Meet Your Board Member:

Vince Paniak

Vince Paniak our board member responsible for Operations believes the passion our professionals have for making a difference in our clients and in our communities is the reason for the existence of ADED. It was important to Vince that he become a member of the board “to support its strengthening and its highly developed professional development.” In addition Vince has a background in the running of a $6M business of Driver Education (the only consistently profitable one in the AAA/CAA organization) and believes he can offer sound business fundamentals to help ADED grow revenues, market effectively and keep expenditures in line by looking at efficiencies. The board has seen Vince at work and agrees wholeheartedly that his knowledge and enthusiasm will make a positive impact on our performance.

Vince is currently the owner/principle in a new driver safety program called Humanfactor. He is working with insurance companies on crash reduction strategies with aging (over 75 years) drivers. He is also developing and delivering fleet programs involving driver psychology. His background is in Worker’s Health and Safety and Labor relations. His education includes a University graduate in Business, an Executive MBA program and Diplomas in Health and Safety, and Public Administration. He and Shirley have three teenage children.
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**SLIDE # 1** Peripheral Test Slide
**SLIDE # 2** Distance Letter Acuity Monocular/Binocular (20/200-20/20)
**SLIDE # 3** Psuedoisochromatic Color Perception
**SLIDE # 4** Near Letter Acuity Monocular/Binocular (20/100-20/20)
**SLIDE # 5** Lateral Phoria (1 Diopter Increments)
**SLIDE # 6** Vertical Phoria (1/2 Diopter Increments)
**SLIDE # 7** Stereo Depth Perception (400-20 Seconds of Arc)
**SLIDE # 8** Fusion
**SLIDE # 9** Distance Tumbling "E" Acuity Monocular/Binocular (20/200-20/20)
**SLIDE #10** Distance Number Acuity Monocular/Binocular (20/200-20/20)
**SLIDE #11** Road Sign Recognition & Depth Perception (620-323-145 Seconds of Arc)
**SLIDE #12** Color Recognition (Red, Yellow, Green, Blue)

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Optec 2000 Vision Tester is manufactured under U.S. Patent #4,452,515.
After approximately 10 years of faithful service, the ADED exhibit booth has been "honorably discharged" in favor of a more sleek and compact tabletop display. The new booth, which made its debut at the AOTA conference in Washington D.C. in June, is easier to ship and assemble and combines current photos with customized graphics and slogans. A committee, chaired by Sally Sullivan, (Membership Chair), solicited ideas and photos from our membership. This committee would like to thank those who submitted pictures for the new booth and assisted with feedback throughout the process. Our goal is to continue to upgrade photos and add to our collection as new ones are made available. We would also like to recognize Gene Broussard of Electronic Mobility Controls, Inc. who cheerfully donated his time to arrange our photos and ideas into an eye-catching design that truly represents the values and goals of our association. Please take a few minutes to check out the new booth at the ADED conference in August.

The Association of Driver Rehabilitation Specialists

27th Annual Conference, August 2-5, 2003
Hyatt Regency Crystal City, Arlington, VA

- Choose from 5-Full Day Pre-Conference Workshops
- Nine 3-Hour Professional Workshops
- State of the Art Exhibit Hall for Vehicle Modification and Driver Evaluation
- Certification Examination for the Driver Rehabilitation Specialist

This conference has been approved by AOTA and may be used to satisfy NBCOT certification renewal requirements for occupational therapists and occupational therapy assistants.

Contact ADED by phone at 800-290-2344 or 318-257-5055, Fax (318) 255-4175, www.aded.net.

To receive registration material, Early Registration deadline for the CONFERENCE is July 15, 2003. Registration deadline for CERTIFICATION EXAMINATION is June 1, 2003.

Spring 2003 News Brake


From Your Executive Board

It’s hard to believe 6 months into 2003 has passed. Your ADED Board and Executive Office have been very busy working on the behalf of the ADED membership.

ADED is on the move to increase awareness of benefits to individuals and businesses that become members of ADED. A new membership resource manual will be out soon, the website is taking on a new look and plans are in the process to provide on line courses in 2004. This is just a sample of some of the new ideas that are in process.

