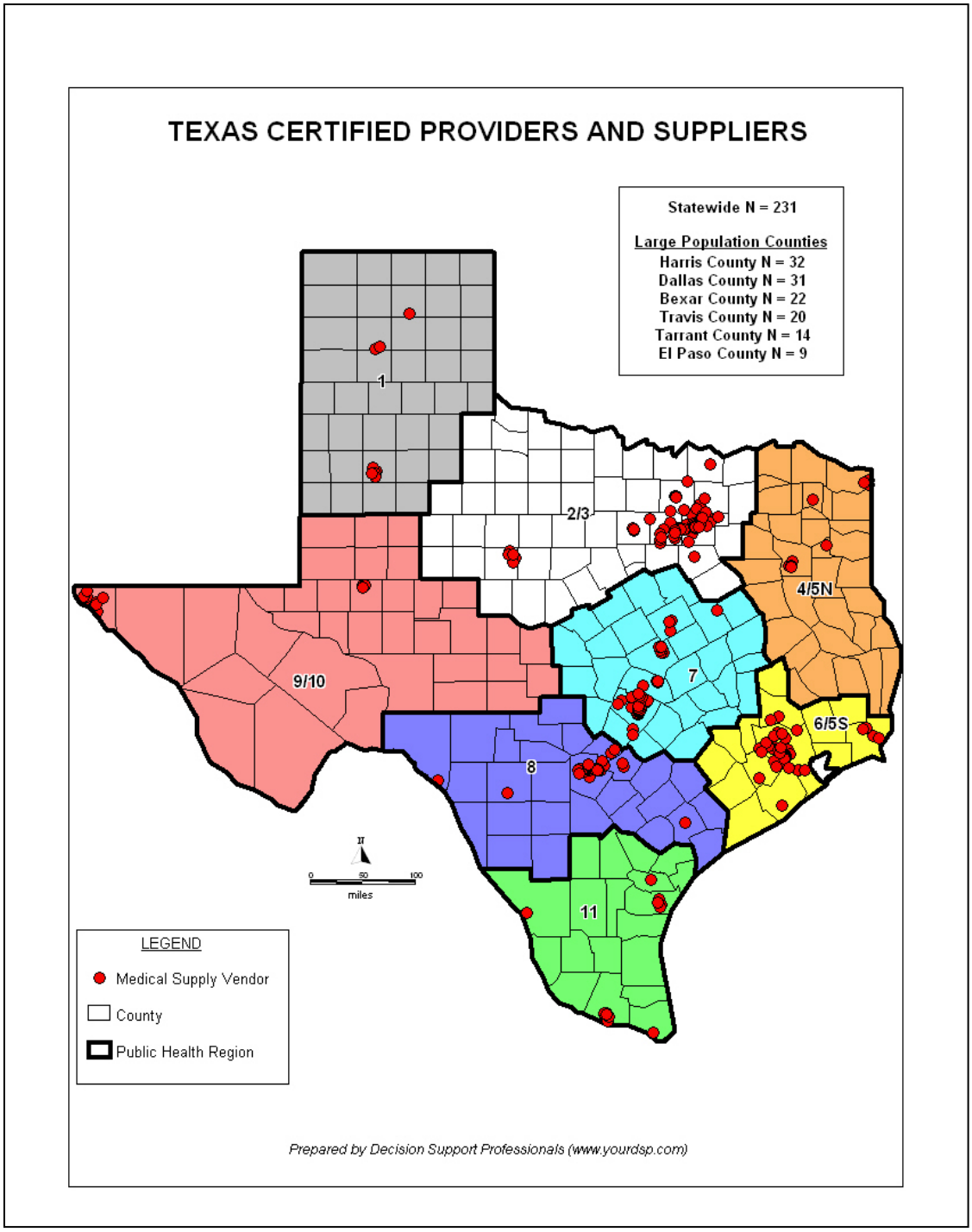

Exhibit 3: Texas Certified Providers and Suppliers. *This exhibit illustrates the location of certified providers and suppliers statewide by county and public health region.*

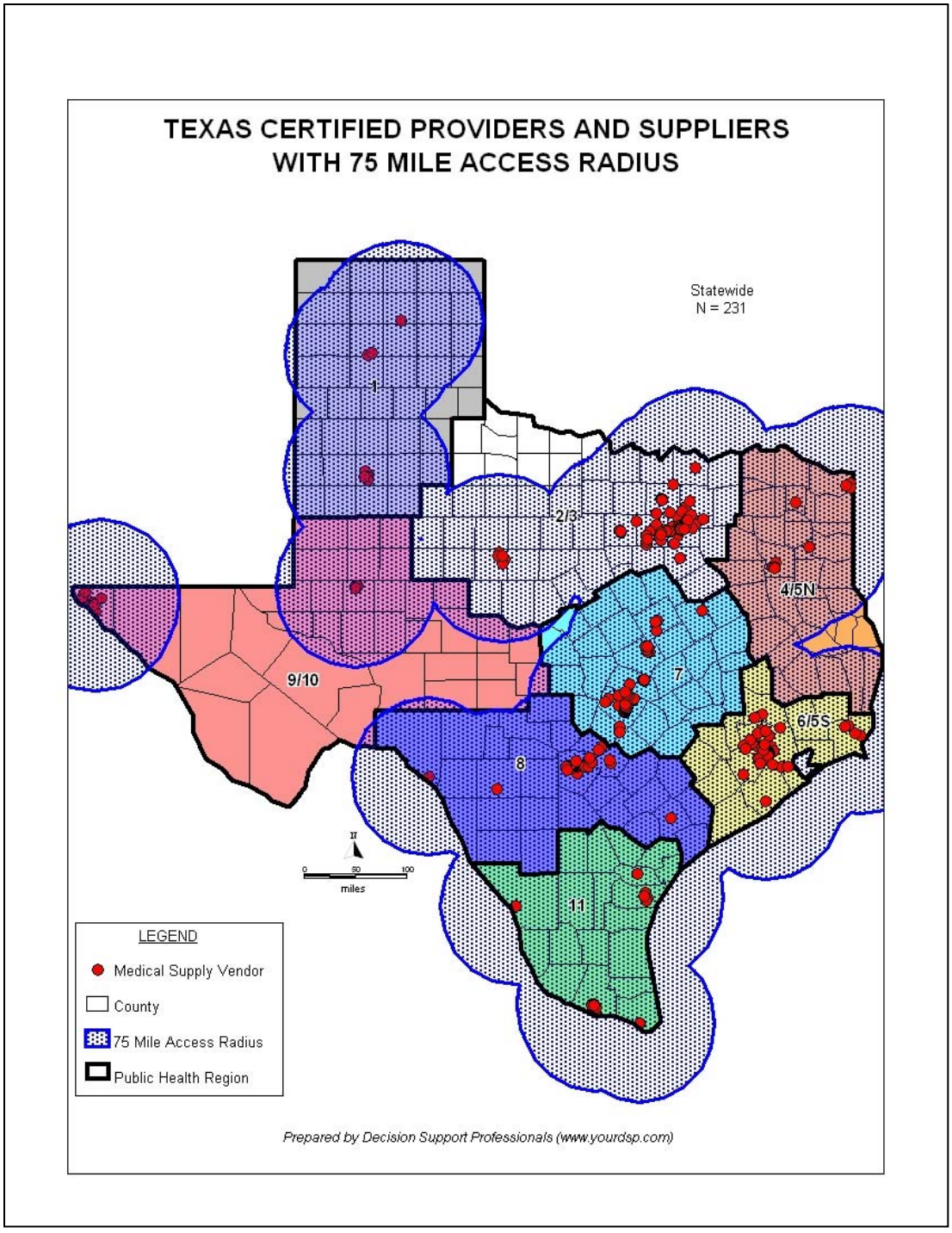

Exhibit 4: Texas Certified Providers and Suppliers with 75 Mile Access Radius. *This exhibit shows the access of providers throughout the state.*

7. DISCUSSION

This section summarizes the information contained in the previous sections regarding the licensure versus certification issue, the potential impact on access, and the requirements for certification, if adopted. This section also discusses implementation considerations, such as how to phase-in certification requirements, who the certification requirement should apply to, and whether certification should be a condition of reimbursement.

