

Section 3

Assistive Technology Funding

2013

School District Responsibilities for AT Provision

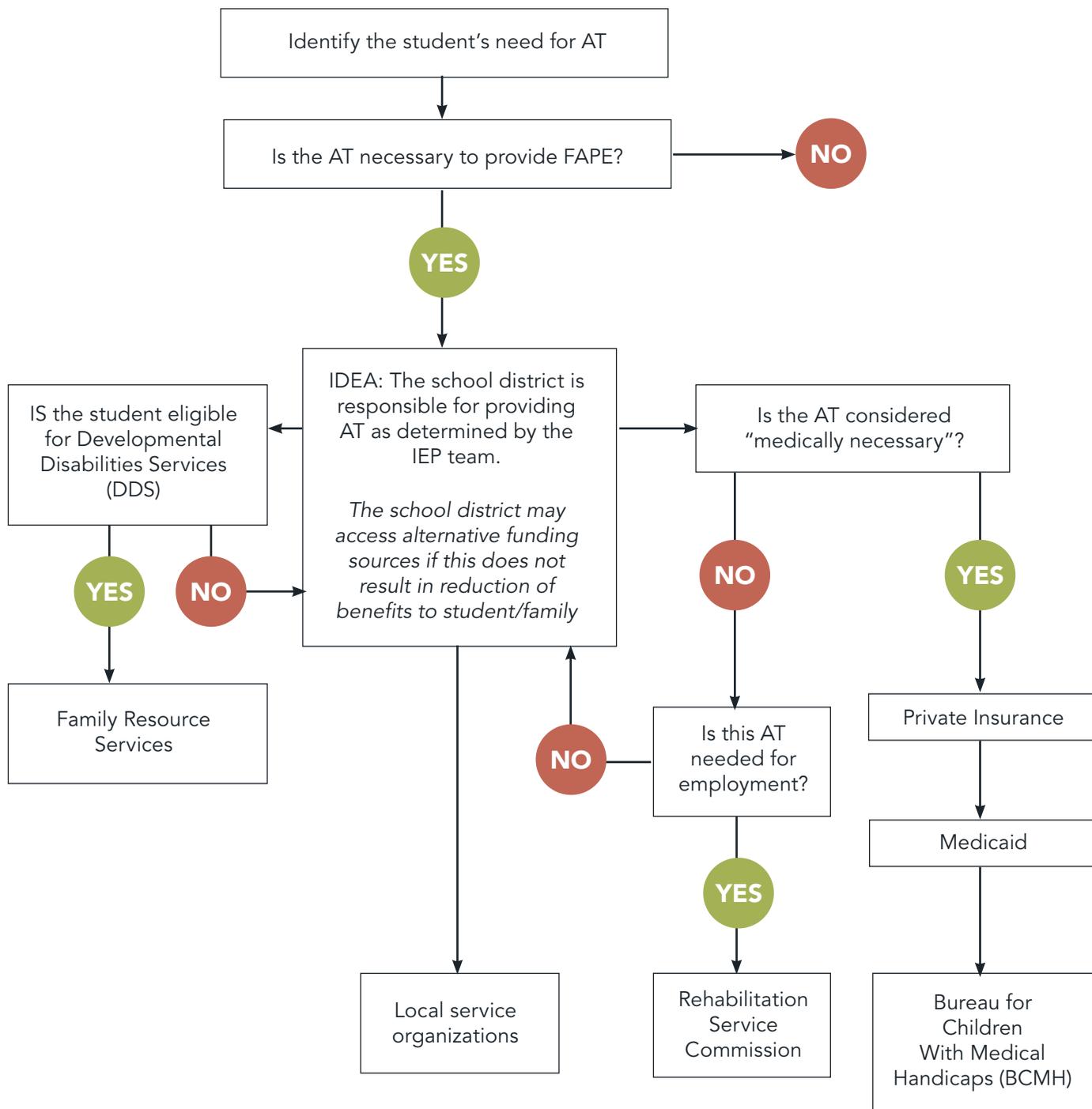
Under IDEA, AT devices and services must be provided if they are required for the student to receive FAPE. The student's IEP team makes this determination. It is the responsibility of the LEA to provide AT as identified within the IEP. According to IDEA,

Each public agency must ensure that assistive technology devices or assistive technology services, or both, as those terms are defined in sections 300.5 and 300.6, respectively, are made available to a child with a disability if required as a part of the child's special education, related services, or supplementary aids and services.

(IDEA, 2004, 300.105(a); Ohio Department of Education, 2008, 3301-51-02 (F)(1).)