ADED is also creating exposure to 3rd party payees and referral sources by exhibiting at other conferences. ADED has purchased a new tabletop exhibit. (see article) The exhibit was unveiled in June in Washington DC at the AOTA conference. Then the exhibit traveled to Atlanta to the RESNA Conference where ADED and NMEDA exhibited together. ADED is promoting that an ADED member with a CDRS is the best choice when seeking driver evaluation and vehicle modification services. One way ADED is making this exposure is by distribution of the ADED recommended practices for delivery of driver rehabilitation services and the ADED fact sheets.

ADED is in need of adding some additional diagnosis to the fact sheets. ADED needs MD, Deaf, ADD, autism, Sensory Integration, LD and Vision. By making that statement, do we have any takers that are willing to take on one or more diagnosis to write the fact sheet? If you are willing contact Kathie at (859) 223-5826.

At the upcoming ADED conference Chad Strowmatt and Kathie will be meeting with the chapters. The plan is to get the chapters more involved with the local ADED members. There has been new policy and procedures written for the chapters. This meeting will be to get input on how the Executive Office can be of more support to the chapters and their local meetings.

All of us from the Executive Office are looking forward to seeing you at the 2003 conference.

Kathie, Mike, and Judy

Editors Note:

Those of you who know me must know how my excitement is growing as we get closer to conference. I absolutely love reuniting with my friends and colleagues in the field. I’m especially excited this year as I have already heard from friends who haven’t attended in a couple years. They tell me they’ll be there this year. I hope that’s a good sign that we will have a well attended conference.

While there if you see members of the conference committee, please express your gratitude. They work hard all year to bring us an excellent opportunity to network and to learn from the best of the best.

If you haven’t registered, there’s still time and I guarantee you will learn and grow from the conference. This is a great time of year to visit the Washington DC area! There’s so much to do there. You can’t go wrong in attending this one.

The newsletter continues to be a lot of fun for me. I have met so many wonderful people and found the membership to be very generous giving of their time and expertise to bring excellent articles to the publication. If you have sent me an article and it hasn’t been published, please be patient. It’s a wonderful place to be, having articles on standby due to space. However that doesn’t mean I don’t need more. There are so many topics our membership is anxious to learn more about. Our members tell me they are interested in topics ranging from very basic to complex so if you have an idea for an article, hesitate not more, write it, and send it to me. It’s a great way to be able to put “published author” in your credentials and you will be giving to the field. If there is a topic you think would be helpful to the newsletter please pass that suggestion to me as well and I will try to find an author.

Finally, I can’t thank our manufacturers and vendors often enough for their tremendous support of the newsletter and of our organization. This issue sets a new record for me in terms of paid advertising.

For advertising rates, please contact Lori Benner, MPA, OTR/L, CDRS at 717-531-7444 or e-mail lbenner@psu.edu.
Medicare Reimbursement for Driver Rehabilitation

By Karen Monaco, GTR/CDRS

Medicare reimbursement is now being provided to consumers of driver rehabilitation services at Monaco’s Therapy on Wheels, Inc. in Augusta, Georgia. It has taken me five long years to be able to utter this phrase. This is not only important for my business, my clients, and me but it is an important step in getting Medicare reimbursement for all occupational therapists specializing in driver rehabilitation.

My pursuit for getting Medicare reimbursement began when I started my private practice in 1997. Obstacles included denial of coverage for services provided in a motor vehicle. Federal guidelines for the delivery of outpatient occupational therapy require that services be provided in the patient’s home or in leased office space. Driver Evaluation in a leased, adapted motor vehicle was not considered to fall under those guidelines, as interpreted by Georgia Medicare Part B. An attorney specializing in insurance issues was consulted in anticipation of filing for a hearing with Georgia Medicare. Under my attorney’s direction, I filed claims at the end of 2002 with the following cover letter:

“Please find enclosed twenty-eight claims filed on behalf of Medicare beneficiaries, who received outpatient occupational therapy services from Monaco’s Therapy On Wheels, Inc. Please note that all services were provided either at my leased, professional office at 2914 Professional Parkway in Augusta, Georgia, or in my leased, adapted vehicle. I utilize both office space and leased vehicle space for the specific purpose of providing occupational therapy services to my clients.”

Apparently, Georgia Medicare reconsidered their position. They processed all claims submitted and provided reimbursement at 80%. Most of my Medicare clients also have secondary insurance, which is reimbursing the remaining 20%, for full coverage of service.