7.1 LICENSURE VERSUS CERTIFICATION

Neither external nor state stakeholders supported licensure, while all of the stakeholders interviewed favored certification for the individuals tasked with evaluating wheeled mobility devices. The reasons cited for favoring certification included the belief that licensure would duplicate RESNA's certification process and the cost involved for the state, providers and professionals required to obtain licensure.

The certification for providers and suppliers would improve the quality of care for consumers, without imposing additional costs for the state. For example, Tennessee found that forcing suppliers to hire QRPs limited consumer's access to certified providers and delayed the full implementation of the state's original legislation. In 2007, Tennessee amended its legislation to allow providers and suppliers to either hire or contract with QRPs.

7.2 Impact on Access

One of the Texas Legislature's key charges to HHSC was to determine whether requiring an evaluation by certified individuals would adversely impact access to needed wheeled mobility and related devices. The MAXIMUS team reviewed the experience of different professional groups and other states, performed key informant interviews, and mapped the pattern of certified providers in Texas to explore this issue.

Most stakeholders expressed little concern about the impact such a policy may have on consumers' ability to get needed equipment. Instead, many expressed concerns about the potential injury patients could suffer if such a policy were not adopted.

The coverage maps in exhibits 3 and 4 in this report suggest that access to needed devices would not likely be diminished by this requirement, as long as a reasonable phase-in period were allowed. Further, the maps may under represent coverage as they do not account for suppliers or therapists who regularly travel to reach clients. A phase-in period of two years could be applied to the entire state or to the regions of the state with the fewest number of ATS or ATP certified people to ensure adequate accessibility.

7.3 Certification Requirements

All three of the states that passed legislation requiring the involvement of certified persons in the evaluation and fitting of a prescribed wheeled mobility device (Tennessee, California, and Oklahoma) stipulated RESNA certification for qualified rehabilitation professionals. In these three states, having a certified person complete such an evaluation is a condition of reimbursement for Medicaid.

None of the states reviewed with such legislation, nor the state and external stakeholders, support "grandfathering" or exempting any existing wheeled mobility suppliers from a certification requirement. HHSC OIG staff interviewed, however, did support giving suppliers the flexibility to hire a QRP or contract with one.

At least one state and several stakeholders suggested that limiting the certification to Medicaid providers only would make it easier to pass legislation.

All of the external stakeholders interviewed by the MAXIMUS team supported using RESNA certification designations as the accepted qualifications for completing wheeled mobility evaluations. NRRTS certification alone was not acceptable to stakeholders interviewed because NRRTS does not require knowledge testing to obtain their certification designation.

8. FINDINGS AND RECOMMENDATIONS

The MAXIMUS team presents the following legislative findings and recommendations.

8.1 RECOMMENDATIONS FOR REQUIREMENTS OF LICENSING AND CERTIFICATION FOR SPECIFIC PROVIDER TYPES, INCLUDING A TIMELINE FOR GRANDFATHERING IN PROVIDERS WHO ARE NOT CURRENTLY LICENSED OR CERTIFIED

A. Finding

Currently Texas does not require the involvement of a qualified rehabilitation professional (QRP) in the evaluation of wheeled mobility devices at the time of delivery. Certification was unanimously recommended by all consumers, providers and provider groups with whom we talked. All of the stakeholders interviewed recognized that failure to do this could be devastating to the recipient. Medicare provider status will not provide the state protection since Medicare regulations do not require an evaluation of wheeled mobility devices at the time the devices are delivered.

A. Recommendation: The Texas Legislature May Consider Enacting Legislation Requiring The Involvement Of A Qualified Rehabilitation Professional (QRP) In The Evaluation Of Wheeled Mobility Devices At The Time The Devices Are Delivered

Legislation will ensure that HHSC has the authority needed to develop and enforce regulations requiring suppliers use QRPs when delivering complex wheeled mobility devices. The scope of the evaluation should be addressed in policy. It is understood by the consulting team that the state reimburses separately for the initial evaluation and the fitting. Along with requiring a higher level of expertise, the state may want to consider reimbursing separately for a final fitting.

B. Finding

RESNA is the national certifying body for rehabilitation professionals. RESNA offers the ATS/ATP and RET exams about 12 times a year. RESNA gives the exam at various locations throughout the year. Thus RESNA offers providers flexibility in complying certification requirements.

B. Recommendation: The Legislature May Consider Stating That RESNA Certification Is Required

If RESNA is utilized, specific credentialing should not be required because RESNA may combine its ATS and ATP designations in the next 12 months.

Using RESNA as the credentialing body would enable the state to ensure a standard quality level of care without incurring the cost of duplicating RESNA's process.

C. Finding

NRRTS offers two membership designations—Registered Rehabilitation Technology Suppliers (RRTS) and Certified Rehabilitation Technology Suppliers (CRTS). The RRTS designation requires at least one year of work experience, references from three health professionals associated with different facilities, and 15 contact hours of continuing education. An application for CEUs must be submitted to NRRTS for each course taken. Each application must include proof of attendance, contact hours, and signature of the instructor. No exam is required for the RRTS designation. NRRTS continuing education tele-seminar series can be used to meet RESNA's continuing education requirements for ATS and ATP certification.

C. Recommendation: The Legislature May Consider Stating That NRRTS Alone Should Not Count As Certification

NRRTS membership is not sufficient to maintain a high level of professional competence in the supplying of custom wheeled mobility devises

D. Finding

While the distribution of QRPs meets the generally accepted standard for medical specialists for the majority of Texas' counties, some areas of the state appear to be without acceptable coverage.

D. Recommendation: The Legislature May Consider Allowing A Phase-In Period For The Evaluation/ Certification Requirement

By permitting a reasonable phase-in period, HHSC can address issues related to access. The phase-in period should be at a minimum two years to allow good coverage for the entire state and to permit those without certification to sit for the exam and gain certification.

8.2 RECOMMENDATION ASSOCIATED WITH THE LICENSURE AND/OR CERTIFICATION OF SPECIALIZED SEATING AND WHEELED MOBILITY PROVIDERS AS A CONDITION OF REIMBURSEMENT UNDER THE STATE'S MEDICAID PROGRAM

A. Finding

Tennessee's statute applies to all providers of prescribed wheeled mobility devices, while Oklahoma and California apply to Medicaid only. The previous bill in Texas applied to all providers and did not pass. The bill California first attempted to pass applied to all

providers and was vetoed by the Governor. It is difficult and costly to enforce such requirements on commercial healthcare insurance companies.

