



# **Customer Handbook**

**Inside is important  
consumer information about  
your wheelchair/equipment**

**PLEASE READ TODAY**

## Important Names & Numbers

**Custom Mobility, Inc.**  
**7199 Bryan Dairy Rd**  
**Largo, FL 33777**  
(727) 539-8119 – Pinellas / (800) 622-5151  
1-855-834-7315 - Fax

Business office hours: 8:00am to 4:30 pm Monday through Friday with 24 HOUR voice mail system.

Email us at [service@custom-mobility.com](mailto:service@custom-mobility.com) or visit our website at [www.custom-mobility.com](http://www.custom-mobility.com)

**PRESIDENT** ..... Bruce Bayes

### **REHAB SPECIALISTS** By County:

Scott McGowan, ATP, CRTS	Sales Manager
Rick Capps, LPN, ATP, CRTS	Pinellas, Pasco, Polk, & Hernando
Gary Bayes, ATP, CRTS	Hillsborough, Lake, Sumter, Citrus, Marion, Levy, Putman
John Kristof, ATP, CRTS	Lake, Orange, Seminole, Flagler Brevard, Indian River, Okeechobee, St. Lucie, Martin, Palm Beach
Sean Maguire, ATP, CRTS	Broward, Miami-Dade, Monroe, Collier
Rob Kriebel, ATP/SMS, CRTS	Manatee, Sarasota, Charlotte, Lee, Hardee, Desoto, Highlands, Pinellas
Gregg Platis, ATP, CRTS Adaptive Sports/Recreational Equip. & Adult Rehab	Pinellas, Pasco, Hillsborough, Polk, Manatee, Sarasota
Glen Hales, ATP	Sales

### **FUNDING MANAGERS**

Barbara Berenger	Funding Director: Traditional Medicare, Private/Commercial Insurance & Medicare Advantage Plans
Sarah Esposito	Medicaid

**CUSTOMER SERVICE**

Dennis Jacobs

Customer Service Supervisor

**WHEELCHAIR SERVICE DEPARTMENT**

Dennis Jacobs

Field Technician Coordinator

Donnie Machine

In-house Service Supervisor/Retail Sales

Barbara Kriebel

Funding Manager

Carole LaViana

Funding Specialist

Table of Contents

<b>Important contact names and phone numbers.</b>	.	.	.	<b>2</b>
<b>Must read – Important things to remember.</b>	.	.	.	<b>4</b>
<b>Customer Rights and Responsibilities.</b>	.	.	.	<b>5</b>
<b>Medicare Supplier Standards.</b>	.	.	.	<b>6</b>
<b>Privacy Notice-Custom Mobility Inc's Health Information Practices</b>				<b>9</b>
<b>Customer Compliments/Complaints.</b>	.	.	.	<b>12</b>
<b>Equipment Order Process.</b>	.	.	.	<b>12</b>
<b>Home Safety Checklist &amp; Warranty Information</b>	.	.	.	<b>13</b>
<b>Disaster Readiness Tips.</b>	.	.	.	<b>14</b>
<b>Product Information – Manual Wheelchairs.</b>	.	.	.	<b>18</b>
<b>Product Information – Power Wheelchairs, Scooters, &amp; Batteries</b>	.	.	.	<b>21</b>
<b>Rental &amp; Loaner Wheelchairs.</b>	.	.	.	<b>22</b>
<b>Wheelchair Maintenance and Cleaning.</b>	.	.	.	<b>23</b>
<b>Code of Ethics.</b>	.	.	.	<b>23</b>
<b>Professional Affiliations.</b>	.	.	.	<b>24</b>

Re011122023

MUST READ:

## **Important things to remember when using your wheelchair**

**Anti-Tippers-** Custom Mobility, Inc recommends and provides rear anti-tipper devices on all wheelchairs, when appropriate for the wheelchair user. These devices are for the safety of the user and are intended to remain on the chair in the downward position. Consumers who choose to remove these devices or operate the wheelchair with the anti-tippers in the upward position do so at their own risk.

**Pelvic Positioning Belts-** a pelvic positioning belt will be provided and attached to the wheelchair for proper positioning. It should always be used as directed.

**Vehicle transportation-** Wheelchair frames, accessories including pelvic positioning belts and seating systems are **not** designed to transport persons within any vehicle. If the system is used for vehicle transportation it is at the users own risk.

**Cell phone use-** cell phone use is discouraged while in motion in a wheelchair. You should bring the wheelchair to a complete stop. Using the cell phone while moving in a wheelchair, can result in bodily injury or damage to the equipment.