It is my hope that other OT’s, whether in private practice or affiliated with a rehabilitation center, will pursue Medicare reimbursement for driver rehabilitation services. The first step in the process is to contact the provider relation representative in your region, who can direct you in terms of who to talk to about coverage issues. In my case, I was referred to the medical director who, I was told, was the individual responsible for determining what medical services were covered under Georgia Medicare Part B.

The medical director was quite receptive to my position and encouraged me to submit professional (AOTA) supportive documentation for the inclusion of driver rehabilitation, behind-the-wheel, in particular within the scope of occupational therapy practice. I submitted information from texts utilized in occupational therapy curricula, Occupational Therapy: Practice Skills for Physical Dysfunction (Mosby) and Occupational Therapy in Physical Dysfunction (Williams and Wilkins). I included information that specifically referred to “driving” as an instrumental activity of daily living. AOTA’s series of Occupational Therapy Practice Guidelines for Adults with Traumatic Brain Injury and for Adults with Stroke not only include coding information on driving, they state that “comprehensive occupational therapy driving programs include both in-clinic and on-the-road evaluation and training.”

How does this affect the field of driver rehabilitation, including certified driver rehabilitation specialists from other educational disciplines? At the very least, it is a first step in getting more recognition for the field of driver rehab. Currently, CPT (current procedural terminology) codes are used by medical professionals only in billing for services. I used 9735 (self-care, adaptive equipment training) when billing for services. The Medicare fee schedule should be consulted annually to determine the most appropriate coding and reimbursement rates. As the value of driver rehabilitation services gains increased recognition, the role of the CDRS in the provision of services could be expanded to include reimbursement. The increasing population of older drivers and young, disabled drivers in need of driver rehab will ensure our continuing role in assisting people with safe driving and adaptive mobility issues. It is up to the collective membership of ADcD to advocate for reimbursement in the process of making driver rehabilitation available and affordable for anyone who needs it.
By Lori Benner, OTR/L, CDRS

As promised we will continue to discuss HIPAA law in our News Brake because it is having a very powerful impact on how we do business. An area that seems especially appropriate to “our driver rehabilitation world” is the Business Associate Agreement.

A “Business Associate” is a person or entity that performs certain functions or activities that involve the use or disclosure of personal health information. In other words if you are providing a third party information regarding a client in order for them to perform a service you must assure that they will not misuse the information you have provided. As mentioned in a former article you should also make sure you are only providing what is needed for the business associate to perform their function. In our world our vendors and manufacturers are business associates who we often provide PHI so that they may complete the proper modifications on vehicles and do the proper fittings for our clients.

PHI includes but is not limited to names, social security numbers, driver’s license, credit card numbers, addresses, names of relatives, name of employer, telephone or fax numbers, e-mail addresses, vehicle or other device serial numbers, finger or voice prints, types of injuries, types of treatments.

From the aforementioned list it is easy to see why our vendors are business associates and why we must have business service agreements with them. At The Penn State Milton S. Hershey Medical Center the director of purchasing is responsible for initiating contact with all identified third parties for the purpose of securing a Business Associate Agreement on behalf of the institution. The Driver Rehabilitation Team provided him with a list of the vendors our clients use for modifications and we now have an agreement on file from each of them. We have included our introductory letter and a copy of our Business Service Agreement for your review. It is rather lengthy, as are most contracts, but a very valuable document in assuring you have met the intent of the law. An important component of this document is that since it is a contract it should come from an individual who has signatory authority within your organization. For Hershey that was our director of purchasing. In your institution it could be an attorney, your chief compliance officer, a president, or another individual authorized by your board. If you have questions regarding this important step in complying with Hipaa please don’t hesitate to contact me. Our Director of purchasing has offered his assistance should you need it.

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GET A GRIP ON DRIVING
Mr. XXXXXX
XXX XXXXXX, Inc.

Dear Mr. XXXXXX:

As you may know, the final Privacy Rule (45 CFR Parts 160 & 164) issued by the Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires compliance with the privacy standards of HIPAA by all Covered Entities on or before April 14, 2003. After that date, release of patient health care records will be permissible only upon authorization of the patient or by methods specified in the regulations. The Milton S. Hershey Medical Center (Medical Center) is, of course, subject to the HIPAA privacy standards as a Covered Entity.