A. Recommendation: The Legislature May Consider Applying the Requirements Only To Medicaid Providers

8.3 RECOMMENDATION CONCERNING THE NATURE OF THE LICENSURE/CERTIFICATION, PROCESS, AND THE POTENTIAL IMPACT ON ACCESS TO CARE

A. Finding

The major question asked in Rider 64 was whether licensure and or certification of Specialized Seating and Wheeled Mobility providers should be mandated. The MAXIMUS team found that licensure would be duplicative of certification and potentially expensive and burdensome on the state and the providers. Neither external nor state stakeholders supported licensure, while all the stakeholders interviewed favored certification for individuals tasked with evaluating wheeled mobility devices.

A. Recommendation: The Legislature May Consider Requiring Certification and Not Licensure

National certification entities such as RESNA exist with specific, rigorous standards and processes for certification. Certification will be the most efficient and cost-effective way for HHSC to ensure a high level of quality and monitor compliance with legislation. It was agreed by providers that this would not have a negative impact on access to care and would improve the standard of care.

Summary of Legislative Findings and Recommendations

Exhibit 5: Summary of Legislative Findings and Recommendations provides an overview of the findings and recommendations discussed within this section.

Finding	Recommendation
Texas does not require the involvement of a qualified rehabilitation professional (QRP) in the evaluation of wheeled mobility devices at the time of delivery.	The Texas Legislature should consider legislation requiring the involvement of a qualified rehabilitation professional (QRP) in the evaluation of wheeled mobility devices at the time the devices are delivered.
RESNA offers providers flexibility in complying certification requirements.	The legislation may state that RESNA certification is required.
No exam is required for the RRTS designation.	The legislation may state that NRRTS alone should not count as certification.
Some areas of the state appear to be without acceptable coverage of certified providers and suppliers.	The legislation may allow a phase-in period for the evaluation/ certification requirement.

Finding	Recommendation
The previous bill in Texas applied to all providers and did not pass. Tennessee's statute applies to all providers of prescribed wheeled mobility devices, while Oklahoma and California apply to Medicaid only.	The legislation may apply only to Medicaid providers.
Licensure would be duplicative of certification and potentially expensive and burdensome on the state and the providers.	The legislation may require certification and not licensure.

Exhibit 5: Summary of Legislative Findings and Recommendations. *This exhibit provides a synopsis of the legislative findings and recommendations discussed within this report.*

These recommendations should be widely supported by the majority of interested stakeholders including advocates, healthcare professionals, suppliers and agency staff. Adoption of these recommendations will ensure Texas' Medicaid consumers have access to properly fitted wheeled mobility devices and enjoy the quality of care they deserve.

[1] Edlich RF, Nelson KP, Foley ML, et al. "Technological advances in powered wheelchairs". [Journal Article]*J Long Term Eff Med Implants 2004; 14(2):107-30.*
[2] ibid
[3] Brienz, David M. RCT On Preventing Pressure Ulcers With Seat Cushions, University Of Pittsburgh At Pittsburgh, file:///Users/macintosh/Desktop/Parallels/My%20Documents/HHSC_Medicaid/Objective%202/RCT%20on%20preventing%20pressure%20ulcers%20with%20seat%20cushions%20%7C%20Database%20for%20Research%20Grants.webarchive, last accessed July 20, 2008.
[4] Bill Analysis for SB 1580 79(R), Texas Legislature.
[5] http://209.190.249.69/certification/index.php (last visited August 21, 2008)
[6] http://209.190.249.69/content/index.php?pid=102 (last visited August 21, 2008)
[7] http://www.resna.org/content/index.php?pid=78, (Visited July 25, 2008)
[8] Recertification Requirements: Renewing your ATP, ATS, RET Credential, http://209.190.249.69/assets/90_recertificationrequiremen.doc (last visited August 21, 2008)
[9] Email from Anjali Weber, Director of Certification, RESNA (July 28, 2008)
[10] Email from Judy Dexter, Associate Executive Director, NRRTS (July 28, 2008)
[11] http://209.190.249.69/stateactivities/index.php (last visited August 20, 2008), Interview with Chris Yule, Tom Hafford, Mary Klintzman, Anjali Weber.
[12] Interview with Darren Jarnigen; http://209.190.249.69/stateactivities/index.php (last visited August 20, 2008)
[13] Seating Assessment for Manual and Power Custom Wheelchairs, Texas Medicaid Provider Procedures Manual, Home Health, Section 24.5.26.4, p. 49-50
[14] Power Wheelchairs- Standard, TMPPM, Home Health, Section 24.5.26.7, p. 50
[15] Mobility Aids, TMPPM, Texas Health Steps, Section 43.4.5.5, p. 48
[16] Tennessee Public Acts, 2003, Chapter 121, http://tennessee.gov/sos/acts/103/pub/pc0121.pdf (last visited August 21, 2008)
[17] Interview with Darren Jernigan, Director of Governmental Affairs, Permobil (August 29, 2008); Tennessee Public Acts, 2003, Chapter 121
[18] H.B. 63 Fiscal Note, 2007, http://www.legislature.state.tn.us/bills/currentga/Fiscal/HB0063.pdf (last visited August 21, 2008)

[19] Tennessee Public Acts, 2007, Chapter 377, http://state.tn.us/sos/acts/105/pub/pc0377.pdf (last visited August 21, 2008)
[20] Senate Floor Analysis, AB 258, 2005, http://www.leginfo.ca.gov/pub/05-06/bill/asm/ab_0251-0300/ab_258_cfa_20050830_163445_sen_floor.html (last visited August 20, 2008)
[21] Senate Appropriations Committee Fiscal Summary, AB 258, 2005, http://www.leginfo.ca.gov/pub/05-06/bill/asm/ab_0251-0300/ab_258_cfa_20050825_173416_sen_comm.html (last visited August 20, 2008)
[22] House Bill 2703, 51(2),
[23] Fiscal Impact Report for HB 2703, 51(2) Oklahoma Legislature
[24] Email from Jessica Ramos, Legislative Aide, Honorable Judith Zaffirini, April 23, 2008.
[25] Memorandum from Jacquie Schillis, Texas Department of Disability and Aging Services, July 2, 2008.
[26] ibid
[27] For a complete list go to http://www.dshs.state.tx.us/license.shtm (last visited August 21, 2008)
[28] Interview with Gaylynn Phales, Michael Garbarina, Tracy Mosher, Karen Karaatz, and Brian Kalcik, Health and Human Services Commission, Office of Inspector General, June 9, 2008.
[29] Texas Administrative Code, Title 28, Part 1, Chapter 11, Subchapter Q, Rule Subsection 11.1607 (h)(2).

