

Driving for Dollars

Funding shortages, and how some driver rehab programs are getting around them

BY VANI MACNEIL

"Here in Wisconsin, our high-tech van is 10 years old. When there's a question of a person needing a joystick control, we have to send them to Indiana or Kentucky."

Ric Cerna, executive secretary of ADED — The Association for Driver Rehabilitation Specialists, could have been talking about almost any driver rehab program in the country.

"The big problem with most programs is the cost of evaluating and training people with high-level disabilities," says Cerna. "In order to do an evaluation, you need a vehicle that has equipment similar to what the person will be using on the road. The evaluation vehicles can run \$130,000 to \$150,000. Not that many hospitals can afford it."

Neither can their patients. The cost to an individual for a modified vehicle depends on his or her level of disability, says Cerna. "A paraplegic in a wheelchair can transfer from the wheelchair to a car. They have the option of storing the wheelchair behind them. Probably all they would need is a hand control."

A spinner knob, a device that attaches to the steering wheel to allow one-handed steering, costs around \$800 or \$900, says Cerna. "In that case, someone can have a vehicle modified for around \$1,000.

"On the other hand, if you cannot transfer from the wheelchair or are using a power chair that cannot fold, you need a van," he continues. "For a full-size van you need a lift, a door opener, and power driver's seat and hand controls. The minivans have a lowered floor, a power ramp and a power door opener.

"Usually the cost to lower the floor in a minivan runs around \$12,000 to \$13,000. Then you add the cost of the power steering, hand controls and lock-down mechanism for a wheelchair. Depending on the individual's ability, that can cost \$120,000 to \$130,000. Most people don't have that kind of money unless they have received an insurance settlement."

For a driver evaluation, it is more difficult to recover the cost from payers, says Cerna. Most of the funding comes from state vocational rehabilitation agencies. "If the need for driving is part of the rehab plan and the person is a member [of the state program], they can pay for evaluation and may be able to help with the purchase of adaptive equipment." However, those funds are available only if the disability is an impairment to work and the impairment would be overcome through an evaluation, he notes.

Facilities have had to develop creative ways to get around such funding problems. We looked into two programs in the United States to see how they're making it work. Then, for a different perspective, we talked with a program coordinator in British Columbia, Canada.

HealthSouth New England Rehabilitation, Woburn, Mass.

"We have a two-part program—a clinical evaluation and a road test," says Judy Romano, MS, OTR/L, coordinator of the hospital's driver education program. The hospital charges \$150 for each.

Romano conducts around 200 evaluations and road tests each year. That number has remained steady "because it's hard to get people to come into the program. So many people who need it are on a fixed income, and most insurance and Medicare do not pay for it."

The Massachusetts Rehabilitation Commission will pay for an evaluation if a patient has a disability that interferes with his or her ability to work. However, "very few people fall into that category who come to this program," says Romano. "Most people are over the age of 65, or they are not working, or they are young kids who have never

driven before.” Even those eligible for state vocational services are caught in the money squeeze, she says. “There is a one-year waiting list to receive funding that has been approved by the vocational commission.”

The hospital contracts with a local driving school to provide a vehicle and instruction. A therapist and an instructor accompany each client. Therapists evaluate the drivers from a medical perspective, tracking how well a patient scans or plans ahead, for example, while the instructors train them on how to use adaptive equipment.

driver’s compartment in a power wheelchair, pneumatic hand controls, reduced-effort steering, and touch pads to start the vehicle and to manipulate auxiliary controls such as for headlights and air conditioning.”

But, as in Wisconsin, technological developments overtake the center’s ability to keep up to date. Officials hope to raise the funds to equip a new van and are looking for private donations to accomplish that goal, according to van Holst.

As for her clients, “The vast majority of the people I see are funded by the state

Insurance Corp. of British Columbia - a publicly owned entity that provides universal auto insurance to B.C. motorists. ICBC recently merged with the provincial Motor Vehicle Branch and assumed responsibility for almost all driver and vehicle-related services. This “no-fault” type insurance covers a driving assessment, training and equipment.

Most other clients of the center are covered by workers’ compensation, according to Larry Bowen, BS, CDRS, coordinator of the Driver Rehabilitation

Driver Rehab

SAMPLE FUNDING SOURCES

	Evaluation	Training	Adaptive Equipment
AFLAC	No	No	No
Central Health 8 Life Co.	No	No	No
Insurance Corp. of British Columbia	Yes	Yes	Yes
Massachusetts Rehabilitation Commission	Yes	Yes	Yes
Medicare	No	No	No
Texas Rehabilitation Commission	Yes	Yes	Yes
U.S. Dept. of Veterans Affairs	Yes	Yes	Up to \$8,000
Washington Dept. of Vocational Rehabilitation	Yes	Yes	Yes

Certain conditions and restrictions apply in all categories.

