

SOURCES SOUGHT/REQUEST FOR INFORMATION
Minimum Technical Requirements
Complex Power Wheelchair (PWC) – Group 3 & 4

Vendor Information

The following information should be addressed in the response:

- Name and Address of Offeror
- Business Contact
- Phone Number
- Email
- DUNS Number
- Business Size Classification

Required Documentation

The following documentation must be included with each power wheelchair submitted:

- U.S. Food and Drug Administration (FDA): Required FDA documentation includes company registration, device listing, and 510(k) letter confirming substantial equivalency and clearance for marketing.
- Healthcare Common Procedure Coding System (HCPCS) Code: Official documentation confirming the power wheelchair HCPCS code assigned by the Medicare Pricing, Data Analysis and Coding (PDAC) Contractor.
- Wheelchair Standards Test Reports: A copy of the test reports submitted to PDAC for HCPCS coding verification must be included with each submission. Requirements for objective laboratory testing and reporting are consistent with those identified by PDAC, including requirements for photos and independent versus in-house testing. The PDAC checklist of requirements can be accessed from the PDAC website https://www.dmepdac.com/docs/review/power_wheelchairs.pdf
- If a PWC submitted is approved for transportation in a motor vehicle, official documentation and a copy of relevant test reports confirming compliance is required.
 - ANSI/RESNA WC-4:2012 American National Standard for Wheelchairs – Volume 4: Wheelchairs and Transportation
 - RESNA WC-19, Wheelchairs used as seats in motor vehicles.

References

The following documents will be used for this solicitation:

- [Glossary of Wheelchair Terms and Definitions, Version 1, December 2013](https://www.pva.org/CMSPages/GetFile.aspx?guid=671cf023-1434-4904-bbf9-22b68dafd8b7)

<https://www.pva.org/CMSPages/GetFile.aspx?guid=671cf023-1434-4904-bbf9-22b68dafd8b7>

- Clinical Limits of Use Tool (CLOUT) for *Wheeled Mobility Devices*, Version 1, February 2018



Adobe Acrobat
Document

Power Wheelchairs - REQUIRED FUNCTIONS AND FEATURES

ALL ITEMS SELECTED MUST BE MEDICALLY NECESSARY IF THERE IS A COST.

Medically necessary” is defined as health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms.

BASE	General Specifications
Base	Supporting structure of the wheelchair that includes the drive system and wheels
Base Package	List standard components and features included in the base package and delineate options that are model specific
Drive Wheel	Any drive wheel position can be provided (i.e. Front, Mid, Rear, All)
Maximum Length	48 inches
Maximum Width	34 inches
Obstacle Height Climb	60 mm (Group 3); 75 mm (Group 4)
Minimum Top Speed	4.5 miles per hour (Group 3); 6 miles per hour (Group 4)
Maximum Top Speed	Specify
Minimum Range	12 miles minimum (Group 3); 16 miles minimum (Group 4)
Dynamic Stability Incline	7.5 (1:10) degrees (Group 3); 9 (1:8) degrees (Group 4)
Drive Wheel Suspension	Yes
Fatigue Test on Level with Slats	200,000 cycles
Drop Test	6,666 cycles
Occupant Mass Capacity (Weight Capacity)	<p>List available options. For example:</p> <ul style="list-style-type: none"> ○ Standard – less than 300 lbs. ○ Heavy Duty – from 301 – 450 lbs. ○ Very Heavy Duty – from 450 lbs. – 600 lbs. ○ Extra Heavy Duty – 601 lbs. and greater <p>Documentation for occupant mass capacity must be included in the objective laboratory reports submitted</p>
Device Weight	Provide total weight of device as determined by the objective laboratory test report in the standard configuration (i.e. base, batteries, seat, back support, feet, lower leg assembly, arm supports)
Base and/or Trim Color	Require at least 2 color options
Power Standing Option	Optional
Optional Items	Alternative motor electronics

ADDITIONAL REQUIREMENTS:

SEAT	General Specifications
Seat	List all available seat options. For example: <ul style="list-style-type: none">○ Captains/Van/Padded Contour○ Rehab Seat○ Adjustable Angle○ Sling Seat○ Solid Seat
Seat width and depth	Provide seat dimensions ranges available by selection or configuration
Seat to Floor Height	Provide seat to floor heights available by selection or configuration. Multiple seat to floor heights are required Minimum seat to floor height – at least 16.5 inches
Seat functions	List power seat functions available. For example: <ul style="list-style-type: none">○ No power seat function- in KO848 models○ Power tilt<ul style="list-style-type: none">● Rearward (posterior)● Forward (anterior)● Side L/R (lateral)○ Power recline○ Power seat elevation○ Power elevating leg rests