Cost may be a consideration when determining final AT recommendations but only if more than one option, determined by the IEP team, will ensure provision of FAPE. LEAs can choose to purchase, rent, or borrow AT, or to utilize AT acquired through the student's insurance. However, the LEA may not require the family to utilize insurance or any other funding source. In the event that no alternative funding is available, the LEA remains responsible for the provision of AT, as specified in the IEP. When AT is provided for a student through a funding source other than the LEA, the LEA remains responsible for any costs related to repair, maintenance, or replacement of AT that is specified in the IEP.

Funding at a Glance



Medicaid – Department of Job and Family Services (DJFS)

Medicaid is a national program of medical assistance for low-income individuals, including persons with disabilities. Many people with disabilities qualify for Medicaid under waiver options when they do not qualify due to family income. Medicaid is administered by each state, and the rules vary from state to state.

In Ohio, the Ohio Department of Job and Family Services (ODJFS) administers Medicaid. Information on eligibility for Medicaid may be obtained by calling your county office of the ODJFS.

Ohio's Medicaid program provides for certain types of AT that are considered medically necessary. Most of these qualify under "durable medical equipment." For example, life-sustaining equipment, such as those for breathing or feeding, is covered. Medicaid also funds prescribed wheelchairs, including customizations and modifications, at five-year intervals. Wheelchair recommendations must include a physician's prescription and an evaluation from a physical therapist on seating involvement. Funding applications for medically necessary technologies are submitted by the vendor.

Augmentative communication is also currently covered by Ohio's Medicaid program because it may be described as a "medical necessity." The rules for provision of a "speech-generating device" (SGD) in Ohio are separate from other areas of Medicaid funding, and rules for application are specific for an SGD. Under Ohio's Medicaid rule, an SGD may be prescribed to facilitate basic communication if the individual is unable to use typical modes to "express basic needs and wants, transfer information, achieve social closeness, or demonstrate social etiquette." (Ohio Administrative Code, 5101:3-10-24).

The SGD application must be completed by an evaluation team led by a licensed speech-language pathologist (SLP). A "licensed SLP" is defined as a person who possesses licensure by the Ohio State Board of SLP&A and Certificate of Clinical Competency (CCC) from the American Speech-Language-Hearing Association (ASHA), or is completing a program of supervised work experience (CFY) from the above licensure agencies. In addition, the licensed SLP must document experience with SGD service delivery.

The rules for Ohio's Medicaid are specific and generally more inclusive of medical technologies than coverage through private health insurance. Individuals who have private insurance in addition to Medicaid must file with their insurance companies before applying to Medicaid. Medicaid will pick up the costs of covered items that are not provided by insurance. Medicaid will also pay for maintenance and modifications. When equipment is acquired through Medicaid, it remains the property of the individual/family.

Educational equipment/aids are considered essentially "nonmedical" and are, therefore, not covered in Medicaid funding.

Several vendors provide funding information that can assist a team in completing an AT evaluation for seating systems and SGDs. Such information may be submitted for Medicaid approval.

Contact your local office of the DJFS for more information on eligibility for Medicaid, dfs.ohio.gov/County/County_Directory.pdf

In addition to Medicaid, a number of waiver programs serve individuals who are eligible for the level of services provided in an Intermediate Care Facility for Individuals With Mental Retardation (ICF/MR) but wish to remain in the home setting. Funding for AT may be provided through these programs. Exploring eligibility for these programs may provide additional funding support beyond that which Medicaid typically offers. The Ohio Department of Developmental Disabilities (DODD) administrates the Medicaid waivers.

Private Insurance

“Private insurance” refers to a contract between the individual/family and an insurance company. The policy coverage, enrollment requirements, and co-payment requirements vary between insurance companies. Medical insurance is based on the “medical necessity” of services and equipment. Private medical insurance may provide certain types of AT and AT services under three categories of funding: prosthesis, durable medical equipment, and therapy services.

Individual policies vary in terms of the types of AT that are covered and the co-payment requirements. Many types of life-sustaining technologies and wheelchairs are covered because they are considered medically necessary. Requests for these types of equipment must include a physician’s prescription, other assessment information as specified by the company (e.g., physical therapy report), and vendors’ prices.

Some insurance companies consider augmentative communication devices eligible items. Documentation to be sent to a private medical insurance company should include a physician’s prescription, a description of the client’s profile, including motor, sensory, and communication status. Emphasis should be placed on the medical needs that will be met with the use of a given communication device. Private insurance companies often utilize the guidelines for medical necessity that have been adopted by Medicaid. In the request for funding, include the recommendations and vendor prices and information. Also, include the name of the evaluation team leader and his/her contact information. Medical reviewers often request further clarification/information.