**Please Review Additional Safety tips listed throughout this booklet.**

### **CUSTOMER RIGHTS: You have a right to**

- be treated fairly with courtesy and respect.
- be informed in advance about the service to be provided, about any modifications to the care plan, and of anticipated outcomes
- be informed of any barriers in outcome achievement
- receive quality homecare equipment services regardless of race, creed, religion, sex, or source of payment.
- be informed about any financial obligations and expected payment from third party services
- be allowed reasonable participation in decisions regarding your homecare services.
- refuse equipment and services, accepting full responsibility for that refusal.
- formulate advance care directives.
- choose your provider of homecare services.
- receive homecare services in a timely manner, appropriate for your needs.

- be assured of confidentiality, be advised of company policy regarding disclosure, review your records, approve or refuse the release of records.
- have competent and qualified people carry out the services for which they are responsible, be able to identify visiting staff members through proper identification, and be communicated with in a way that you can reasonably understand
- be given reasonable notice of discontinuation of services.
- be informed of any financial benefit when referred to an organization.
- be fully informed of your responsibilities
- voice your grievances and recommend changes in policies and services, have grievances investigated
- report unethical practices to the State's toll-free phone number for the central abuse registry. To report abusive, neglectful, or exploitative practices, please call toll-free 1-800-962-2873. You may also report to the Accreditation Commission for Health Care Inc. at 855-937-2242.

## **CUSTOMER RESPONSIBILITIES: You are responsible to**

- provide to the best of your knowledge, accurate and complete information.
- notify all of your relevant health care professionals of the existence of any Advanced Directives.
- follow the plan of care or service recommended by your care team.
- understand and accept the consequences for outcomes if the care plan is not followed.
- care for, use as instructed, and return rental equipment in good condition, normal wear and tear expected.
- pay for the replacement costs of any equipment damaged, destroyed or lost due to misuse, abuse, or neglect.
- notify Custom Mobility of any equipment malfunction or defect and allow company technicians to enter the premises to repair, relocate, or provide substitute equipment.
- be responsible FOR ANY PAYMENT NOT PAID by your insurance company, except where not allowed by law.
- make it known that you clearly understand the equipment and services being provided.
- advise Custom Mobility of any changes in your status, including address, medical condition, etc.
- understand that the TERMS OF ALL RENTALS shall repeat on the monthly anniversary date of the original rental.

## Medicare DMEPOS Supplier Standards

**Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).**

The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements. If a State requires licensure to furnish certain items or services, a DMEPOS supplier must be licensed to provide the item or service and must employ the professional on a full time or part time basis unless the State permits contracting of licensed services. A supplier may contract with an individual or other entity to provide licensed services unless State law expressly prohibits such an arrangement.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must have a permanent visible sign in plain view, posting hours of operating, be at least 200 square feet and contain space for storing records which include the supplier's delivery, maintenance and beneficiary communication records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these

standards. The supplier location must be accessible to beneficiaries during reasonable business hours and must maintain a visible sign and posted hours of operation.

9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone

number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.

21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date – Oct 1, 2009.
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet surety bond requirements specified in 42 C.F.R 424.57(c). Implementation date- May 4, 2009.
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.



# **NOTICE OF PRIVACY PRACTICES**

## **CUSTOM MOBILITY INC.**

This notice describes how Medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **Understanding Your Health Information**

Each time you are provided service or receipt of equipment from Custom Mobility a record of this is made. Typically, this record contains personal health and personal information. This information, often referred to as your medical record, serves as a:

- basis for planning the service provided
- means of communication among the many health professionals who contribute to your care
- legal document for describing the service you received
- means by which you or a third party payer can verify that equipment or services billed were actually provided
- a tool with which we can assess and continually work to improve the service we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when and why others may access your health information
- make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of Custom Mobility, Inc. this information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- obtain a copy of the notice of information practices upon request
- inspect and copy your health record as provided for in 45CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- revoke a written authorization
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528

- request communications of your health information except to the extent that action has already been taken.
- request a electronic copy of your record to be given to you or transferred to another individual. Every effort will be made to provide the information in the form or format you request as described in 45 CFR 164.542 (c)(2).
- be notified upon a breach of any of your unsecured Protected Health Information as stated in 45CFR 164.520.
- to request that any service paid for privately not be disclosed to a health plan for purposes of payment. 45 CFR 164.520 (b)(i)(ii)( E).
- to request that we communicate with you in a certain way.
- To request confidential communications. You must make your request in writing to the Compliance Office at the address below. Your request must state how you wish to be contacted. We will accommodate reasonable requests.