The upside to that arrangement is that the hospital avoids the expense of buying and equipping a vehicle and of paying driving instructors. The driving school, meanwhile, gets referrals for its training.

The downside, says Romano, is that the instructors have no medical background. “For example, left neglect is a neurological condition that often accompanies a stroke. The instructor might think that the person forgot to look to the left when the person is incapable of recognizing the left side of space.”

University of Washington Medical Center, Seattle.

The center owns three evaluation vehicles: a full-size Ford van, a Dodge Caravan with a dropped floor and a sedan, all funded by the university, says Frances Tromp van Holst, OT, CDRS, coordinator of the driving rehabilitation program.

She enumerates the features: “The mini-van has high-tech equipment — a ramp conversion so someone can drive right into the

Department of Vocational Rehabilitation.” The state pays for evaluation and training but not for adaptive equipment or for the vehicle itself, she says.

Other clients have already found alternative funding sources, such as settlements from accidents. Private funds are also out there, she says. “The school district will assist with evaluation and training, but not equipment. People who are real go-getters can tie into service leagues or hold personal fund-raisers.”

Many of those who attend van Holst’s program have also — as in Wisconsin — had to go out of state. “I get people from Oregon, Idaho, Montana and Alaska,” she says.

George Pearson Center, a site of Vancouver Hospital and Health Sciences Center

Canadian residents have an easier time getting driver’s rehab funded.

Drivers who were injured in a motor vehicle crash are insured under the

Center at Pearson. It pays for assessment, equipment and training, he says.

Other options include private medical insurance; the provincial offices of Veterans Affairs Canada, or Indian and Inuit Affairs; and the provincial office of Vocational Rehabilitation Services.

“Where it does fall down is with people who don’t fall into those groups,” says Bowen. “For example, people with sports injuries or elderly people on fixed incomes who need the most assessment. These are the people we are pushing to get some coverage for. They’re the ones we really need to see — say they had a stroke and they have no insight into their problems. They’ve been driving for 50 years and think they’re fine.”

Bowen has been working with the provincial superintendent of motor vehicles “to get them to realize that it’s to their benefit to pay for people to go through this assessment. There are many people out on the road who probably shouldn’t be out there,” he says. |

“The government considers driving a luxury, but when you look at people who live in outlying areas with no transportation, it’s a necessity to drive,” says Bowen. “And we have a large population in outlying areas.”

His clients, who come from throughout the province, are referred to the program by their physicians. Bowen conducts an evaluation and notifies the ICBC, which requires them to test for a restricted license. This license allows Bowen to take them on the road for training.

The center has two vehicles: a two-door Chevrolet Cavalier equipped with reduced-effort steering and braking, and a new fully-equipped, high-tech full-size Ford van, due to hit the road in August.

“It will have all the regular hand controls and electronic controls, electronic gas and brake, horizontal steering wheel, unistick control, a touch pad to change gear and start, and a lift,” says Bowen. And, he adds, voice recognition for auxiliary controls.

“We managed to get funding from private foundations and some government agencies, including ICBC,” he says.

Bowen’s clients have usually been through some form of rehab before being referred to him. That means they have been through neuropsychological testing, ophthalmological assessments and the like. “We usually ask for reports of that sort so we know a lot of information before they come in,” says Bowen.

He performs a physical driving assessment for controls and adaptations, including reaction time and vision tests.

“When we’re looking at a person who has had a stroke or head injury, we put them in an assessment module,” he says. “We look at how they keep their speed, their rear-view ability, how they track things in front of them. We test for distractors — we talk to them with the radio going, for example — to see whether they can deal with multiple things happening at once. That gives me good indicators of whether they are having a problem.”

Following that evaluation, Bowen asks his client to do a self-assessment. “We always do that with another person in the room, a relative or friend,” he says. That way, there’s a third party to help the client clarify and remember details of the test results. “They’re only waiting to hear one thing,” says Bowen. “You did fine; you passed.”

Once they are trained on their adaptive equipment, they may take the ICBC driving test. However, says Bowen, their chances to pass are numbered—just like every other driver who takes the test. “If you fail three times, you don’t get a fourth chance,” he says.

He refers those who pass the test to a dealer for equipment purchase and installation. Dealers must be members of the National Mobility Dealers Association, headquartered in Tampa, Fla.

The center serves around 300 people annually. A physical assessment is \$115 (U.S.); physical and cognitive is \$198 (U.S.); on-road test is \$59 (U.S.). For road tests, it contracts with a private driving school. 