APPENDIX A:

LIST OF DURABLE MEDICAL EQUIPMENT (DME) STAKEHOLDERS INTERVIEWED

1. Michael Bird, Owner, Marshall Mobility Plus
2. Cindy Bourland, Licensing and Certification, HHSC, DSHS
3. Cory Elder, HHSC, DADS
4. Steven Elliot, Advocacy Inc.
5. Michael Garbarino, Sanctions, HHSC, OIG
6. Tom Hafford, Owner, Texas DME- Mobility Dynamics
7. Karen Hardwick, Coordination of Habilitation Services, HHSC, DADS
8. Michele Harris, Assistive Technology Practitioner, Mind, Body, Spirit Rehab
9. Brian Klozik, Complaints, HHSC, OIG
10. Karen Kraatz, Investigations, HHSC, OIG
11. Ron Kieschnick, Director of Government Relations, Greater Texas Rehab Provider Council
12. Mary Klentzman, Children's Policy Council
13. Linda Litzinger, Parent
14. Tracy Mosher, Criminal History, HHSC, OIG
15. Maureen O'Connell, Southern Disability Law Center
16. Gaylyn Phales, Director, HHSC, OIG
17. Jill Schalchlin, Interim Director, State Schools, HHSC, DADS
18. Jonas Schwartz, Long Term Care, HHSC, DARS
19. Jacquie Shillis, State Schools, HHSC, DADS
20. Chris Yule, Greater Texas Rehab Provider Council

APPENDIX B:

STAKEHOLDER INTERVIEW GUIDE

1. Are you a Specialized Seating and Wheeled Mobility Provider?
2. Are you familiar with Rider 64? *[If not, summarize the provisions of Rider 64; if they are, proceed to the next question]*
3. Were you involved in the hearings and discussions which led to Rider 64? If so, please describe your involvement.
4. Please describe your interest in licensure or certification of suppliers of wheeled or specialized mobility devices?
5. Do you have any specific recommendations for licensure and/or certification of wheeled mobility providers?
6. If a requirement for licensure or certification were to be adopted, how do you anticipate this requirement affecting access to services and needed devices?
7. Would you support 'grandfathering' or exempting suppliers of wheeled or specialized mobility devices that had been in operation for a certain period of time – say five years?
8. Is there anything else with regard to this topic you would like to share with us?

Appendix C Accreditation Database

Staff:	Accreditation:	ATS	ATP	RRTS	CRTS	RET	Company / Organization:	Street Address:	City, State	Zipcode	Phone:	Fax:
Hayley D Murray	ATS	√					A.S.A.P. Medical Equipment & Supplies	16125 Timber Creek Pl Ln # 500	Houston TX	77084	281-463-6161	281-463-1313
Michael Pitifer	CRTS				√		ACE Medical Equipment, Inc.	7405 A. W. 82nd Street	Lubbock TX	79424	806-771-4976	806-771-2433
Michael S Duenas	ATS	√					Active American Mobility & Medical Supply	13003 Murphy Rd, Suite M-12	Stafford TX	77477	281-495-4400	281-495-4401
Jeffrey I McDaniel	ATS	√					Active American Mobility & Medical Supply	13003 Murphy Rd, Suite M-12	Stafford TX	77477	281-495-4400	281-495-4401
Michael Pitifer, Jr.	ATS, CRTS	√			√		ActivMedical Rehab	2317 W. University, Ste. C-6	Denton TX	76201	940-484-0228	940-484-0766
David F Weatherman	ATS, RRTS	√		√			ActivMedical Rehab	2317 W. University, Ste. C-6	Denton TX	76201	940-484-0228	940-484-0766
David Duarte*	ATS, CRTS	√			√		All Star Medical	6808 Alamo Downs Parkway	San Antonio TX	78238	210-767-8004	210-767-8024
David Duarte*	ATS, CRTS	√			√		All Star Medical	1101 West Pecan, Suite #8	Pflugerville TX	78660	512-251-5977	512-251-6017
Arthur P Gage	ATS	√					All Star Medical	1101 West Pecan, Suite #8	Pflugerville TX	78660	512-251-5977	512-251-6017
Thomas E Hedges	ATS	√					Alliance Seating & Mobility	1650 Independence Drive	New Braunfels TX	78132	512-573-6933	
Stuart K Strack	ATS	√					Alliance Seating & Mobility	7613 Katy Freeway, Ste C	HoustonTX	77024	713-357-1356	
Roberta Powell	RRTS			√			Alliance Seating & Mobility, division of Scooter Store	6221 Duke Dr	Corpus Christi TX	78414	210-615-0407	
Brent C Orr	ATS	√					Allumed,Inc	2004 E. Randall Mill# 503	Arlington TX	76011	817-299-8012	
Kenneth G Riffel	ATS, RRTS	√		√			Allumed,Inc	1103 W. Adams Avenue	Temple TX	76504	254-773-1226	254-773-1227
Sammy Rizzotto	ATS, CRTS	√			√		Allumed,Inc	1103 W. Adams Avenue	Temple TX	76504	254-773-1226	254-773-1227
Justin L Look	ATS, RRTS	√		√			Allumed,Inc	1103 W. Adams Avenue	Temple TX	76504	254-773-1226	254-773-1227
Edd N Spradling	ATS	√					Allumed,Inc	2004 E. Randall Hill Road #505	Arlington TX	76011	817-299-8012	
Ted J Ford	ATS	√					Apria Healthcare	609 Elm Street	Pilot Point TX	76258	972- 621-3457	
Eddie L Shelton	ATS	√					Apria Healthcare	255 Pennbright Drive, Suite 240	Houston TX	77090	281- 765-4474	
Kelly M Small	ATP		√				Assistive Technology Resources	2306 Guthrie, Suite 150	Garland TX	75043	972-226-9585	
Fred J Urbanovsky	ATS	√					Austin Wheelchair Co	5555 N Lamar, D-111	Austin TX	78751	512-452-7988	
Cenobio Chavez	ATS	√					BEK Medical	1239 Lafayette	El Paso TX	79907	915-599-1129	
							Bill Holt & Associates, Inc	815 N Travis Street	Sherman TX	75090	903-813-1957	903-870-1799
John R Minnick	ATS, CRTS	√			√		Border Mobility, Inc.	1201 W Houston St	McAllen TX	78501	956-683-1238	956-683-9472
Efrain R. Guerrero	RRTS			√			Border Mobility, Inc.	1201 W Houston Ave	McAllen TX	78501	956-683-1238	956-683-9472
James Edwin Stuckey	RRTS			√			Border Mobility, Inc.	1201 W Houston Ave	McAllen TX	78501	956-683-1238	956-683-9472
Misty D Homen	ATS	√					Britkare Home Medical	2112 S. Coulter	Amarillo TX	79106	800-861-9987	806-351-0071
George M Wesley	ATS	√					Britkare Home Medical	2112 S. Coulter	Amarillo TX	79106	800-861-9987	806-351-0071
Sara S Moore*	ATS, CRTS	√			√		Browning's Pharmacy & Healthcare	1517 W North Carrier Parkway, Suite 110	Grand Prarie TX	75050	972-206-7345	972-522-0103
Siobhan M Murphy*	ATP, RRTS		√	√			Browning's Pharmacy & Healthcare	1517 W North Carrier Parkway, Suite 110	Grand Prarie TX	75050	972-206-7345	
Brian E Peacock	ATS	√					Care Source	1020 N Valley Mills Dr	Waco TX	76710	254-751-1131	
Herb Chapman	ATS	√					Chest Diagnostic Therapeutic	837 N. Hwy 171	Mexia TX	76667	254-562-3803	
							Children's Special Needs Network	465 Osage Ln.	Temple TX	76501	254-778-6412	254-778-6785