If you request a copy of your medical information, we may charge you a reasonable fee for the paper, labor, mailing, electronic and/or retrieval costs involved in filling your requests. We will provide you with information concerning the cost of copying your health information prior to performing such service. We have 30 days to make your Protected Health Information available to you. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs based benefit program.

All requests, noted above, must be made in writing. The title, address and telephone number of the person to whom you may file your request is listed on the last page of this document.

### **Custom Mobility, Inc. Responsibilities**

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of our notice that is currently in effect.
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means of at alternative locations.
- Custom Mobility reserves the right to change our practices and to make the new provision effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us with.
- Custom Mobility will not use or disclose your health information without your written authorization, for purposes other than described in this notice. You may revoke such authorization in writing.

**Special Situations:**

We will disclose Health Information when required to do so by international, federal state or local law. This would include court or administrative order, subpoena, warrant summons or similar process. We may disclose Health Information to our Business Associates that perform functions on our behalf or provide us with services if the information is necessary to provide service. All Business Associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. If you are a member of the armed forces, we may release Health Information as required by military command authorities.

**Examples of Permissible Disclosures for Treatment, Payment and Health Operations.**

Any request for Protected Health Information from a payment source for the purpose of making a determination to pay or approve a claim is permissible

Any request for Protected Health Information to a Physician's office, Therapist or other Professional for the purpose of providing appropriate Equipment or Service is a permissible request

Any request for Protected Health Information to a Physician's office, Therapist or other Professional for the purpose of securing payment for services is permissible

Other disclosures of Protected Health Information are permissible for Treatment, Payment or Operational Function of Custom Mobility Inc.

From time to time Custom Mobility may disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care in order to schedule service or equipment delivery or provide appointment reminders

**Minimum Necessary Rule:**

Custom Mobility will employ whenever possible the minimum amount of Protected Health Information (PHI) necessary to accomplish the intended purpose of the use or disclosure. Minimum necessary does not apply to Treatment, Payment or Operational disclosures.

**For More Information or to Report a Problem**

If you have questions and would like additional information you may contact the Privacy Compliance Officer at Custom Mobility Inc., 7199 Bryan Dairy Road Largo, FL 33777-1502. Phone (727) 539-8119.

If you believe your privacy has been violated, you can file a complaint with the Director of Health Information Management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

You have a right to have a paper copy of this notice.

Effective Date: March 26, 2013

## Customer Compliments/Complaints

Any customer who wants to communicate information to the company, positive or negative, is encouraged to do so. Any customer who feels his/her rights have been denied, who desires further clarification of rights, or who desires to lodge a complaint or express dissatisfaction with any aspect of service or equipment, should contact us through the main number 727-539-8119, without fear of reprisal by the company or any of its employees. If the issue cannot be resolved by the customer service representative, it will automatically be forwarded to the appropriate manager.

Report unethical practices to the State's toll-free phone number for the central abuse registry. To report abusive, neglectful, or exploitative practices, please call toll-free 1-800-962-2873. You may also report to the Accreditation Commission for Health Care Inc. at 855-937-2242.

## Equipment Process Evaluation to Delivery

1. Equipment requests are received from clients, doctors, therapists, nurses and health-plan coordinators. Our first step is to gather the initial information. This includes your name, address and phone#, all health-plan information, your diagnosis, what type of equipment you are currently using, and contact information for the other healthcare professionals involved in your care.
2. We will verify your health plan benefits, confirming if you have a deductible, co-pay percentage, what type of documentation is required for your equipment, and if prior authorization is required. We will re-verify your benefits when we place the equipment order with the manufacturer, and again at the time of delivery. If we discover any changes in your coverage, we will contact you immediately and discuss the options you may have. **It is your responsibility to notify us of any changes** in your health coverage, including Medicare and Medicaid. Not notifying us of any changes can result in the delay of delivering your equipment or increased out of pocket costs to you.
3. Once your benefits are verified, a date to evaluate your equipment needs is scheduled. This appointment can be done at a wheelchair clinic, your home, or our facility, and will include our seating and mobility specialists, your therapist and/or nurse, and sometimes your doctor. Your equipment options will be discussed with you and measurements taken of your body to ensure you get the proper size equipment. For this appointment, bring the information on your existing equipment: what type, where you got it, who paid for it, how old is it. This will help speed along the process. During this appointment you will be asked to sign a consent form. This authorizes us to have access to your medical information to get you the equipment. You will also sign that you have agreed to participate and consent to the order and that you would be

responsible for the cost of any non-covered items, if you choose to order them. You will receive an additional packet of information with your rights and responsibilities and safety information.