Your company presently performs certain functions or activities on behalf of the Medical Center, and may be involved in the use or disclosure of Protected Health Information (PHI).

The regulations permit disclosure of such records to another entity (described as Business Associates) in order to assist in the performance of health care functions. To do so, however, the Medical Center must obtain satisfactory assurances that the Business Associate will use the information only for the purposes for which it was engaged, will safeguard the information from misuse, and will help the Medical Center comply with its duties under the Privacy Rule. Business Associates specifically include those persons or firms providing services.

In order to assure that the Medical Center is in compliance with its obligations under HIPAA, I have enclosed two copies of a Business Associate Agreement already executed on behalf of the Medical Center. Please have an authorized individual sign and return one of the copies to me at the above address. Thank you for your cooperation in this matter. Should you have any questions pertaining to the agreement, please contact our department.

Sincerely,

XXXXXXXXX
YOUR TITLE
ADDENDUM TO XXXXXXXXXX SERVICES, INC. AGREEMENT

THIS ADDENDUM supplements and is made a part of the XXXXXXX SERVICES AGREEMENT, (hereinafter Agreement) by and between THE MILTON S. HERSHEY MEDICAL CENTER, a Pennsylvania nonprofit corporation with its principal place of business situated at 500 University Drive, Hershey, Pennsylvania 17033 (hereinafter TMSHMC) and XXXXXXXXXX SERVICES, INC. 123 Any Street, Some Town, Pa. 12345 (hereinafter Business Associate).

BACKGROUND

WHEREAS, TMSHMC and Business Associate are parties to the Agreement pursuant to which Business Associate provides certain services to TMSHMC and, in connection with those services, TMSHMC discloses to Business Associate certain confidential health or medical information (herein Protected Health Information or PHI) that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 (herein HIPAA) and the regulations promulgated thereunder (Privacy Regulations); and

WHEREAS, in order to comply with and satisfy the requirements of HIPAA and the Privacy Regulations, including not but limited to, Title 45, Sections 164.502(e) and 164.504(e), as the same may be amended from time to time, the parties desire to enter into this Addendum;

NOW, therefore, in consideration of the mutual promises set forth herein and with intent to be legally bound, the parties agree as follows:

Section 1 - Definition. As used in this Addendum, the term below shall have the following meaning:

1.1 Protected Health Information or PHI is individually identifiable health information, furnished by, obtained from, or created by TMSHMC or Business Associate.

1.2 "Individually identifiable health information" shall mean information that is a subset of health information, including demographic information collected from an individual, and that: (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and either (i) identifies the individual or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

1.3 All terms used in these definitions shall have the meaning ascribed to them by the Privacy Regulations unless otherwise specified herein.
Section 2 - Term

2.1 The term of this Addendum shall commence as of the effective date of the Agreement or as of XX/XX/XX.

2.2 Unless sooner terminated in accordance with this Addendum, this Addendum shall terminate upon the termination of the Agreement, except that all the terms and conditions hereof shall continue in effect so long as Business Associate possesses PHI.

Section 3 — Permitted Uses and Disclosures by Business Associate

3.1 TMSHMC hereby authorizes Business Associate to use PHI that Business Associate receives from or creates for TMSHMC to perform functions, activities, or services for, or on behalf of TMSHMC as specified in the Agreement, provided that such use or disclosure would not violate the Privacy Regulations if done by TMSHMC.

3.2 Business Associate may use PHI for its proper management and administration or to carry out its legal responsibilities. Business Associate shall not use or disclose PHI received from or created for TMSHMC except as permitted or required by this Addendum or as required or allowed by HIPAA and the Privacy Regulations, as they may be amended.

Section 4 — Requirements of Business Associate

4.1 Business Associate shall limit its request for and use and disclosure of PHI to the minimum necessary and take reasonable steps to limit access to PHI furnished or created under the Agreement to members of its workforce who have a need to use such information in connection with their responsibilities under the Agreement.

4.2 Business Associate shall implement and maintain appropriate safeguards to prevent the use or disclosure of PHI, other than as provided in this Addendum or as required by HIPAA or the Privacy Regulations.