A school district may request but cannot require parents to use private insurance to pay for a student’s required services or devices. In many cases, parents are willing to pursue this avenue for a communication device since that will allow them retain to ownership. If the device is used at school to meet the goals of the IEP, the district is responsible for paying for repair and maintenance of the device. Decisions related to who pays what should be made in all instances where the family is providing the funding source for equipment that will be used at school.

If funding is denied upon initial request, the decision may be appealed. Appealing is not uncommon, and insurance companies have an appeals process for this purpose. When considering appealing, determine the reason behind the denial and proceed from there. Many appeals for AT are successful.

Private insurance companies do not consider AT equipment that is primarily educational in nature (e.g., computers for input/output).

Bureau for Children With Medical Handicaps (BCMh)

The Bureau for Children With Medical Handicaps is located within the Ohio Department of Health. This agency provides services to children with special health needs. BCMh is coordinated at the local level through county health nurses.

BCMh operates under two programs: diagnostic and treatment. Any Ohio resident who is under 21 years of age and has a possible medical handicap is eligible for diagnostic services. Financial eligibility must be established for the treatment program, however. A physician who is approved by BCMh must make a referral for both service areas, and qualified BCMh providers must provide diagnostic and treatment services.

BCMh operates as the “payer of last resort,” meaning that all other third-party resources must be pursued

before BCMH authorization is considered. Third-part entities include government agencies such as Medicaid, vocational rehabilitation, education, early intervention, etc.

BCMh may provide medically necessary services and AT, including durable medical equipment, medical supplies, and medical appliances such as wheelchairs, braces, prosthetic devices, glasses, and hearing aids. In 1997, BCMh established guidelines for augmentative communication devices. These are now included in the list of covered items. Required documentation is the same as that described for the Medicaid rule for SGDs.

Further information may be obtained by contacting your local health department, or

Ohio Department of Health

Bureau for Children with Medical Handicaps

246 N. High Street

P.O. Box 1603

Columbus, OH 43216-1603

Phone 614-466-1700

Toll-free 800-755-4769

Fax 614-728-3616

Email: BCMH@odh.ohio.gov

www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx

Family Support Services (FSS)

In 1983, Ohio established a family support program, commonly referred to as the Family Support Services (FSS), to assist families caring for an individual with a developmental disability at home. The support provided with FSS funds enhances the quality of life for the entire family unit, and includes respite care, adaptive equipment, home modifications to accommodate the family member with a disability, special diets, and other services / items that are individualized to meet the family's needs. It is through this program families may obtain AT services and devices. Guidelines for the program specify equipment and services that promote self-sufficiency and inclusion, prevent or reduce inappropriate institutional care, and further the unity of the family.

Family Support Services are regulated by County Boards of Developmental Disabilities (DD). The family member with a disability must qualify for DD services by being evaluated under the Children's Ohio Eligibility Determination Instrument (COEDI). A family may apply for family support services by contacting a case manager at the county board of DD. Depending on the family's taxable income, a percentage of co-payment may be required for requested services or equipment. Some counties limit how much families may receive, generally ranging from \$500 to \$2,500. County Boards of DD may establish local policies in this regard. Families may utilize their family resource money allotments for the purchase of AT. Schools may ask parents to pursue this avenue of funding; however, the result should not pose a reduction of funds for other items the family/ individual may need.

For specific information about your county, contact your local DD program. For general information about services provided through the Ohio Department of Developmental Disabilities visit the following website: odmrdd.state.oh.us/

Vocational Rehabilitation

Vocational rehabilitation (VR) services originated from the Rehabilitation Act of 1973, with the intent to provide training, assessment, placement, and other services to people with physical or mental disabilities who could benefit from employment or other identified goals. The emphasis of VR services is on economic self-sufficiency, independence, and integration into society.

The Ohio Rehabilitation Services Commission (ORSC) consists of the Bureau of Vocational Rehabilitation (BVR), Bureau of Services for the Visually Impaired (BSVI), and Bureau of Disability Determination (BDD).

A Rehabilitation Services counselor (RSC) is the only person who may determine an individual's eligibility for VR. Eligibility determines that the individual has a disability that results in a substantial barrier to employment and that he/she can benefit from VR in terms of employment outcomes. Consideration involves a diagnostic assessment and a comprehensive assessment. The results of these assessments are compiled into the Individual Written Rehabilitation Plan (IWRP), which specifies the employment objectives, long-term rehabilitation goals, intermediate objectives, specific services to be provided, and rehabilitation technology, if appropriate. Rehabilitation technology may include rehabilitation engineering, AT devices, and/or AT services.