4. After your evaluation, our staff, and your doctor and therapist complete all the necessary paperwork to submit to your health plan. Prior authorization is required for most insurances. The time frame varies on how long it takes, but generally less than 45 days, sometimes it is longer. Copies of the charges are available upon request.
5. Once we receive authorization from your health plan and review and secure any co-pay balances due with you or your secondary funding source, we will place an order to buy the equipment. We will re-verify your health plan benefits at this time. If your coverage has changed, we will notify you to discuss your options.
6. Due to the complicated nature of the equipment, we provide, it can take 1-3 weeks for all of the wheelchair components to arrive. Once received, our shop technicians assemble the equipment to your measurements and your needs, based on the evaluation notes. Your equipment goes through quality assurance checks to make sure everything is OK.
7. Health plan benefits are verified once more when our production department has finished assembly, then your seating specialist will contact you to deliver the equipment. During the delivery appointment, you will be educated on the safe use of the equipment.
8. **WARRANTY INFORMATION:** During the appointment, you will receive the equipment owner's manual which will include important warranty information about your product. We will honor all warranty repair work needed as required under State law. Please complete the equipment warranty card in case the manufacturer has a recall on their product.

### **Home Safety Checklist**

Below is a general checklist for home safety while using home medical equipment:

- Post all important phone numbers by the phone
- If you are on several medications, post a list of the name of the medication, the dosage, and name of doctor by the phone or on the refrigerator
- Change smoke detector batteries two times a year; when you change the clocks
- Remove clutter in halls, around bed and tables, to avoid tripping and injury

- Remove or secure all throw rugs on the floor
- Pad sharp edges of furniture to avoid injury
- In case of fire, have a plan to escape your home
- If you require assistance to get out of your home in an emergency, notify the fire department, so they are aware
- Notify the electric company if you have medical equipment that requires electricity in case of a power outage
- Do not overload outlets. Use a surge protector strip for more than 2 items.

If you need assistance with any of these items, contact your primary care giver or visiting nurse

### **Use of Latex Notice**

Medical and Healthcare professionals may use latex gloves during physical contact with customers. **Please alert staff immediately** if you have an allergy to latex or ever had a reaction to latex. These symptoms could include itching, hives, runny nose, itchy/teary eyes, rash, trouble breathing, nausea, facial swelling, or swelling in other parts of the body and/or anaphylactic shock. If you experience any of these symptoms, you should contact your health care provider or call 911.

## **DISASTER READINESS TIPS FOR PEOPLE WITH DISABILITIES** **Florida Division of Emergency Management**

### **Your Plan**

Identify your resources. Make a list of family, friends, co-workers, personal attendants, service providers who can be part of your plan. Include people both in and out of your immediate neighborhood or community, like a relative in another state. Talk to these individuals and ask them to be part of your support network (at least 3 people in each important location, e.g. home, workplace, etc.)

Tip: Ask yourself what resources you rely on regularly and determine how a disaster might affect your use of them?

- Do you use communication devices?
- Do you depend on accessible transportation to get to work, doctor's appointments or to their places in your community?

- Do you receive medical treatments (e.g. dialysis) on a regular basis?
- Do you rely on electrically dependent equipment or other durable equipment?
- Do you use mobility aids such as a walker, cane or a wheelchair?
- Do you have a service animal?

## **Create an Emergency Plan**

Work with your support network to make a plan. You should have a plan at home, work, school, or any place you spend time regularly.

You should make a plan that includes hazards that can impact your community. Apply contingencies you use daily to deal with power outages or transportation delays or breakdowns. This will help you as you consider larger disasters such as hurricanes, earthquakes, floods and terrorism.

Create a communication plan. Make sure you and your support network have each others contact information and alternate ways to communicate if phones are not working (such as an assigned meeting places, using pagers, e-mail or other technology not reliant on phone lines).

Tip: For individuals who use telecommunications relay services, look into different options to use as back-up including: dialing 711 (nationwide), Cap Tel (captioned telephone) internet-based relay (through computer, text pager, PDA, etc.) and or video relay services (through broadband).

Make an evacuation plan for home, work, school, etc. Identify a primary and secondary way to evacuate the house or building.

If you require assistance to evacuate, create a plan with the assistance of your support network. If necessary, look into evacuation assistive devices or the installation of ramps at emergency exits. If you require accessible transportation to evacuate an area, identify resources both public and private.

Plan for different ways of sheltering. Consider what you can do to safely shelter –in-place. Consider how to shelter with friends and family. Finally, consider how a shelter designated for the public would meet your demands.