BACK	General Specifications
Support Post/Back Cane	List backrest options. For example: <ul style="list-style-type: none"> ○ Fixed ○ Angle Adjustable ○ Depth adjustable ○ Height adjustable ○ Dynamic
Back rest	List all options available. For example: <ul style="list-style-type: none"> ○ Sling or solid back ○ Fixed or adjustable height ○ Adjustable back angle with extent of angle adjustability specified
Back support configuration & padding	List available options. For example: <ul style="list-style-type: none"> ○ Standard configurations ○ Alternative options available by selection
Interface compatibility	Support items/parts can be attached at various locations/positions
Back Width	Provide back width dimension ranges. Prefer multiple adjustment availability/dimensions for width.
Back Height	Provide back height range. Options available by either selection or adjustment <ul style="list-style-type: none"> ○ Prefer multiple adjustment availability for back height
Compatibility with support items	Support items/parts can be attached at various locations/positions.

BATTERY AND CHARGER	General Specifications
Battery Type	List batteries available. <ul style="list-style-type: none"> ○ Prefer Gel, deep cycle batteries ○ Compatible with Air travel ○ Battery size should be based on wheelchair requirements.
Charger	Battery specific charger must be supplied
Range	Minimum 12 miles range on a single full charge (Group 3); 16 miles (Group 4)
Battery Compartment	Easily accessible

LEG SUPPORT	General Specifications
Leg support type	List available leg rest options. Must have at least 2 options available that include the following: <ul style="list-style-type: none"> ○ Articulating ○ Length adjustable
Leg support - manual	Manual swing away – removable and/or elevating Manual Center Mount
Leg support - power	Power Elevating – Swing away or center mount
Calf Support	Adjustable calf pads/support
Optional items	List alternative power leg rest options. For example: <ul style="list-style-type: none"> ○ Left and right leg rests can be controlled simultaneously or individually

FOOT SUPPORT	General specifications
Foot Support types	List foot support options available. For example: <ul style="list-style-type: none"> ○ Flip up ○ Angle Adjustable
Foot Plate	Provide dimensions of foot plates available. At least two adult sizes are required. For example <ul style="list-style-type: none"> ○ Standard ○ Alternate/Oversized (wide, narrow etc.)
Interface for positioning and stabilization	Prefer ability to interface with foot positioning and stabilization devices
Optional accessory	Heel loops

WHEELS/TIRES/CASTERS	General Specifications
Wheels	<p>Wheels transmit drive power and guide the wheelchair.</p> <p>List available options of wheel types.</p> <p>Must have a disengage feature (free wheel or neutral option) that will allow wheelchair to be pushed manually.</p> <p>Must be easily visible</p> <p>Must be easily operated</p>
Tires	<p>List available options. For example:</p> <ul style="list-style-type: none"> ○ Solid or pneumatic with flat free insert ○ OPTIONAL Non-standard tires (i.e. knobby, beach, rough terrain, snow)
Castors	<p>Small wheels that are in contact with the ground during normal operation of the wheelchair and cannot be used for arm propulsion. They have a horizontal axle that swivels about a vertical axis.</p> <p>List available options</p>

LIGHTS and REFLECTORS	General Specifications
Lights	<p>Lights and Light packages are optional based on patient need.</p> <p>List options available. For example:</p> <ul style="list-style-type: none"> ○ LED lights are preferable ○ Various mounting locations acceptable
Reflectors	<p>List options available.</p> <p>Various mounting locations acceptable</p> <p>Reflect from various angles</p>

ARM SUPPORT	General Specifications
Arm Support	<p>Combination of the arm support and its attachment and/or mounting hardware, as a unit</p> <p>List armrest options. For example:</p> <ul style="list-style-type: none"> ○ Flip-back cantilever ○ Removable ○ Arm trough option ○ Locking option ○ Down post option <p>Multiple options are preferred</p>
Arm Support Height	Height should be adjustable
Arm Support Angle	Angle adjustable option
Arm Support Length	Full length Desk length
Interface with additional extremity support	Interfaces with upper extremity positioning devices (i.e. elbow stops, hand support)
Armrest Padding and cover	List options for padding and material