Appendix C Accreditation Database

Staff:	Accreditation:	ATS	ATP	RRTS	CRTS	RET	Company / Organization:	Street Address:	City, State	Zipcode	Phone:	Fax:
Donald W Nelson	ATS	√					Choice Medical Equipment	2436 S I 35 East, Ste 346	Denton TX	76205	940-380-0455	
							CPS Medical, Inc.	2913 Teague Drive	Tyler TX	75701	903-592-7851	903-597-6927
John P McCarble	ATS, RRTS	√		√			Custom Healthcare, Inc.	85 IH-10 N, Suite 203	Beaumont TX	77707	409-832-6060	409-832-6061
							Custom Rehab of North Texas	810 S Saint Paul St.	Dallas TX	75201	214-744-3606	214-744-3609
Daniel R Mattiesen	ATS						Custom Rehab of South Texas	12907 Hwy 36	Needville TX	77461	979-793-7570	979-793-5540
Brian S Cole	ATS	√					CVI Medical	11329 N. Central Expressway	Dallas TX	75243	214-363-2289	
Abel R Villarreal	ATS	√					Economy Medical Rental, Inc.	101 West Sinton Street	Sinton TX	78387	361-364-3534	
Robert B Hudson	ATS, CRTS	√			√		Family Mobility	1901 50th Street	Lubbock TX	79412	806-771-9701	
Roddy Green	ATS	√					Freedom 2 Go Healthcare	3303 N 3rd Street, Suite 200	Abeline TX	79603	325-437-2382	325-437-1203
James Z. Leddy	RRTS			√			Freedom 2 Go Healthcare	3250 S Treadaway	Abelene TX	79602	325-437-3350	325-437-3420
Jeff L Day	ATS	√					Freedom Fighters of Texas	1942 C Industrial Blvd	Abilene TX	79602	915-795-0756	
							Health Reps	15330 LBJ Frwy, Suite 311	Mesquite TX	75150	972-279-7557	972-279-7778
Wendee L Stringer	ATS	√					Healthwell Medical	783 N. Grove, #128	Richardson TX	75081	972-480-0990	
Carol D Fare	ATP		√				Hightech Rehab Solutions	1611 Hickory Forrest	Seguin TX	78155	830-379-1454	
Rebecca A Dalrymple	ATS, CRTS	√			√		Home Care Supply	3400 Corral Creek Drive	McKinney TX	75070	972-660-7900	
Sherry D Ginter	ATS	√					Home Care Supply	20402 Willow Trace Drive	Cypress TX	77433	281-448-7299	
Samuel P Esquivel	ATS, CRTS	√			√		Home Medical Supply	1116 East Houston Street	San Antonio TX	78205	210-226-1482 x.277	210-299-1670
Mike R. Torres	RRTS			√			Home Oxygen and Medical Equipment	1308 Bedell Ave.	Del Rio TX	78840	830-719-1941 or 830-768-1818	830-778-8618
Micah J Mitchell	ATP		√				Hoveround Corp.	4621 Belladonna Drive	Fort Worth TX	76123	941-739-6200	
Ken C. Healy	RRTS			√			Independence Rehab Equipment	8844 Tradeway	San Antonio, TX	78217	210-832-9770	210-832-0010
Miguel Torres	RRTS			√			Innovative Mobility Solutions	12062 Hwy 730 North	Azle TX	76020	817-270-0794	817-377-9979
Richard B Cooper	ATS, CRTS	√			√		Integrated Rehabilitation Systems, Inc	1128 Luke Street	Irving TX	75061	972-313-0186	972-986-9093
Erik J Strader	ATP, CRTS	√			√		Integrated Rehabilitation Systems, Inc	1107 W Sanford	Arlington TX	76012	972-313-0186 x.101	972-986-9093
							Invacare	One Invacare Way	Elyria OH	44035	800-333-6900	
Thomas C Simon	ATS, CRTS	√			√		Majors Medical Service	1625 W. Mockingbird Lane, Ste 315	Dallas TX	75235	214-951-9710 x.206	214-951-9720
Roland Reyes	ATS	√					Marshall Mobility Plus	120 N 20th Street	McAllen TX	78501	956-971-8646	
							Marshall Mobility Plus	715 N. Cage Blvd.	Pharr TX	78577		
Michael A Bird	ATS, CRTS	√			√		Marshall Mobility Plus TXRPC-	120 No. 20th St,	McAllen TX	78501	956-787-8871 or 956-971-8646	956-787-2281
Albert O Pierce	ATS	√					Med Shop Total Care, Inc.	470 E. Loop 281	Longview TX	75605	903-236-0090	
Bill M Holt	ATS	√					Med-Equip	1514 S 31st Street	Temple TX	76504	(254) 771-1968	
Jorge Cabrera	RRTS			√			Medical Plus Supplies	13529 South Post Oak Rd.,	Houston TX	77045	713-440-6700 x.138	866-690-2307
Casey S Stephens	ATP		√				Mobility Medical Eqp.	4009 Lindbergh Dr.	Addison TX	75001	972-416-7774	
William R Cavender	ATS, CRTS	√			√		Mobility Unlimited	1024 E. Andrews Highway	Midland TX	79701	432-570-5079	432-687-4290