**Tip: See information about making a "ready kit" or "go bag".**

If you receive regular services (home health care, transportation, dialysis, make a plan with each service provider. Learn about their disaster plans and how to contact them in an emergency. Work with them to identify back-up service providers.

## **Checklists and Resources**

**Be Ready....**Create a ready kit and a go bag.

You should create a comprehensive "ready kit" with the many supplies necessary to self sustain for a period of time. Also create a "go bag" containing

your most essential items to take with you if you must leave immediately.

**Include in your kit:** Items on this list can be included in both the ready kit and go bag. It is up to you to decide the most essential items to include for you and your family.

- 3 day supply of non-perishable food and manual can opener. Make sure the food meets your dietary requirements.
- 3 days supply of water. Plan for 1 gallon per person per day. You may need more. Consult with your doctor.
- Medical equipment and assistive devices (glasses, hearing aids, catheters, augmentative communication devices, canes, walkers). Label each with your name and contact information. Be sure to have extra batteries and chargers.
- Medications, including a list of the prescription name, dosage, frequency, doctor and pharmacist. Also consider if medications need to be refrigerated and if so, bring a cooler with an ice pack or other coolant system.
- List of emergency contact information including your support network members in and out of the region, service providers, etc
- Copies of important documents (birth certificate, passport, licenses, insurance information, proof of address).
- Extra set of keys.
- Flashlight and radio with extra batteries.
- Cash, credit cards, checkbook, ATM card.
- Sanitation and hygiene items – including soap, denture care, absorbent pads, etc.
- Items for infants, such as formula, diapers, bottles, and pacifiers.
- Supplies for a service animal including food, identification tags, proof of up-to-date vaccinations, and veterinarian contact.
- Clothes, blanket, pillow.
- White distress flag or cloth, whistle, flashlights and/or glow sticks.
- Basic first aid kit.

Identify your disability-related or health condition need by writing it down or wearing medical alert tags or bracelets.

## **PLEASE DO NOT WAIT UNTIL THERE IS A THREAT OF EVACUATION REGISTER NOW**

Citizens with special medical needs can get help during an evacuation. Your county has partnered with local municipalities to offer sheltering and transportation, if you meet the eligibility requirements. Those with certain medical conditions may be able to stay in special needs shelters.

### **Are you eligible for any of the Special Needs and Transportation Programs?**

Contact your local county emergency management office to complete a



registration form.

Fill out the form and send it either to your County Emergency Management or your local fire rescue department. You may also get a registration form from your home healthcare provider, the Health Department or call your local fire department.

Once registered, you will be contacted for more information. For transportation, your local fire department will contact you prior to any evacuations.

You do not need to be registered to go to a special needs shelter if you have your own transportation, but county officials strongly encourage you to do so.

Register if you need transportation to a shelter.

## **FREQUENTLY ASKED QUESTIONS**

### **How do I know if I am eligible?**

For transportation, if you have no other way to get to a shelter you can register for transportation assistance. For special needs shelters, if you have no other options for sheltering and you require limited medical assistance such as oxygen, assistance with routine care and medications, or you are dependent on electricity, you may qualify for the special needs shelters. Shelters do not have hospital beds, and cannot assist those with acute medical problems. When you fill out a registration form, your county Health Department will determine if you are eligible for a special needs shelter and advise you directly or through your local fire department.

### **What is available at the Special Needs Shelters?**

The Department of Health and your county school board staff these shelters with nurses and other medical personnel. Oxygen is available at the special needs shelters. You will be provided normal meals only; you will need to bring any special dietary foods you may require. Hospital beds are not available at the shelters; you must bring comfort items such as bedding, pillows, sheets, and blankets. Air conditioning will be available as long as power is available.

### **What about my pet?**

Please note: special needs shelters can only accommodate **service animals**.

Please contact your local county Emergency Management office for special needs registration, information on shelters, and tips for disaster preparedness. You can also visit [www.floridadisaster.org](http://www.floridadisaster.org) for more information and a link to your county's Emergency Management website.

