

WHEELED MOBILITY DEVICES

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) directive states policy for the provision of wheeled mobility devices to Veterans.

2. SUMMARY OF MAJOR CHANGES. Major changes to this directive include incorporation of the new provisions at 38 C.F.R. § 17.3200-17.3250.

3. RELATED ISSUES. VHA Directive 1170.03, Physical Medicine and Rehabilitation Service, dated November 5, 2019.

4. RESPONSIBLE OFFICE. The Office of Rehabilitation and Prosthetics Services (12RPS) is responsible for the contents of this VHA directive. Questions should be directed to VHAPSASAdmin@VA.gov.

5. RESCISSIONS. VHA Handbook 1173.06, Wheelchairs and Special Mobility Aids, dated January 15, 2008, is rescinded.

6. RECERTIFICATION. This VHA directive is scheduled for recertification on or before the last working day of December 2026. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

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NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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CONTENTS

WHEELED MOBILITY DEVICES

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. DEFINITIONS 1

4. POLICY 2

5. RESPONSIBILITIES 2

6. TRAINING..... 7

7. RECORDS MANAGEMENT..... 7

8. REFERENCES..... 7

WHEELED MOBILITY DEVICES

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy and standards for the provision of wheeled mobility devices (WMDs). **AUTHORITY:** 38 U.S.C. § 1717(a)(2); 42 U.S.C. § 12101 et seq.; 38 C.F.R. §§ 17.38, 17.3200-3250. **NOTE:** *Prosthetic and Sensory Aids Service (PSAS) provides other mobility aids such as canes and walkers, and adapted recreational equipment, that are not governed by this directive.*

2. BACKGROUND

The Department of Veterans Affairs (VA) provides many types of manual and powered WMDs to meet the individual medical needs of Veterans. Veterans with short-term wheelchair needs are generally prescribed basic manual wheelchairs. If a Veteran has a long-term medical need for a wheeled mobility device, then VA may provide customized or complex manual and powered wheelchairs and scooters.

3. DEFINITIONS

a. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Health Information System and Technology Architecture (VistA) and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

b. **Manual Wheelchair.** A manual wheelchair is a generic term for wheelchairs that are propelled by the user or pushed by another individual.

c. **Power Scooter.** A power scooter is a WMD with three or four wheels guided by a tiller with limited seat modification capabilities. Power scooters are prescribed to Veterans with adequate sitting balance who cannot ambulate over long distances, but do not require manual wheelchairs for most mobility needs and are able to safely transfer on and off of the device. However, Veterans who are issued a power scooter by VA are not precluded from being provided other wheeled mobility aids, based on need. Power scooters are generally not considered spare power wheelchairs.

d. **Power Wheelchair.** A power wheelchair is a motorized WMD driven by a joystick or alternative input device. These typically have four to six wheels on the ground and accommodate a variety of seating and positioning needs.

e. **Spare Wheelchair.** A spare wheelchair is a second manual or power wheelchair issued to a Veteran who has already been provided a primary wheelchair, because the Veteran clinically requires the spare in the event that the primary wheelchair is not

usable or is pending repairs or replacement. The prescribing provider determines the type of WMD to prescribe as a spare based on clinical factors including the Veteran's medical need and the Veteran's ability to store and maintain the spare WMD. **NOTE:** *If a new wheelchair is being issued to a Veteran, and the Veteran's existing wheelchair both functions and would continue to meet the Veteran's clinical need for a spare, then it may be designated as the spare.*

f. **Wheeled Mobility Device.** A WMD is a manual or power wheelchair or scooter that compensates for a mobility impairment and is used to maintain or improve a Veteran's functional mobility.

4. POLICY

It is VHA policy that WMDs are provided to maximize the health, mobility, function and quality of life for Veterans. It is VHA policy for VA to maintain the operation of WMDs.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting the Office of Rehabilitation and Prosthetics Services with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Network (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Prosthetic and Sensory Aids Service.** The Executive Director, PSAS is responsible for:

(1) Ensuring prescribed prosthetic and rehabilitative items and services and WMDs are procured in a manner consistent with existing authorities.

(2) Allocating budgetary resources to VISNs and VA medical facilities and monitoring budget execution in support of the provision of WMDs and related items.

(3) Providing leadership, direction, policy implementation guidance and advice to VISN and VA medical facility PSAS staff on issues related to the provision of WMDs in support of the Wheeled Mobility Clinics (WMCs).