IDEA mandates that an Individual Transition Plan be developed for students by the time they turn age 16, or, in Ohio, by the age of 14.

A transition plan addresses a student's needs in each of the following areas: instruction, related services, community experiences, employment, development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and provision of a functional vocational evaluation. Vocational rehabilitation can become involved when this plan is initiated.

Information about VR services may be obtained from:

Ohio Rehabilitation Services Commission

400 E. Campus View Blvd.

Columbus, OH 43235-4604

Phone: 800-282-4536

Division of Disability Determination

800.282.2695 - When asked for an extension, press "0" (zero).

www.rsc.ohio.gov/

Social Security Administration

Under the Social Security Act, two programs may benefit individuals with disabilities: Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). For both programs, eligible individuals must be at least 65 years old, blind, or disabled. Additionally, SSI considers income resources and defines the disability based on an inability to engage in "substantial gainful employment." For children, the impairment must be of "comparable severity" to one that qualifies an adult. SSI and SSDI do not directly provide funding for AT. Yet, qualifying individuals may access other services and work incentives. Eligibility for SSI or SSDI also brings eligibility for Medicaid and/or Medicare. (See Medicaid.)

Social Security has published a booklet that defines the services that are available to children with disabilities; it may be viewed at www.ssa.gov/pubs/10026.html - Introduction.

To learn how to apply for Social Security disability benefits or for additional information and brochures about SSDI or SSI, call the Social Security Administration toll-free at 1-800-772-1213 voice or 1-800-325-0778 TTY.

Click this link to learn about local Social Security offices in your area: <https://secure.ssa.gov/ICON/main.jsp>

Assistive Technology Ohio

Assistive Technology Ohio is funded under the Assistive Technology Act, commonly referred to as the Tech Act. Assistive Technology Ohio helps Ohioans with disabilities learn about or acquire AT through low-interest loans, equipment exchange, equipment loans, and a computer-recycling program.

Assistive Technology of Ohio

AT Consults, Device, Information and Referral

Suite 3300

Martha Morehouse Pavilion

Columbus, OH 43221

Phone: 800-784-3425 / 614-293-9134

Fax: 614-293-9127

E-mail: atohio@osu.edu

Website: www.atohio.org/

Service Clubs and Organizations

Service clubs and organizations are another potential source of funding for AT. Local groups such as the Lions, Sertoma, Shriners, Kiwanis, Rotary, churches, and sororities/ fraternities often fill the gap when human service delivery systems fall short. These types of organizations typically represent a membership and come together to help members of their community. As such, they perceive their role as providing tangible assistance to an individual with a disability. It may be necessary to enlist help from more than one such organization to raise the amount of money needed.

The application process tends to be less formal than for state and federal agencies. Become familiar with the various organizations in your community and their interest areas. Make the request in specific and reasonable terms. After the initial contact, many organizations ask for a formal presentation. Clearly describe the individual's need and the funding needed but recognize that they may only provide partial funding. A presentation should be personal using language that can be understood by the layperson. Parent/family permission should always be obtained before initiating any contact with local organizations on their behalf.

Steps to Funding

1. Identify and Define the Need

Ensure a comprehensive AT assessment process is completed to identify the student's needs. Concise documentation of need facilitates determining the direction to be taken in obtaining funding. Funding for AT is NEVER impossible if the documented need is clearly defined.

- Include personal letters of support from parents and educators describing the student's potential and how the AT will increase his/her ability to participate in the specific area of need.
- State the individual's need(s) in "medical," "vocational," or "educational" terms, depending on the focus of the funding source.

2. Identify Equipment and Services Needed

Research and identify the equipment and services required. Obtain pricing information and formal quotes from manufacturers and vendors.

- Include information flyers describing the equipment.
- Take pictures or video of the student using the equipment during a trial period.
- Find out if the manufacturer/vendor provides assistance in the funding pursuit.

3. Identify Possible Funding Sources

Establish a list of possible funding sources that exist for the student. Consider the medical or educational basis for the equipment needed. Explore the student's eligibility for various agencies that may fund equipment or services.

- Identify someone who will serve as the "funding advocate" to coordinate efforts.

4. Collect and Submit the Required Paperwork

Identify the exact procedures for a funding source before submitting. Funding sources require different documentation and format as part of the application process.

- If appropriate, apply to multiple funding sources at the same time.
- Be patient, but persistent in the funding search.