Appendix C Accreditation Database

Staff:	Accreditation:	ATS	ATP	RRTS	CRTS	RET	Company / Organization:	Street Address:	City, State	Zipcode	Phone:	Fax:
Lara Niemann*	ATP, RRTS		√	√			Mobility Unlimited	1020-E Andrews Highway	Midland TX	79701	432-570-5079	432-687-4290
Ines Roberto Reyes	ATS, CRTS	√			√		MRR Reyes Medical Equip, Inc.	1014 Garner Field Rd.	Uvalde TX	78801	830-591-2098	866-585-4633
John D Skaggs	ATS, CRTS	√			√		NATIONAL HOME HEALTH CARE	3615 SW 45th Avenue #3807	Amarillo TX	79007	806-379-7311 x.425	806-379-2077
Siobhan Murphy*	ATP, RRTS		√	√			National Seating & Mobility	1517 W. North Carrier Parkway, Suite 110	Grand Prairie TX	75050	972-206-7345	972-522-0103
Shelly Torres-West	ATS, CRTS	√			√		National Seating & Mobility	1517 W. North Carrier Parkway, Suite 110	Grand Prairie TX	75050	972-206-7345	972-522-0103
Stephen W Brewton	ATS	√					National Seating & Mobility	1517 W. North Carrier Parkway, Suite 110	Grand Prairie TX	75050	972-206-7345	972-522-0103
Rubin Mejia	ATS	√					National Seating & Mobility	2211 Denton Drive, Suite GJL	Austin TX	78758	512-833-9956	
Ronald J Seely	ATS, CRTS	√			√		National Seating & Mobility	1517 W. North Carrier Parkway, Suite 110	Grand Prairie TX	75050	972-206-7345	972-522-0103
Linda K Wilcox	ATS, CRTS	√			√		National Seating & Mobility	8313 Knight Road	Houston TX	77054	713-791-9080 x.214	713-383-9340
Edwina Murphy	ATP		√				National Seating & Mobility	1712 Story Street	Houston TX	77055	713-791-9080	
Britt N Sitzes	ATP		√				National Seating & Mobility	2211 Denton Drive, Ste J	Austin TX	78758	512-745-5088	
Robert Black	ATP		√				National Seating & Mobility	10810 Buck Skin Spur	San Antonio TX	78254	210-520-6481	
Ryan A. Martin	ATP, RRTS		√	√			National Seating & Mobility	8313 Knight Road	Houston TX	77054	713-791-9080 x.210	713-791-9084
Sara S. Moore*	ATS, CRTS	√			√		National Seating & Mobility	1517 W. North Carrier Parkway, Suite 110	Grand Prairie TX	75050	972-206-7345	972-522-0103
Tina M Peterson	ATS, CRTS	√			√		New Abilities Medical Equipment & Supplies	600 Sandau, Suite 900	San Antonio TX	78216	210-375-0003	210-375-0009
Robert Spitzmesser	ATS, CRTS	√			√		New Abilities Medical Equipment & Supplies	600 Sandau, Suite 900	San Antonio TX	78216	210-375-0003	210-375-0009
Lara L Niemann*	ATP, RRTS		√	√			Nurses Unlimited Managed Care, Inc.	PO BOX 4534	Odessa TX	79701	432-570-5079	
Kevin D Condict	ATS	√					Permobil	12226 Branston Drive	Austin TX	78753	512-415-4225	
Kenneth E Korth	ATS	√					Permobil	424 Hoover Drive	Lewisville TX	75067	214-222-4666	
Sean A Reeves	ATS	√					Permobil	3305 Yellowpine Terrace	Austin TX	78757	281-615-1636	
							Pet Pals of Texas	9834 Meadow Branch	Converse TX	78109	210-658-8821	210-658-9853
Robert L Spitzmesser	ATS, CRTS	√			√		Praxair Healthcare Services	7959 Fredricksburg Rd., Suite 135	San Antonio TX	78229	210-590-6124	
Sherry D. Ginter	ATS, CRTS	√			√		Praxair Healthcare Services	18227 Ammi Trail	Houston TX	77060	281-448-7299 x.4808	281-256-3698
Michael Polley	ATS	√					Preferred Home Medical	13213 Hwy 155 S.	Tyler TX	75703	903-509-0800	
Mary L Guy-Dia	ATS	√					Preferred Home Medical	13213 Hwy 155 S.	Tyler TX	75703	903-509-0800	
Raymond B Bockover*	ATP, CRTS		√		√		Preferred Home Medical	13213 Hwy 155 S.	Tyler TX	75703	903-509-0800	
Gerald F Ward Jr	ATS	√					Rehab In Motion	8666 Huebner Rd. #200	San Antonio TX	78240	210-696-1084	210-696-1085
Alexis C Ward	ATS, CRTS	√			√		Rehab In Motion	8666 Huebner Rd. #200	San Antonio TX	78240	210-696-1084	210-696-1085
Jerry E Cormier	ATS, RRTS	√		√			Rehab In Motion	1200 W. Polk Avenue, Suite L,	Pharr TX	78577	956-787-9511	956-787-9986
Sandy L Cormier	ATP, CRTS		√		√		Rehab In Motion	8666 Huebner Rd. #200	San Antonio TX	78240	210-696-1084	210-696-1085
Bennie G Jones	ATS, RRTS	√		√			Rehab In Motion	8666 Huebner Rd. #200	San Antonio TX	78240	210-696-1084	210-696-1085
Rhoni M Golden	ATP		√				Rehab Specialties	7045 Clayton Ave.	Dallas TX	75214	214-552-5555	
Heather M Pinkerton	ATS	√					Rehab Specialties	1868 W. Mockingbird Lane	Dallas TX	75235	972-323-9393	
Brandon Edmondson	ATS, CRTS	√			√		Rehab Specialties	7100 B. Grand Blvd.	Houston TX	77054	713-791-1011 x.13	713-791-1047

Appendix C Accreditation Database

Staff:	Accreditation:	ATS	ATP	RRTS	CRTS	RET	Company / Organization:	Street Address:	City, State	Zipcode	Phone:	Fax:
Robert L Norton	ATS	√					Rehab Specialties Inc	1868 West Mockingbird Lane	Dallas TX	75235	972-323-9393	
Brad J Updegrove	ATS	√					Rehab Specialties Inc.	1611 North I35 East, Suite 414	Carollton TX	75006	972-323-9393	
Gina K Leslie-Strack	ATP		√				Rehab Technologies	PO BOX 255	Spicewood TX	78669	830-798-1914	
Ricardo Garcia	ATS	√					Rehab. Medical Specialties	11394 James Watt, #601	El Paso TX	79936	915-592-8981	
David D Russell	ATS, CRTS	√			√		Russell Medical	4410 Dillon Lane, Suite 17	Corpus Christi TX	78415	361-808-7382	361-808-7367
Anne L Kieschnik	ATS, CRTS	√			√		Seating Profiles	10303 Northwest Freeway, Suite 100	Houston TX	77092	713-686-9950	713-686-2361
Manuel Yzquierdo	ATS, RRTS	√		√			South Texas Monitoring	3210 Reid Dr.,	Corpus Christi TX	78404	361-548-2054	956-618-1829
							Southwest Medical Reps	8338 Club Meadows Dr.	Dallas TX	75243	214-348-3102	
							Summit DME	1070 Arion Cr. Suite 164	San Antonio TX	78216	210-521-9800	210-521-7141
Raymond Bockover*	ATP, CRTS		√		√		Texas Assistive Technology Group	13213 B Hwy 155 South	Tyler TX	75703	903-509-0800	903-509-0803
Danny W Pelton	ATS	√					Texas DME, Inc.	604 N Nolan River Road	Cleburne TX	76086	817-645-4718	817-556-2063
Edward Waymire	RRTS			√			Texas DME, Inc.	604 N Nolan River Road	Cleburne TX	76086	817-645-4718 x35	817-556-2063
Thomas D Hafford	ATS, CRTS	√			√		Texas DME, Inc. / Mobility Dynamics	604 N Nolan River Road	Cleburne TX	76086	817-645-4718	817-556-2063
							Texas Physical Therapy Association	701 Brazos Street, Suite 440	Austin TX	78701	512-477-1818	512-477-1434
							The MED Group	3223 South Loop 289	Lubbock TX	79423	806-793-8421	806-793-6480
Patricia B Henley	ATP		√				The ROHO Group	4320 Bellaire Dr. S, #223W	Fort Worth TX	76109	817-925-9110	
Michael F Harrison	ATS	√					The Scooter Store	1650 Independence Drive	New Braunfels TX	78132	830-626-5833	
William G Roe	ATS	√					Therapy Supply House	6725 Stella Link	Houston TX	77005	713-669-0500	
Klaus F Koch	ATS	√					Travis Medical Sales Corp.	1104 West 34th	Austin TX	78239	512-458-4589	512-454-9521
Gary G Plakias	ATS, CRTS	√			√		Travis Medical Sales Corp.	1104 West 34th	Austin TX	78239	512-458-4589	512-454-9521
William L Townsend	ATS, CRTS	√			√		Travis Medical Sales Corp.	1104 West 34th	Austin TX	78239	512-458-4589 x.2006	512-454-9521
Cody J Murphy	ATS, CRTS	√			√		Trucare Medical	1432 West 16th St.	Mt Pleasant TX	75455	903-575-1305	903-572-5222
Gayle D Talley	ATP		√				United Rehab Specialists	2718 Pecan Meadows	Garland TX	75040	214-658-9097	
Lynn Springfield	ATS, CRTS	√			√		United Rehab Specialists	102 E. Ash	Garland TX	76530	254-399-0444	254-399-8242
Robert S Morgan	ATS	√					United Rehab Specialists	6807 Woodway Drive	Waco TX	76712	254-399-0444	254-772-0266
Will F Jiron, III	ATS, CRTS	√			√		United Rehab Specialists of Dallas	1350 Manufacturing Street, Ste. 107	Dallas TX	75207	214-658-9097 x.1104	214-658-9051
Clint J Kendrick	ATS	√					United Rehab Specialists of Dallas	1350 Manufacturing Street, Ste. 107	Dallas TX	75207	214-658-9097 x.1104	214-658-9051
Toby T Brown	ATS	√					United Seating & Mobility	10650 Culebra Suite 104, Box 204	San Antonio TX	78251	817-377-2225	
Timothy D Fontenot	ATS	√					United Seating & Mobility	1350 Manfacturing Street, #104	Dallas TX	75207	469-212-8041	
Edward E Harkey	ATS, CRTS	√			√		United Seating & Mobility	2030 N Hwy 360	Grand Prairie TX	75050	817-377-2225	
Lewis S Wallace	ATS	√					United Seating Specialists of Dallas	1350 Manufacturing Street, Ste. 107	Dallas TX	75207	214-658-9097	214-658-9051
Milton J White Jr.	ATS	√					Valley Mobility Plus, Inc.	4614 N. Expressway, P.O. Box 8577	Brownsville TX	78526	956-350-6505	
Patrick A Wallace II	ATS	√					Walson Inc.	50 North 11th St	Beaumont TX	77702	409-835-3091	
Heather A Kincannon	ATS	√					West Texas Rehab Center	4601 Hartford Street	Abilene TX	79605	325-793-3546	
Matthew G Geiger	ATS, CRTS	√			√		Wheelchair Shop, INC	1332 Upland Drive	Houston TX	77043	713-468-0696	713-468-1517
John L. Kaiser	ATS, CRTS	√			√		Wheelchair Shop, INC	1332 Upland Drive	Houston TX	77043	713-468-0696	713-468-1517
Ms. Nancy S. Rice	ATP, CRTS		√		√		Wheelchair Shop, INC	1332 Upland Drive	Houston TX	77043	713-468-0696	713-468-1517
Paul D. Rice	ATP, ATS, CRTS	√	√		√		Wheelchair Shop, INC	1332 Upland Drive	Houston TX	77043	713-468-0696	713-468-1517