<b>County</b>	<b>Phone#</b>	<b>County</b>	<b>Phone#</b>
Alachua	352-264-6500	Levy	352-486-5213
Baker	904-259-0230	Manatee	941-749-3500
Bradford	904-966-6910	Marion	352-369-8185
Brevard	321-637-46670	Martin	772-219-4942
Broward	954-831-3908	Miami-Dade	305-468-5400
Charlotte	941-833-4000	Monroe	305-289-6065
Citrus	352-249-2738	Nassau	904-548-0954
Clay	904-541-2767	Okeechobee	863-763-3212
Collier	239-252-3600	Orange	407-836-9151
Columbia	386-758-1383	Osceola	407-742-9000
DeSoto	863-993-4831	Palm Beach	561-712-6321
Dixie	352-498-1240 x231	Pasco	727-929-2750
Duval	904-255-3110	Pinellas	727-464-5550
Flagler	386-313-4240	Polk	863-298-7000
Gilchrist	386-935-5400	Putnam	386-329-0379
Glades	863-946-6020	Sarasota	941-861-5495
Hamilton	386-792-6647	Seminole	407-665-5102
Hardee	863-773-6373	St. Johns	904-824-5550
Hendry	863-674-5404	St. Lucie	772-462-8110
Hernando	352-754-4083	Sumter	352-689-4400
Highlands	863-385-1112x4412	Suwannee	352-364-3405
Hillsborough	813-272-6600	Union	386-496-4300
Indian River	772-226-3859	Volusia	386-254-1500
Lake	352-343-9420		
Lafayette	386-294-1950		
Lee	239-533-0620		

## Product Information – Manual wheelchairs

A wheelchair should provide easy transportation, comfortable seating, and as much functional independence for the user as possible.

### OWNER'S MANUAL

Due to the tremendous variety of features and designs found in today's manual wheelchair frames, it is impossible to cover the specific operating instructions for every model of every manufacturer in these brief instructions. The Owner's Manual is the most reliable source of information about the wheelchair and will cover its specific operating and safety instructions. It is essential that the user studies and understands the information in it. A regular review of the Owner's Manual is also recommended.

### OPERATING INSTRUCTIONS

- 1. Folding and unfolding the wheelchair:** If the wheelchair has sling upholstery, simply lift up under the center of the front edge of the seat upholstery to fold. If the chair has solid seating installed with removable hardware, remove the seat and back support first, then push the side frames towards each other. To unfold, tilt the chair slightly to one side to raise the wheels on the opposite side off the floor, then press down on one or both seat rails.
- 2. Applying the wheel locks:** Push forward on the lock tips (or pull back on the pull to lock type), until the locks snap into the locked position. Do not attempt to enter or exit the wheelchair without having the locks securely engaged.
- 3. Folding the footplates up into a vertical position:** If the footplates are heel loops, they must first be pulled forward over the rear of the footplates. The footplates can then be folded up by lifting up on the inside edge of the plate.
- 4. Releasing and swinging away the footrests:** Whether the wheelchair is equipped with standard footrests or elevating legrests, this procedure permits the user to make much closer approaches for easier, safer transfers to beds, toilets, automobiles, etc. Activate the release mechanism and swing the footrest around to the side of the wheelchair. While in this swing-away position, it can also be removed from the chair entirely by lifting it off. This removal will make lifting the chair or loading into a car much easier for the caregiver.

From the swing-away position, the footrest can be returned to the standard position by pushing it around to the front of the wheelchair. It will lock automatically in the forward position. If it has been removed, replace it in the swing-away position, then swing back into place.

- 5. Elevating leg rest adjustment:** If the wheelchair is equipped with elevating legrests, the legs of the user can be elevated by lifting the

legrests up to the desired position. To lower them again, support the legrest with one hand while activating the elevation release mechanism with the other hand and lower to the desired position.

- 6. Footrest length adjustment:** The position of the footplate on either standard footrests or elevating legrests is adjustable to fit the user's leg length. The footplate should be adjusted to support the weight of the user's foot and lower leg in such a position that permits weight bearing by the thighs. A footrest adjustment that is too long will result in a line of pressure under the thigh, at the front edge of the seat. An adjustment that is too short will raise the user's knees and cause excessive weight to be born by the buttocks. Either situation increases the risk of pressure sores. The knees and hips of the use should be at approximately the same level. The lowest edge of the footplate must be at least two inches above the floor to provide safe clearance when negotiating ramps or inclines.

This adjustment is made by loosening the adjustment bolt with a wrench, telescoping the footplate tube in or out to achieve the desired position, then tightening the bolt securely.

- 7. Removing and replacing detachable arms:** This feature permits lateral or sliding transfers to and from the side of the wheelchair for those users who are unable to stand briefly to transfer. Release the arm lock on the front armrest receiver socket and lift the armrest from the center to avoid binding. To replace the armrest, simply reverse the procedure. Attention to the location of the rear receiver socket will make placement easier.