(4) Ensuring support and resources for implementation of clinical components of this directive.

e. **Executive Directors, Physical Medicine and Rehabilitation Service and Spinal Cord Injuries and Disorders System of Care.** *NOTE: The Executive Directors collaborate with each other and share these responsibilities as needed based on individual patient care.* The Executive Directors of Physical Medicine and Rehabilitation Service (PMR) and Spinal Cord Injuries and Disorders System of Care (SCI/D) are responsible for:

(1) Developing procedures for the WMC programs, when applicable.

(2) Providing consultation and guidance to VISNs and VA medical facilities regarding WMDs.

(3) Advising VHA national program offices on:

(a) New technology and equipment relating to WMDs.

(b) Identifying educational opportunities and informing relevant staff of highly recommended educational materials related to WMDs.

(c) Developing and updating clinical guidance.

(d) Updating all pertinent information that will assist VHA Central Office's administrative officials in maintaining adequate background knowledge of this specialty area.

(4) Promoting the participation in, and provision of, workshops, conferences, seminars, webinars and other highly recommended education related to WMDs.

(5) Developing evaluation mechanisms using PSAS data and collecting outcome measures for WMDs.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

g. **Veterans Integrated Services Network Prosthetics Representative.** The VISN Prosthetics Representative (VPR) is responsible for:

(1) Ensuring that VISN and VA medical facility PSAS staff provide support resources necessary to Veterans, WMC teams, clinical staff and others for VA medical facility initiatives related to the provision of WMDs.

(2) Ensuring that the VA medical facility and VA medical facility PSAS have the appropriate resources and that there is effective collaboration between VA clinical staff and VA medical facility PSAS staff. **NOTE:** *VPRs collaborate with WMCs to assist with any issues that require VPR support.*

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that an efficient mechanism is in place for the evaluation for and procurement of WMDs. **NOTE:** *An example of an efficient mechanism would be a WMC Team, as noted in paragraph 5.h.(3) below.*

(2) Providing oversight to ensure that VA medical facility staff comply with this directive.

(3) Ensuring that VA medical facilities include all required clinical and administrative staff necessary to comply with this directive, that are allocated from existing staff, including PMR or SCI/D health care providers, the PSAS Chief or representative. **NOTE:** *Appropriate vendors may be added for individual expertise when needed but cannot make the final prescriptive recommendation.*

(4) Allocating all needed resources for this directive (e.g., physical space, staffing needs, equipment, storage).

i. **VA Medical Facility Chief of Physical Medicine and Rehabilitation and Chief, Spinal Cord Injuries and Disorders System of Care.** The VA medical facility Chiefs of PMR and SCI/D Services or designee, are responsible for:

(1) Promoting, advocating for and supporting WMCs and the provision of wheelchairs at VA medical facilities.

(2) Ensuring appropriate clinical support and full participation in the program, based on existing resources.

(3) Reviewing specific data routinely regarding patient wait times, satisfaction, safety, and other appropriate quality control measures and recommending responses when needed. Examples include but are not limited to VSignals, wait time reports, consult wait time versus appointment wait times.

(4) Educating appropriate staff about the clinical process for prescribing and providing WMDs.

(5) Ensuring that staff follow the clinical standard operating procedures for prescribing and providing WMDs. For more information see <https://dvagov.sharepoint.com/sites/VHAProsthethics/SitePages/Home.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

j. **VA Medical Facility Prosthetic and Sensory Aids Service Chief.** The VA medical facility PSAS Chief is responsible for:

(1) Ensuring that accurate information is recorded to monitor the length of time that lapses for WMD repairs and issuance of WMDs, including time between procurement and delivery to the facility.

(2) Participating in WMCs by providing information about devices that VA medical facility PSAS is authorized to purchase and WMDs on national and other contracts and advising about the process for procuring WMDs.

k. Wheeled Mobility Clinic Team Lead or Prescribing VA Health Care Provider.

NOTE: *A prescribing VA health care provider is designated when a given VA medical facility does not have a WMC to conduct clinical evaluations. The prescribing VA health care provider must have the experience and ability to evaluate, fit, train and follow-up with the Veteran for wheeled mobility and knowledge, in clinic, face-to-face, and using the VA telehealth platform. Knowledge must be commensurate with the complexity of each Veteran's clinical needs. Such prescribing VA health care providers may include Physiatrists, Occupational Therapists, Physical Therapists, Kinesiotherapists and Recreation Therapists with expertise in prescribing wheelchairs. The WMC Team Lead or Prescribing VA Health Care Provider is responsible for:*

(1) Completing a preliminary needs assessment with review of past medical history, diagnosis, prognosis and WMD previously issued to the Veteran and documenting in the Veteran's EHR.