4.3 Business Associate shall promptly report to TMSHMC within twenty-four (24) hours any use or disclosure of PHI of which Business Associate becomes aware that is not provided for or permitted by this Addendum. Business Associate shall permit TMSHMC to investigate any such report and to examine Business Associate’s premises, records and practices. Business Associate agrees to mitigate, to the extent practicable, any harmful effect of which Business Associate becomes aware, resulting from a use or disclosure of PHI in violation of this Addendum.

4.4 Business Associate shall disclose to its subcontractors, agents or other third parties only the minimum PHI necessary to enable Business Associate to perform or fulfill its specific
obligations under the Agreement, and agrees to ensure that any subcontractor, agent, or other third party to whom it provides PHI, agrees in writing to the same restrictions and conditions that apply under this Addendum to Business Associate, with respect to PHI.

4.5 Business Associate shall, at the request of TMSHMC make available PHI which is maintained by Business Associate or its agents or subcontractors for inspection or copying within ten (ten) days of receipt of such request to enable TMSHMC to fulfill its obligations as required by HIPAA and the Privacy Regulations.

4.6 Business Associate shall, at the request of TMSHMC make available PHI which is maintained by Business Associate or its agents or subcontractors for amendment and incorporate any such amendments to PHI, within ten (10) days of receipt of such request to enable TMSHMC to fulfill its obligations as required by HIPAA and the Privacy Regulations.

4.7 Business Associate agrees to document disclosures of PHI and information related to such disclosures as would be required for TMSHMC to respond to a request by an individual for an accounting of disclosures as required by HIPAA and the Privacy Regulations.

4.8 Business Associate shall implement a process that allows for an accounting of disclosures to be collected and maintained by Business Associate and its agents or subcontractors for at least six (6) years prior to the request, but not before the compliance date of the Privacy Rule. Such accounting shall include: (1) the date of the disclosure; (2) the name, and address if known, of the entity or person to whom the PHI was provided; (3) a brief description of the PHI disclosed; and (4) a brief statement of the purpose of the disclosure.

4.9 Business Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI available to the TMSHMC or to the Secretary of the Department of Health and Human Services for purposes of determining TMSHMC’s compliance with HIPAA and the Privacy Regulations.

4.10 Business Associate shall provide TMSHMC, upon request, its most current SAS70 Report (or equivalent documentation) in order to verify Business Associate’s systems and processing controls.

Section 5 - Indemnification

5.1 Business Associate agrees to indemnify and hold harmless TMSHMC, its officers, directors, employees and agents, from any and all liability, loss, claims, or damages, including reasonable attorney fees, resulting from a breach of this Addendum by Business Associate, or from Business Associate’s failure to comply with obligations set forth in HIPAA and the Privacy Regulations.
5.2 The provisions of Section 5.1 shall survive the termination or expiration of this agreement, and shall continue in effect unless and until any claim subject to this indemnification is barred by an applicable Statute of Limitations.

Section 6 — Remedies

6.1 TMSHMC may at its option immediately terminate the Agreement upon written notice to Business Associate without penalty if Business Associate violates this Addendum or any provision hereof, irrespective of whether, or how promptly, Business Associate may remedy such violation after becoming aware of the same.

6.2 Business Associate acknowledges and agrees that recovery of monetary damages will be an inadequate remedy for any breach by Business Associate of this Addendum, and that TMSHMC will suffer irreparable harm in the event of such breach. Accordingly, Business Associate agrees that TMSHMC shall be entitled to such equitable and injunctive relief as a court of competent jurisdiction shall deem appropriate in the event of a breach by Business Associate.

Section 7 — Obligations upon Termination of Agreement

7.1 Upon termination of the Agreement, Business Associate shall return to TMSHMC or destroy all PHI disclosed by, obtained from or created for TMSHMC that remains in Business Associate's possession in any form, recorded on any medium, or stored in any storage system. Business Associate will have thirty (30) days from the termination of the Agreement to return and/or confirm in writing to TMSHMC the destruction of the PHI in accordance with HIPAA and the Privacy Regulations. To the extent that the return or destruction of PHI within thirty days is prohibited by laws or regulations applicable to Business Associate, the provisions of this Addendum shall survive the termination of the Agreement and continue for so long as Business Associate possesses the PHI.