ELECTRONICS	General Specifications
Non- Expandable controller	List capabilities available
Expandable controller and harness	<p>Controller capable of accommodating standard and alternative joysticks, non-proportional driver controls, and/or operate 3 or more powered seating functions through the input device. It may also be able to operate other electronic devices, a separate display for alternate drive control devices, and an attendant control.</p> <p>Must be capable of upgrade to alternative control devices</p> <p>Must accommodate one or more functions and additional devices</p> <p>Proportional and Non-Proportional - i.e. joysticks, touchpads, chin control, head control, sip & puff, head array, attendant control, augmented speech device, computer</p> <p>Switch access ports available.</p>
Joystick	<p>Device that enables the wheelchair occupant to operate the powered features of the wheelchair.</p> <p>List joystick options that are available. For example:</p> <ul style="list-style-type: none"> ○ Proportional ○ Multiple and/or drive access locations ○ Mounting adjustment ○ Fixed - Right or Left ○ Swing Away – Right or Left ○ Retractable – Right or Left ○ Alternative Joystick (Attendant control) ○ Bluetooth Modules optional ○ Joystick knob - Available in different shapes – i.e. cone, chin cup, T-handle, ball, mushroom, stick
Display module	<p>Easy to read</p> <p>Backlit</p>
USB Port	Optional for charging personal items
Programmable	Able to be programmed/adjusted
Expanded Programmability	<p>Must include as a minimum:</p> <ul style="list-style-type: none"> ○ Forward Speed ○ Turning Speed ○ Acceleration Forward ○ Acceleration in Reverse ○ Reverse Speed ○ Sensitivity ○ Tremor Dampening

RESPIRATORY SUPPORT	General Specifications
Ventilator Accommodation	Accommodates a ventilator – (Group 3- Ko861- Ko864; Group 4 – Ko884 – Ko886) optional for other models
Oxygen (O ₂) Accommodation	Accommodates a standard size, portable O ₂ tank attached to the wheelchair. Specify the max wt. of O ₂ tanks that can be accommodated

HEADREST/SUPPORT	General Specifications
Headrest/Support	Provided to support the head
Headrest and hardware	<p>List all available head rest options. For example:</p> <ul style="list-style-type: none"> ○ Padded – list options of pads offered ○ Multiple sizes desired <p>List options available for adjustable hardware</p> <ul style="list-style-type: none"> ○ Must have at a minimum the ability for vertical and horizontal adjustments ○ Multiangle adjustments optional
	Headrest must be removable

ACCESSORIES	General Specifications
	<p>Provide a list of all available accessories. For example:</p> <ul style="list-style-type: none"> • Mounting/attachment systems for: <ul style="list-style-type: none"> • Electronic devices • Hydration options • Medical equipment & supply bags • Ambulation assistive devices (e.g., cane, crutch, walker) • Removable Surfaces <ul style="list-style-type: none"> ▪ Upper extremity stabilization ▪ Stabilization/transport of items ▪ Work surfaces • Self-care <ul style="list-style-type: none"> ▪ Backpacks or accessory bags for medical equipment and supplies ▪ Hydration systems • Military branch patches at no additional cost <ul style="list-style-type: none"> ▪ Please list branches included • Mounting devices

SAFETY and POSITIONING EQUIPMENT	General Specifications
Belts /supports and guides	<p>List of all available positioning equipment.</p> <p>Must be compatible with the wheelchair.</p> <p>Padded as needed to provide support and protection</p>
Belts	<p>List types and sizes, of belts engage and release options.</p> <p>Mounting location, type and size</p>
Supports and Guides	<p>List available supports and guides. For example:</p> <ul style="list-style-type: none"> ○ Lateral Supports ○ Thigh guides ○ Hip guides

TRANSPORT	General Specifications
	Wheelchairs to be used in transport must be WC-19 compliant. Provide associated documentation.

WARRANTY and SUPPORT	General Specifications
	Please provide documentation on warranty and device support
Warranty	<p>Minimum 2 years</p> <p>Must be the same or better than commercial offered warranties</p> <p>Warranty is not voided if repairs are done by a manufacturer certified company other than the manufacturer</p>
Telephone Customer/ and Tech Support	<p>Provided at no charge</p> <p>Technical and Customer Support lines must be provided by the Manufacturer across multiple time zones at minimum from 8 am -5 pm EST Monday through Friday</p>
User Manual	<p>Must be provided in English and Spanish (if requested)</p> <p>Downloadable user manual</p> <p>508 compliance required</p>

Technology/Connectivity (Optional)	General Specifications
	<p>Currently, the VA does not support wheelchair connectivity. This issue is being researched. More guidance will be issued when available.</p>
	<p>Please list connectivity/monitoring options available with wheelchair. For example,</p> <ul style="list-style-type: none"> ○ Provide real time feedback on wheelchair status <ul style="list-style-type: none"> • Battery capability • Distance traveled • Fault code data • Seat actuator function • Seat/positioning data ○ Provide information on features that the VA provider could access ○ Provide information on features the user could access ○ Specify degree on involvement the company will have in using the data – monitoring, reporting, research etc.
Privacy	Any remote monitoring will need to comply with all HIPPA requirements.
Security	Any remote monitoring will comply with applicable VA Information Security requirements