Wheelchairs equipment with desk-length detachable armrests permit closer approaches to tables or desks. If it is occasionally desirable to have arm support more forward on these models, it can be accomplished by swapping sides and reversing the arms. NOTE: Wheelchairs with wrap-around or space-saver style arms cannot be reversed.

- 8. Anti-tippers:** Anti-tippers prevent the wheelchair from tipping to far backwards. If these devices have been installed on your wheelchair, they should not be removed or adjusted, without first consulting your therapist or physician.
- 9. Special Features:** Your CMI sales representative will demonstrate the above basic operating procedures as well as any other special features or extra accessories that were ordered with your wheelchair. These may include such things as pelvic positioning belts, grade-aids or hill-holders, trays, reclining or tilt back mechanisms and many others. Some of these accessories are provided for your safety, and the wheelchair should not be used without them in the correct functioning position.

## IMPORTANT POINTS TO REMEMBER

**The user or caregiver should perform basic safety checks on the**

### **wheelchair at frequent intervals.**

1. Check hand grips and arm pads to ensure they are tight and secure.
2. Check wheel-locks for proper adjustment to confirm they are locking the large wheel securely when engaged. Check that the tires are properly inflated.
3. Look over all nuts, bolts, and attaching hardware for proper tightness.
4. Check for proper footrest length adjustment.
5. If any unsafe conditions are found, discontinue use and call our office for service.

If the user's physical condition or body weight changes significantly, check with your physician or therapist to confirm the present wheelchair is still appropriate.

Remember to engage the wheel locks before transferring to and from the chair.

Avoid developing pressure sores from prolonged sitting by frequently practicing some type of weight shift. Do "push-ups" by pressing down on the armrests to lift the buttocks off the seat, or shift weight by leaning first to one side, then the other.

Do not lean forward in the wheelchair unless both feet are flat on the floor. This is particularly important for users with heavy leg casts using elevating legrests.

Becoming familiar with the wheelchair and following the above guidelines should increase the user's mobility, comfort and functional independent. Please call our office if we can be of further assistance.

### **Product Information – Power wheelchairs, Scooters, and Batteries**

A power wheelchair is one of the most expensive and service-intensive products available to the physically challenged individual. The use of high-tech electronics in today's power wheelchairs results in the need for the user to observe certain precautions to operate them in a safe, reliable manner. Scooters, although not as expensive or as technically advanced, have some similarity with regard to certain safety precautions.

#### **OWNER'S MANUAL**

Due to the tremendous variety of features and designs found in today's power wheelchairs and scooters, it is impossible to cover the specific operating instructions for every model of every manufacturer in these brief instructions. The Owner's Manual is the most reliable source of information about the mobility device and will cover its specific operating and safety instructions. It

is essential that the user studies and understands the information in it. A regular review of the Owner's Manual is also recommended

There are, however, certain important precautions common to all power wheelchairs and scooters. These precautions are listed below:

### **PRUDENT USE**

Always operate your power wheelchair or scooter well within its reasonable capabilities as well as within your own. Do not attempt to negotiate steep inclines, either up or down. Avoid operating your chair or scooter laterally across inclines; approach even moderate inclines directly, straight up or straight down.

Operate your wheelchair or scooter only on hard, relatively smooth surfaces. Avoid rough terrain and soft surfaces such as gravel, sand, or thick grass. As you move about in your power wheelchair or scooter, observe the surface ahead of you to avoid getting stuck or running over bumps, holes, etc., that might turn you over, cause you to be thrown out, or severely damage your mobility device.

### **SERVICE AND MAINTENANCE**

Have your power mobility device serviced only by qualified power wheelchair technicians. The high-tech electronics and complex circuitry in your chair should not be adjusted, serviced, or repaired by even the best intentioned hobbyist or experimenter. Individuals who are highly competent to service other electrical or electronic products may not be knowledgeable regarding power wheelchairs. Do not install accessories that have not been specifically approved by the manufacturer for use on your power wheelchair. Even approved accessories must be properly installed.