Section 8 - Amendment

8.1 TMSHMC and Business Associate agree to take such action as is necessary to amend this Addendum from time to time as is necessary for TMSHMC to comply with the requirements of HIPAA or the Privacy Regulations.

IN WITNESS WHEREOF, the parties have executed this Addendum to the Agreement this ______ day of ______________________, 200__.

THE MILTON S. HERSHEY MEDICAL CENTER

By: ________________________________
Title: ________________________________

XXXXXXX
SERVICES, INC.

By: ________________________________
Title: ________________________________
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By Dave Elvin

Motability – the leading car scheme for disabled people

Motability is a national UK charity, which helps disabled people become mobile, by making a wide range of cars and wheelchairs available through the Motability Scheme.

As Motability celebrates its Silver Jubilee in 2003, almost 400,000 disabled people and their families currently benefit from the Scheme. Since it was established in 1977, Motability has provided over 1.5 million cars and powered wheelchairs and the Scheme currently represents 6% of all new car sales in the UK.

How the Motability Scheme works

Disabled people can use their government-funded disability allowances to lease or buy a car, powered wheelchair/scooter through one of four main schemes:

• A three-year Contract Hire Scheme to lease a new car.
• A four or five-year Hire Purchase Scheme to buy a new car.
• A two, three, four or five-year Hire Purchase Scheme to buy a used car.
• A two, or three-year, Hire Purchase Scheme to buy a new powered wheelchair or scooter.

By far the most popular scheme is the Contract Hire Scheme, which offers disabled people a brand new car of their choice, from a wide-ranging list of approved manufacturers on a three-year lease. All maintenance and servicing costs are included, together with comprehensive insurance and breakdown assistance.

Who can apply?

To be eligible to join the Motability Scheme, applicants must be in receipt of a UK Government benefit called the ‘Higher Rate Mobility Component of the Disability Living Allowance’, or the ‘War Pensioners’ Mobility Supplement’. This must be awarded for long enough to complete the full length of their chosen agreement. Children from the age of three and non-drivers can also apply for cars as passengers, provided they receive the correct allowance.

Once a customer has chosen which scheme they wish to join, they then agree to pay over all or part of their allowance to Motability, depending on their choice of car/wheelchair, for the duration of their contract hire, or hire purchase agreement.

Motability Accredited Suppliers

All Motability Scheme cars and wheelchairs/scooters are available through a national network of over 3,500 Motability Accredited Suppliers. To become accredited, the suppliers are regularly inspected on-site to meet a set of standards, which are set by Motability, in order to ensure that all customers receive a First Class Service.

Adaptations to cars

For most Motability customers, a standard production car is suitable for their needs, but special adaptations are needed for around 10% of customers, to enable them to drive safely, or travel in comfort as a passenger. The adaptations are supplied and fitted by a network of around 120 First Class Suppliers accredited for Vehicle Adaptation and Conversion work.

Providing additional financial help

Motability also awards various grants to help those customers who need additional financial help. These grants go towards a range of essential vehicle adaptations and conversions, extra payments towards a chosen car and to assist in the funding of Driving Lessons.

As well as administering government-funded grants, Motability makes its own charitable grants. Motability’s Fundraising team exists to help meet this demand and raises money in a variety of ways, with the help of individual supporters, corporate support and events, trusts and appeals and employee fundraising initiatives.

For further information about Motability and its various schemes, please visit the Motability website at www.motability.co.uk.

A European Perspective

Motability is unique to the UK. Each country in Europe currently approaches mobility in a different way. The most recent project to address this issue and to gather much needed data on the number and type of adapted vehicles is called QUAVADIS (Quality and Use Aspects of Vehicles and Adaptations for DiSabled). Several countries were represented including Germany, Holland, Belgium, Italy and the UK. The project was completed in April (Continued on Next Page)
The outline for a Quality System was discussed as one of several areas of QUAVADIS, and it is very likely that there will be a subsequent project beginning late in 2003 to deal with its implementation. It is intended to involve more countries in Europe with this new project, bringing together governments, assessment agencies, adaptation manufacturers and user groups.