Appendix C Accreditation Database

Staff:	Accreditation:	ATS	ATP	RRTS	CRTS	RET	Company / Organization:	Street Address:	City, State	Zipcode	Phone:	Fax:
Thomas L Cottle	ATS	√					Wheelchairs Plus	7719 Wurzbach Road	San Antonio TX	78229	210-949-1660	
John "Rex" Wojtek	ATS	√					Wheelchairs Plus	7719 Wurzbach Road	San Antonio TX	78229	210-949-1660	
Elizabeth Arceneaux-Agrapidis	ATP		√					23211 Prairie Pebble Ct	Katy TX	77494	832-607-8689	
Leslie M Armbruster	ATP		√				Ysleta Independent School	9600 SIMMS DRIVE	EL PASO TX	79925	915-434-5880	
Susan C Berlin	ATP		√				Magnolia ISD	5303 Lacreek Lane	Spring TX	77379	281-252-2111	
Karen D Biggerstaff	ATP		√					14342 Hill Prince	San Antonio TX	78248	210-492-7498	
Marianna V Bond	ATP		√					8816 Ashcraft Drive	N. Richland Hills TX	76180	817-498-6133	
Kathryn N Bouchillon	ATP		√					953 Yale Street #B	Houston, TX	77008	713-797-7621	
Garry C Bowman	ATP		√				Texas Dept. of Assistive and Rehab. Services	1507 Lunday Drive	Cedar Park TX	78613	512-337-0370	
Laura A Bracken-Rea	ATP		√					7100 Trail Lake Drive	Ft Worth TX	76133	817-907-0807	
Susan E Bueltel	ATS	√						71 Avenida De Silva	Abilene TX	79602	325-320-3894	
Jana M Burke	ATP		√				TX Children's Hospital	17198 St. Luke's Way, #300	The Woodlands TX	77384	936-321-0808 Ext: 223	
Mary Alice Cafiero	ATP		√					1710 Woodcreek Drive	Richardson TX	75082	972-235-1402	
Liza Canlas	ATP		√				Kids Developmental Clinic	8021 Bissonnet	Houston TX	77074	713-774-5437	
Lesa R Cearley	ATP		√				Round Rock ISD	2619 Chowan Cove	Round Rock TX	78681	512-428-3255	
Kaman S Chan	ATP		√				Texas Childrens Hospital	6621 Fannin St, MC WT21-329	Houston TX	77030	832-825-6140	
Richard N Cherry Jr.	ATP		√				South TX Veteran's Healthcare System	956 Blue Forest Dr.	Schertz TX	78154	210-392-0404	
Karen W Connell	ATP		√				Scott and White Hospital	2401 SO. 31ST ST	Temple TX	76508	254-724-2854	
Margene Cook	ATP		√				Texas Scottish Rite Hospital	2222 Welborn Street	Dallas TX	75219	214-559-7785	
Caren F Cornelius	ATP		√				ORS	302 Country Club Drive	Corpus Christi TX	78412	361-993-8080	
Margaret W Cunningham	ATP		√					805 Forest View St.	Friendswood TX	77546	281-332-8494	
Elizabeth A Dann	ATP		√				Austin Assistive Technology Consultants	18414 E Lakeview Dr	Jonestown TX	78645	512-947-3945	
Edward R DeLaCruz	ATP		√				Christas Santa Rosa	8603 Belhaven	San Antonio TX	78250	210-785-5289	
Carye L Edelman	ATP		√				Austin ISD	1519 Coronado Hills Dr.	Austin TX	78752	512-414-4965	
Jenifer S Fairchild	ATP		√					5030 Kent	Groves TX	77619	409-962-5325	
Laura S Fike	ATP		√					112 Pebble Beach	Trophy Club TX	76262	214-496-6958	
Helen C Fikes	ATP		√				Collin County Special Education Cooperative	6110 Baskerville	Rockwell TX	75087	972-422-9244 Ext 255	
Benjamin E Fritz	ATP, RET					√	Fritz Consulting, L.L.C.	6723 Country Field Drive	San Antonio TX	78240	210-788-2009	
Ginny Garrison-Tate	ATP		√				Hays CISD	233 Oak Springs	Seguin TX	78155	512-268-8250	
Eileen R Garza	ATP		√					26327 Pin Oak Drive	Magnolia TX	77354	713-805-5147	
Donna D Goldstein	ATP		√					2727 Ben's Branch Drive, Apartment 713	Kingwood TX	77339	281-641-8344	
Marta M Gonzalez	ATP		√					3324 Maple Leaf	Dallas TX	75233	214-857-0072	
Elizabeth A Goodrich	ATP		√					7707 Brinkworth Lane	Houston TX	77070	713-744-6559	
Mary Graves, ATP	ATP		√				Region One Education Service Center	1900 W Schunior	Edinburg TX	78541	956-984-6224	
Brigid Greenberg	ATP		√				Health South Rehab Hospital	1212 W. Lancaster Ave., Ste 208	Fort Worth TX	76102	817-289-3320	
Theresa L Gregorio-Torres	ATP		√					3810 Carnden Lane	Missouri City TX	77459	832-368-1011	
Catherine M Guthrie	ATP		√				Harris County Dept. of Ed.	6300 Irvington Blvd	Houston TX	77023 5118	713-696-8234	