(2) Performing and documenting in the Veteran's EHR, a comprehensive functional evaluation of the Veteran to determine the needed WMD and any related equipment needs.

(3) Documenting the Veteran's goals, clinical rehabilitation goals, and metrics and outcome measures. **NOTE:** *It is recommended that an outcome measurement tool be used initially and at an appropriate follow-up interval (e.g., Functional Mobility Assessment).*

(4) Providing a comprehensive wheeled mobility assessment, which may include a trial of various devices, configurations and options, and wheeled mobility management trial to determine if the Veteran can safely drive, control and operate the WMD.

(5) Assessing transportation needs, including any need and ability of the Veteran and their care provider to safely transport the Veteran and WMD (e.g., vehicle modifications, vehicle lift, public transportation), and prescribing equipment or referring the Veteran for further evaluation.

(6) Assessing the environment where the WMD will be used to ensure it will meet the needs of the Veteran (e.g., residence ingress or egress through ramp or vertical platform lift access, threshold and door width clearance, access to electrical power outlets for charging power mobility devices and sheltered storage from the weather).

(7) Determining the need for manufacturer's representative or vendor assistance at a specific WMC. Manufacturer's representative or vendors must be registered according

to national and VA medical facility standards and have a specific purpose for any WMC visits. Vendors must not have standing invitations and do not have prescriptive authority.

(8) Communicating with the Veteran, caregiver or assistant in order to share assessment findings, results, discuss mobility options, Veteran expectations, training, collaborate on mutually agreed goals and develop a treatment plan.

(9) Coordinating WMD trials for the Veteran as needed and determining whether the device is optimal for the Veteran's needs.

(10) Completing documentation of a prescription, including a justification for the WMD and all associated accessories in the patient's EHR.

(11) Coordinating with clinical and administrative staff to ensure timeliness of WMD issuance, accuracy and overall continuity of care.

(12) Reviewing all quotes for custom seating and mobility products in collaboration with VA medical facility PSAS staff to ensure accuracy.

(13) Documenting the WMD trial education and entire fitting process in the EHR.

(14) Providing the Veteran, caregiver or assistant with a manufacturer's user guide, and discussing content including roles and responsibilities, safe and efficient use of WMD and routine maintenance and care of the WMD. This includes discussing Veteran responsibilities including storage, and safe and acceptable use of WMDs.

(15) Scheduling follow up for Veterans receiving WMDs in order to document outcomes based on the evaluation and determine if the goals and expectations documented during the evaluation were achieved. The timeframe, frequency and method of follow up are determined on an individual basis for each Veteran.

(16) Serving as the point of contact for Veterans when their conditions or circumstances change in such a way that may impact their use of the WMD. This includes recommending routine follow ups to Veterans based on their needs, (e.g., phone, telehealth, in person visit) for reassessment of WMD, seating function, and safety.

(17) Ensuring that additional follow-up modifications that are recommended by the prescribing health care provider are completed by either the prescribing VA health care provider or by qualified support personnel under the instruction and supervision of the prescribing VA health care provider.

(18) Reevaluating Veteran circumstances if WMD misuse is suspected. **NOTE:** *If the prescribing VA health care provider or WMC team agrees or independently suspects misuse, then the prescribing VA health care provider will reevaluate the Veteran's circumstances to determine whether that specific WMD continues to be the most appropriate device, or whether an alternative WMD may be more suitable.*

NOTE: Major Medical Equipment (MME) Committees at VA medical facilities may provide advice or guidance on complex cases but must not substitute for WMCs or assume these responsibilities in the place of WMC.

6. TRAINING

There are no formal training requirements associated with this directive.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

8. REFERENCES

- a. 38 U.S.C. § 1717(a)(2).
- b. 42 U.S.C. § 12101 et seq.
- c. 38 C.F.R. §§ 17.38, 17.3200-3250.

d. PSAS SharePoint:

<https://dvagov.sharepoint.com/sites/VHAProsthodontics/SitePages/Home.aspx>. **NOTE:** This is an internal VA website that is not available to the public.