



Team Name: Home Care Team Lead: Director - Home Care, Palliative Care and Seniors Approved by: Regional Lead - Community and Continuing Care	Reference Number: CLI.5411.PL.011 Program Area: Home Care Policy Section: Service Delivery
Issue Date: February 21, 2023 Review Date: Revision Date:	Subject: Seating Cushions/Covers for Clients with Spinal Cord Injuries

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

POLICY SUBJECT:

Seating Cushions/Covers to Clients with Spinal Cord Injuries.

PURPOSE:

To provide direction for procurement and funding of seating cushions/covers to clients with Spinal Cord Injuries.

To identify eligibility criteria for wheelchair seating cushion/covers.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients.

Executive Limitation (EL-04) Planning & Budgeting.

POLICY:

Individuals with spinal cord injuries who meet Southern Health-Santé Sud eligibility criteria are provided a wheelchair seating cushion/cover.

Southern Health-Santé Sud Home Care available funds for a wheelchair seating cushion/cover is up to six hundred dollars (\$600.00); additional costs above this amount are the responsibility of the individual or other programs/agencies.

Cost for wheelchair seating cushion/cover repairs within the first three (3) years are the responsibility of the individual, unless covered under warranty. Consideration (overall condition of the seating cushion, repair versus replacement cost) will be given to an individual request for a repair versus the replacement of a seating cushion at the three (3) year time period.

Eligibility criteria for a wheelchair seating cushion/cover:

- Resides within Southern Health-Santé Sud.
- Meets the Spinal Cord Injury definition.
- Not been issued a cushion within the last three (3) years.
- May or may not be open to the Southern Health-Santé Sud Home Care.
- May or may not be a client of Spinal Cord Injury Manitoba.

Individuals do not meet the eligibility criteria for wheelchair cushion/cover if:

- Resides in another Service Delivery Organization or First Nations Community.
- Is a child under eighteen (18) in care of Child and Family Services or registered through Children with disABILITY services and eligible for the cushion/cover through these services?
- Resides in a Personal Care Home.
- Has funding through a third-party funder – including but not limited to: Manitoba Public Insurance Corporation (MPIC), First Nations and Inuit Health Branch (FNIHB), Worker's Compensation Board (WCB). Employment and Income Assistance (EIA) is not considered third-party funding under this program.

DEFINITIONS:

Spinal Cord Injury: Any individual with an American Spinal Injury Association (ASIA) Classification who requires a wheeled mobility device. This spinal cord injury may be traumatic or non-traumatic.

Wheelchair cushions: Separate, removable seat intended to perform one or more functions including modifying or accommodating the occupant's sitting posture, managing tissue integrity and/or providing comfort (ISO 77176-26, 4.7.15). This is excerpted from a Paralyzed Veterans of American document, "Glossary of Wheelchair Terms and Definitions, Version 1.0" December 2013.

Materials Distribution Agency (MDA): Agency of the Manitoba government specializing in the procurement, storage and distribution of products and equipment.

IMPORTANT POINTS TO CONSIDER:

- Manitoba Health Home Care Program Administrative Manual Policy # HCS 207.9 Equipment and Supplies 5.7 indicates that individuals with spinal cord injuries are provided with wheelchair cushions based on clinical assessment by authorized Regional Health Authority staff and individual Regional Health Authority established procedures.
- Client is eligible for replacement cushion every three to five (3–5) years as identified by the Occupational Therapist.

PROCEDURE:

1. All requests, whether first time or re-assessments must be completed by an Occupational Therapist (OT) following a seating evaluation. The request along with three

- (3) quotes where possible (ORG.1710.PL.003 Tenders and Quotations) for wheelchair cushion/cover is sent to the Case Coordinator.
2. The Case Coordinator registers the client to “Registration” and “Equipment” in Procura if not already done. If no other services, supplies or equipment are needed after the wheelchair cushion/cover is received by the client, the Case Coordinator discharges the client from “Registration” and “Equipment” in Procura and indicates “other” as reason.
 3. The Case Coordinator reviews the quotes and request to ensure individual meets eligibility criteria for the wheelchair cushion/cover.
 4. The Case Coordinator completes the Special Approval SBAR Clinical – Home Care (CLI.5415.PL.001.FORM.01) in Procura and sends the request and quotes to the Director - Home Care, Palliative Care & Seniors for approval.
 5. If the wheelchair cushion/cover is approved, the Director - Home Care, Palliative Care & Seniors sends the approval to the Case Coordinator and identifies the approved vendor.
 6. The Case Coordinator:
 - a. Notifies the client and requester/therapist that seating cushion is approved.
 - b. Reviews with the client and has them sign the supporting document, “Seating Cushions/Covers Client Information/Responsibilities” (CLI.5411.PL.011.FORM.01).
 - c. Informs client of their responsibility if costs exceed the six hundred dollars (\$600.00).
 - d. Orders the wheelchair cushion/cover from the approved vendor through Manitoba Distribution Agency (MDA) or Logistics (if vendor is other than Manitoba Distribution Agency).
 - e. Lists the Specialized Cushion in Physical Environment/Equipment section in Procura.
 7. If the wheelchair cushion/cover request is denied, the Director - Home Care, Palliative Care & Seniors provides rationale to the Case Coordinator who in turn advises the client and requester/therapist.
 8. If cost is greater than six hundred dollars (\$600.00), the Case Coordinator requests the vendor to direct bill the client for costs over six hundred dollars (\$600.00). Amounts greater than six hundred dollars (\$600.00) may be considered on a case by case basis.

SUPPORTING DOCUMENTS:

[CLI.5411.PL.011.FORM.01](#) Seating Cushions/Covers Client Information/Responsibilities

REFERENCES:

ORG.1710.PL.003 Tenders and Quotations
 CLI.5415.PL. 001.FORM.01 SBAR Clinical – Home Care
 ORG.1710.PL. 001.FORM.01 Purchase Requisition Form
 HCS 207.9 Manitoba Health Seniors and Active Living: Equipment and Supplies
 Standard Medical/Equipment Order Form – MDA