Adaptation Requirements

As there is no specific legislation in Europe for vehicle conversion or adaptation for disabled people, it is difficult to establish the minimum requirements for these products. Motability works with independent and government organizations wherever possible; in Europe as well as the UK, to develop and implement new standards. The Transport Research Laboratory (TRL) has commissioned to write Codes of Practice for vehicle adaptations by Motability. The first of these was published in 1st November 2002 and relates to Mechanical Hand Controls. Compliance with the codes is voluntary, however all products fitted to Motability vehicles have to be accredited to the Codes of Practice within a year of their publishing. Draft and published Codes are available from www.motability.co.uk on the News and Views Bulletin Board.

Initial discussion is also beginning with the European Mobility Group and NMEDA in order to improve standards and avoid duplication of work. There are plans to have a section of the Motability website dedicated to supplying technical and product information with links to key organizations working in the mobility industry later this year.

State of the Art

Adaptive Vehicle Control Products

Crescent Industries has been manufacturing reliable vehicle control products for many years from complete systems to an individual relay pack to help with the small jobs.

At Crescent, we do not lose sight of our mission... to help others. We believe in handing a person the key to unlock the door of dependency and to enter the world of independence. We have a Can Do attitude!

New product!

1997 Ford Heater Control
Craig Hospital is looking for an Occupational Therapist CDRS for its Adaptive Transportation Program.

Set your sights higher and build your career with Craig Hospital.

Craig Hospital is a nationally renowned rehabilitation hospital that exclusively serves patients with traumatic spinal cord or brain injury and is part of the National Model Systems of Care. This is a full-time position in a well established program that includes clinical and BTW evaluation and training, collaboration with mobility dealers for prescription of adaptive equipment and vehicle modifications, and program management. The candidate would replace the current CDRS who will be retiring in the summer of 2004. Some overlap will be necessary for orientation and training. Clinical adult rehabilitation experience and at least 2 years of experience in adaptive driving is required. Knowledge or experience in working with high tech driving systems is desired.

Your experience and skills will be recognized and rewarded with competitive pay and a generous benefits package, including medical and dental insurance, progressive tax-sheltered annuity program, fitness center, tuition reimbursement, and more. We invite you to apply online at our website at www.craighospital.org, by fax to 303-789-8884, by e-mail to humanresources@craighospital.org or in person to the following:

Craig Hospital
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Spring 2003 News Brake
Farmington, NM - June 17, 2003 - Independent Mobility Systems announced today that the Sienna Rampvan, the company’s new wheelchair-accessible minivan, has successfully completed crash testing in compliance with the requirements of the National Highway Traffic Safety Administration (NHTSA).

The Sienna Rampvan pairs the 2004 Toyota Sienna minivan with the IMS mobility conversion.

The three-phase testing of the Sienna Rampvan was performed at MGA Research Corporation’s automotive testing facility in Burlington, WI. According to Paul Edwards, IMS’ engineering manager, “The test vehicle was subjected to front, rear, and side impacts using industry-standard crash dummies and procedures.” After each impact, Edwards explained, the converted minivan was rated according to how well both the vehicle withstood the crash. The van was also subjected to a 360-degree rollover examination to check for fuel leaks. Government regulations allow for a small amount of fuel to leak immediately after a test collision. “We had zero fuel leakage in three crashes, so the conversion performed perfectly,” Edwards said.

The first crash was a frontal impact, in which the Rampvan impacted a solid barrier at 30.1 miles per hour (mph), to simulate a head-on collision. The Sienna’s forward crumple zones bore the brunt of the force, allowing the vehicle to achieve an IMS best-ever Head Injury Criteria (HIC) rating for the frontal impact test.

The purpose of the second, rear impact test is to ensure compliance with Federal Motor Vehicle Safety Standard (FMVSS) 301, which sets standards of integrity for vehicle fuel systems. IMS relocates the Sienna’s fuel tank from the center of the van to behind the rear axle, so this was a critical measure of the safety of the conversion. After a 30.2 mph rear-barrier impact, the results were excellent. No fuel leakage was detected, and the conversion’s high tensile steel safety cage effectively mitigated the force of the crash.

The third test was the side impact. Though current government regulations allow a less stringent 20 mph flat-barrier crash, IMS elected to perform the more severe enhanced side crash test, which uses a deformable barrier traveling at 33.5 mph. The Sienna Rampvan passed this third test safely and successfully, with no fuel leaks, ensuring compliance with both current and future standards.