### **BATTERY SAFETY**

All batteries intended for use on power wheelchairs and scooters contain lead and sulfuric acid and can be quite dangerous. The sulfuric acid is highly caustic and corrosive. Also, during the charging process, these batteries produce hydrogen gas, which is highly flammable and can be explosive. Charging should take place in an open, well-ventilated area. Make sure the charger cord is kept out of the way, to prevent trips or falls. Never smoke or allow a spark, flame or high heat near the battery while charging. Never allow metal tools or chair parts to make direct contact across both battery terminals

### **Battery Replacement**

Battery life in power wheelchair and scooter service will vary greatly depending upon patterns of use, however the average life of a good quality battery of the correct size and type will usually range from 6 months to one year. Although they look very much alike, wheelchair batteries are quite different from conventional automobile batteries. Wheelchair batteries are **deep cycle** batteries. They are designed to be discharged relatively slowly over a longer period of time, and then recharged more slowly for longer periods. Automotive batteries are used for starting a car. They are designed to provide a brief burst of power to start the engine and are quickly recharged by the alternator in the car. Automotive batteries **WILL NOT** perform well or

last very long in deep cycle service. It is actually quite dangerous to use a "maintenance-free sealed type non-serviceable" automotive battery in deep cycle service. The longer periods of charging can cause them to explode. Also, contrary to popular belief, marine batteries are frequently NOT deep-cycle batteries; most are used strictly for starting purposes.

### **Rental and Loaner Wheelchairs**

Rental and loaner wheelchairs are the property of Custom Mobility, Inc.

Rentals will be provided within the guidelines of your health plan. Loaners may be provided when a repair takes longer than usual or there is a delay in obtaining new equipment. Loaners are subject to availability and may not match the wheelchair it is replacing.

Both rentals and loaners are to be maintained in good condition. Normal wear and tear is expected. If the wheelchair is misused, damaged, lost, stolen, sold or otherwise missing, you will be responsible for the cost of replacement.

If you have any questions about your rental/loaner wheelchair, please contact our service department.

### **Wheelchair Maintenance and Cleaning**

Please refer to your owners' manual for regular maintenance and cleaning instructions. For seating components fabricated by Custom Mobility, please follow these guidelines:

- Vinyl: can be cleaned with a mixture of mild soap and water; rinse with water and wipe dry. For stains, use a 5:1 bleach and water solution. Rinse with water and wipe dry
  
- Darlex: can be cleaned with a mixture of mild soap and water; rinse with water and pat dry. Avoid products with bleach. If the cover is removable, can be dry-cleaned or machine washed in cold water; dry on low heat or line dry.
  
- Neoprene: can be cleaned with a mixture of mild soap and water; rinse with water and pat dry.
  
- Straps: can be cleaned with a mixture of mild soap and water; rinse with water and pat dry.

All components can be disinfected with a disinfectant spray, such as Lysol. Let sprayed area air dry.

### **Code of Ethics** **National Registry of Rehabilitation Technology Suppliers**

The National Registry of Rehabilitation Technology Suppliers (NRRTS) provides a mechanism for consumers, clinicians, and third-party payors to identify qualified suppliers in order to ensure the provision of high-quality rehabilitation technology and related services to people with physical disabilities. NRRTS promotes the highest standards of ethical conduct by its

members. When accepted into membership in NRRTS, a member subscribes to these principles and agrees to:

1. Provide competent, timely, high quality equipment and services that meet the physiological and functional needs, as well as the goals, of the consumer.
2. Strive to recognize when the physiological, functional or technical needs of the consumer are beyond the capabilities of the NRRTS member and inform the consumer of the need for additional assessment and/or intervention. The NRRTS member further strives to assist the consumer in identifying medical professional(s) or other rehabilitation technology supplier(s) who can meet the consumer's needs;
3. Present the consumer with complete information on the choices of available equipment, pricing, funding options, and the consumer's financial responsibilities;
4. Explain fully the consumer's rights and responsibilities, including the right to work with a supplier of their choice;
5. Notify the consumer of the NRRTS complaint resolution procedure;
6. Accept the responsibility to expand and improve professional knowledge and skills so that the consumer receives the most appropriate technology and service available.
7. Do all that is necessary to ensure provision of high-quality equipment, on-going support, and long term service.
8. Abide by all applicable federal and local laws
9. Respect the confidentiality of information pertaining to individual consumers, and to disclose such information only with the proper authorization or as required by law; and
10. Serve all consumers regardless of race, creed, gender, sexual orientation or reason of disability.

### **Professional Affiliations**

**ACHC** – The Accreditation Commission for Health Care, Inc.

**AA Homecare** – American Association for Home Care

**RESNA** – Rehabilitation Engineering and Assistive Technology Society of North America

**NRRTS** – National Registry of Rehab Technology Suppliers

**NCART**-National Coalition for Assistive and Rehab Technology

### **Custom Mobility Inc.**

**7199 Bryan Dairy Rd Largo, FL 33777**

Also, at this location are new and used wheelchair accessible vans.

Visit our showroom or online at

[www.custom-mobility.com](http://www.custom-mobility.com)

**Call 727-539-8119 800-622-5151**