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Staff:	Accreditation:	ATS	ATP	RRTS	CRTS	RET	Company / Organization:	Street Address:	City, State	Zipcode	Phone:	Fax:
Kathleen M Harrison	ATP		√					26870 Cynthia Drive,	San Antonio TX	78266	830-626-4745	
Bliss N Helpert	ATP		√				Heart of Texas	2268 Rosenthal Parkway	Lorena TX	76655	254-744-7728	
Wendy N Hicks	ATP		√				Hays CIDS	1790 Ruby Ranch Road	Buda TX	78610	512-749-8642	
Craig E High	ATS	√					University of TX at Austin	1 University Station, Stop A5800	Austin TX	78722	512-232-2848	
Emily S Howell	ATP		√				Healthsouth	1215 Red River,	Austin TX	78701	512-963-1601	
Kelly F Hunt	ATP		√				Arlington ISD	1333 W. Pioneer Pkwy	Arlington TX	76013	682-867-0812	
Sheila K Jenkins	ATP		√					7201 Goldfinch Rd	Texarkana TX	75501	903-614-4378	
Viki D Johnson	ATP		√				Round Rock ISD	312 S Myrtle St	Georgetown TX	78626	512-464-5688	
Wanda A Kapaun	ATP		√				Health Force Outpatient Rehab Services	4206 Retama Circle	Victoria TX	77901		
Heidi K Knight	ATP		√				Hays CISD	451 N Meyer	Kyle TX	78640	512-268-8250 Ext 6904	
Suzanne M Krenek	ATP		√					4615 Northfork	Pearland TX	77584	281-412-7050	
Rafferty Laredo	ATP		√				The Institute for Rehab & Research TIRR-	1333 Moursund	Houston TX	77030	713-797-5993	
Susan Leech	ATP		√				University of Texas El Paso	1101 N. Campbell	El Paso TX	79904	805-640-9686	
Roger E Levy	ATP		√				Tx Center for Disability Studies	10100 Burnett Road, The Commons Building 137; Ste	Austin TX	78758	512-232-0751	
John Linn	ATP		√				The Methodist Hospital	6565 Main Street, M 1024	Houston TX	77030	713-441-2675	
Ryan B Long	ATP		√				Baylor Institute for Rehabilitation	909 N. Washington Ave.	Dallas TX	75246	214-820-8896	
Joylina U Maghanoy	ATP		√				Socorro Independent School District	12512 Sun Terrace Avenue	El Paso TX	79938	915-937-1884	
Tamara E Marlin	ATP		√					3400 Welborn Street, #410	Dallas TX	75219	214-559-7790	
Christopher J Martinez	ATP		√				Summitt Therapies & Assistive Tech	3505 Capella Avenue	El Paso TX	79904	915-435-4360	
Kathryn Ann May	ATP		√					4413 Cisco Valley Drive	Round Rock TX	78664		
Stacy L McBain	ATP		√					804 Rose Mount Dr.	Longview TX	75601	903-234-9299	
Chris M Minor	ATS	√						7100-B Grand Blvd	Houston TX	77054	713-791-1011	
Sandra T McCormick	ATP		√				Clear Creek Independent School District	1615 Keystone Dr	Friendswood TX	77546	281-332-8494	
Andrew S McCord	ATS	√						3117 Angus Dr.	Plano TX	75025	214-226-8755	
Patrick J McDaniel	ATP		√				Technology and Inclusion	1206 Garden Street	Austin TX	78702	512-282-7161	
Peggi J McNairn	ATP		√				Education Service Center Region H	4924 Brazoswood Circle	Arlington TX	76017-1094	817-740-7594	
Janet M McSorley	ATP		√				Austin ISD	1519 Coronado Hills Dr.	Austin TX	78752	512-414-4964	
Julie L Miller	ATP		√				Austin ISD -Rosedale School	1519 Coronado Hills Dr.	Austin TX	78752	512-414-4962	
Mary E Moran	ATP		√				Summit In-Home Therapist	3329 Royal Jewel	El Paso TX	79936	915-241-5854	
Mary C Morelan	ATP		√				The Morelan Group	2317 South Branch Dr.	Arlington TX	76001	817-832-1124	
Anita Neff	ATP		√				Region XVII Education Service Center	ESC 17, 1111 W. Loop 289	Lubbock TX	79416	806-792-4000	
Rebecca A Peacock	ATP		√				Waco ISD	117 Northern Star	Bruceville TX	76630	254-857-9961	
Diana S Pettke	ATP		√				Pflugerville I.S.D.	3117 Pointe Place	Round Rock TX	78681	512-594-0181	
Alan S Phillips	ATP		√					812 Cherlynne Drive	Cedar Hill TX	75104	214-857-0073	
Daniel R Poulsen	ATS	√						3006 105th St	Lubbock TX	79423	806-239-9197	
Bobby J Ramsey	ATS	√						795 Bk Pickering Dr	Texarkana TX	75501	903-831-7424	
Deborah L Reeder	ATP		√					706 Campfire Trial	Pflugerville TX	78660	512-913-1657	
Gina R Ricardo Cowan	ATP		√				Texas Children's Hospital	6621 Fannin St. MC 2-2590	Houston TX	77030	713-770-6405	

Appendix C Accreditation Database

Staff:	Accreditation:	ATS	ATP	RRTS	CRTS	RET	Company / Organization:	Street Address:	City, State	Zipcode	Phone:	Fax:
Irene Rodriguez	ATP		√				Special Ed. Department/ SISD	313 S Rio Vista Road	El Paso TX	79927	915-937-1851	
Lou Ann Rosario	ATP		√				Region 19 Education Service Center	5248 Roger Maris	El Paso TX	79934	915-780-5353	
Piret Sari-Tate	ATP		√				Austin ISD	1519 Coronado Hills Dr	Austin TX	78752	512-414-4963	
Yvonne Smith	ATP		√				Arlington Indepedent School District	508 Chaffee Dr	Arlington TX	76006	817-475-7004	
Keith J Sofka	ATP		√				Caragonne & Associates	827 Union Pacific Blvd., PMB 71-388	Laredo TX	78045	866-285-0665	
Angela M Standridge	ATP		√				Region IV Esc	2014 Arlington St.	Houston TX	77008	713-744-6831	
Linda R Struckmeyer	ATP		√					3902 Antelope Trail	Temple TX	76504	254-721-5015	
Theresa L Tanchak	ATP		√					2518 Potomac Drive, Unit B	Houston TX	77057	713-744-6350	
Lisa A Terry	ATP		√				Therapy 2000	2701 Dallas Pkwy, Suite 140	Plano TX	75093	972-526-5877	
Patricia E Tully	ATP		√				Memorial Hermann TIRR - Occupational Therapy	1333 Moursuno Avenue	Houston TX	77030	713-797-7378	
Sandra A Valdez	ATP		√					817 English Street	Houston TX	77009-2001	832-250-3216	
Charlene M Valentine	ATP		√				Life Care Centers of America	649 Kerry St.	Crowley TX	76036	817-297-6261	
Joyce C Waggoner	ATP		√				Katy ISD	2806 Patna	Katy TX	77493	281-237-4399	
Gerilyn A Williams	ATP		√					216 So.Two and One-Half-Street	Nederland TX	77627	409-727-7663	
Leslie E Wilson	ATP		√				VA Medical Center-Dallas-PM&R	119 Randy Rd	Waxahachie TX	75165	214-857-0072	
Joy Smiley Zabala	ATP		√				Assistive Technology and Leadership	P.O. Box 3130	Lake Jackson TX	77566	979-415-4555	
Susan Zapf	ATP		√				AWARA Therapies	1705 Keystone Dr.	Friendswood TX	77573	281-482-1255	
Michele Z Harris	ATP		√				Mind, Body, Spirit Rehab	3632 Ranch Creek Drive	Austin TX	78730	512-344-4271	
*** Multiple Entries for Provider / Supplier**												