With crash testing successfully completed, the Sienna Rampvan now meets or exceeds all U.S. and Canadian safety standards. IMS plans to continue with its rollout of the Sienna Rampvan in its initial launch markets in California and Arizona. The conversion company expects to deliver its first retail unit in August 2003.
New Flat-Button Mini-Touch Control Pad For Drivers With Limited Finger Range of Motion

ACCESS UNLIMITED, INC.—Do your driver rehab clients have trouble using the toggle switches on their secondary function control pad? Access Unlimited, manufacturer of alternative vehicle access products for people with disabilities, has introduced a new flat-buttoned configuration of the Mini-Touch Secondary Vehicle Function Control Pad. This new flat-buttoned Mini-Touch was designed to help drivers who require secondary controls but struggle to flip toggles from side to side. People who have had a stroke, arthritis, MD or MS may have limited finger range of motion, limited strength and/or pain in their fingers. This makes it difficult for them to operate some devices on the market today that are supposed to help them drive. The new flat-button configuration of the Mini-Touch operates with direct pressure from one or more fingers, requiring little strength or range of motion.

The MINI-TOUCH is a steering wheel-mounted control pad that operates the vehicle’s important secondary functions such as high/low beams, wiper/washer and turn signals. The Mini-Touch is available in 6 and 12 function models, and can be mounted in many positions on or behind the steering wheel, according to the driver’s needs. A new small-footprint unit will be introduced at ADIEx 2003; this compact pad will fit into the smallest opening in the steering wheel, such as the 4:00 position on a 2003 Dodge Caravan, making it unobtrusive but still convenient and ergonomic for the user.

For more information, contact TC at 1-800-849-2143.

Access Unlimited, Inc. designs and manufactures innovative mobility equipment that gives people with disabilities the power to drive or ride in the vehicle of their choice.
Mark Your Calendars

The calendar of upcoming events is provided as a service to ADED members. News Brake does not confirm the accuracy of the information provided. Please verify dates and locations with the organizations listed.

**August 2-5, 2003** Arlington, Va. 27th Annual ADED Conference. Phone: 800-290-2344


**October 6-10, 2003** Orlando Fla. Building Blocks for Becoming a Driver Rehabilitation Specialist. Adaptive Mobility Services Workshop. Phone 407-426-8020


**November 7-7, 2003** Plymouth, MA. NETSEA/ADED Conference. Radisson Hotel. Contact 1-800-987-2753


**February 25-28, 2004** Dallas, Texas NNMEDA Conference


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This conference has been approved by AOTA and may be used to satisfy NBCOT certification renewal requirements for occupational therapists and occupational therapy assistants.

Contact ADED by phone at 800-290-2344 or 318-257-5055, Fax (318) 255-4175 or www.aded.net to receive registration material. Early Registration deadline for the CONFERENCE is July 15, 2003. Registration deadline for CERTIFICATION EXAMINATION is June 1, 2003.

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  - American Occupational Therapy Association
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  - National Rehabilitation Association
  - RESNA - The Rehabilitation Engineering and Assistive Technology Society of North America
  - American Kinesitherapy Association
  - Driving School Association of the Americas
• Web Page Links

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ADED Membership runs from January 1 through December 31.

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- Student: Full-time student who is not eligible for individual membership. $25
- Vendor: Business involved in service, installation, and sales of equipment used in driving, and driver education for the disabled. $100
- Corporate: An organization or business that manufactures products used in driving and driver education for the disabled. $200

Checks must be in US. Funds made payable to ADED. Mail this application and dues to:

ADED
711 S. Vienna
Ruston, LA 71270
318-257-5055 • 800-290-2344

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The 2004 Sienna Rampvan
Exclusively from Independent Mobility Systems
In order to keep updated on what is going on with ADED members across the country, I need your help. Take a minute and fill out this form, fold it and mail it.

- ☐ Been Promoted?
- ☐ Started a new program or expanded an existing program?
- ☐ Presented at a workshop or conference?
- ☐ Doing a research project?
- ☐ Ideas for an article or “Shifting Gear” question?
- ☐ Other: ____________________________

Details: __________________________________________________________________________
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Look under “Key Notes” in the next newsletter for your item.

Name: ____________________________
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NEWSLETTER DEADLINE:
The next deadline is September 15, 2003. Please send any articles, pictures or news information to:

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