5. If Necessary, Pursue the Appeals Process

Determine the reason for a denial and pursue to clarify. The appeals process is fairly common in securing funding for AT. Often a denial is due to lack of understanding by reviewers of the need or importance of the equipment.

Summary

This section described a number of funding options. For school-age students with disabilities, the responsibility for funding AT often lies with the school system. However, the school district is only obligated to provide funding for AT if certain conditions are met. Generally speaking, under IDEA, AT devices and services must be provided if they are required for the student to receive FAPE. The student's IEP team makes this determination. Beyond the school district, many other funding sources may be available to a student, including private, public assistance, and not-for-profit organizations. All eligible funding sources should be explored before a final funding source/s is selected.

Local Funding Worksheet

The following form may be used to record and reference local agencies that may be contacted when seeking funding for AT.

Medicaid:

Description: Must be Medicaid eligible. Medicaid funds durable medical equipment and medically related services. Wheelchair applications must be completed through the vendor in conjunction with the student's physical therapist. Speech-generating device (SGD) applications must be made through an ASHA-certified speech-language pathologist and submitted by the vendor.

Contact: Initiate (family/individual) the Medicaid application for eligibility through the County Department of Job and Family Services.

Agency _____

Address _____

Telephone _____ FAX _____

Contact Name _____

E-Mail _____

Private Insurance:

Description: Private insurance refers to a contract between the individual/family and the insurance company. Medical insurance is based on the "medical necessity" of services and equipment. Private medical insurance may provide certain types of AT and AT services under three categories of funding: prosthesis, durable medical equipment, and therapy services.

Contact: Contact (family/individual) private insurance provider.

Agency _____

Address _____

Telephone _____ FAX _____

Contact Name _____

E-Mail _____

Bureau for Children With Medical Handicaps (BCMh):

Description: Offers diagnostic assessment for students under 21 years of age with a possible medical handicap. Treatment is based on financial eligibility.

Contact: County Health Department.

Agency _____

Address _____

Telephone _____ FAX _____

Contact Name _____

E-Mail _____

Family Support Services:

Description: Student eligibility determined by County Board of Developmental Disabilities. Amount of assistance monies varies.

Contact: Ohio Department of Developmental Disabilities Gateway.

Agency _____

Address _____

Telephone _____ FAX _____

Contact Name _____

E-Mail _____

Vocational Rehabilitation: Ohio Rehabilitation Service Commission and Bureau for the Visually Impaired:

Description: Eligibility possible when student reaches age 14 or a Transition Plan is initiated. Eligibility determined by VR counselor.

Contact: Regional vocational rehabilitation office.

Agency _____

Address _____

Telephone _____ FAX _____

Contact Name _____

E-Mail _____

Social Security:

Description: SSI and SSDI do not directly provide funding for AT; yet, qualifying individuals may access other services and work incentives. Eligibility for SSI or SSDI also brings eligibility for Medicaid and/or Medicare.

Contact: Click this link to learn about local Social Security offices: <https://secure.ssa.gov/ICON/main.jsp>

Agency _____

Address _____

Telephone _____ FAX _____

Contact Name _____

E-Mail _____

Service Clubs and Organizations:

Description: Local groups such as the Lions, Sertoma, Shriners, Kiwanis, Rotary, churches, and sororities/ fraternities often fill the gap when human service delivery systems fall short.

Contact: Explore local community service organizations.

Organization _____

Address _____

Telephone _____ FAX _____

Contact Name _____

Description: _____

Organization _____

Address _____

Telephone _____ FAX _____

Contact Name _____

Description: _____

Organization _____
Address _____
Telephone _____ FAX _____
Contact Name _____
Description: _____

References

Individuals With Disabilities Education Act of 2004, Pub. L. No. 108-446.

Ohio Department of Education. (2008). Operating standards for Ohio educational agencies serving children with disabilities. Retrieved from <http://goo.gl/0zOcO>

Resources

Assistive Technology of Ohio. www.atohio.org

Assistive Technology Funding and Systems Change Project. [www.icdri.org/Assistive Technology/atfs.htm](http://www.icdri.org/Assistive%20Technology/atfs.htm)

Goodwill Easter Seals Miami Valley Assistive Technology Services. www.assistivetechservices.org/

Neighborhood Legal Services, Inc. (2003, April). The public school's special education system as an assistive technology funding source: The cutting edge. www.nls.org/Disability/NYSAssistiveTechnologyProject/Archives/SpecialEdBooklet

Ohio Department of Health. (n.d.). A handbook for families of children with special health care needs in Ohio: Programs and services. <http://goo.gl/hK8S7>

Ohio Department of Developmental Disabilities. odmrdd.state.oh.us/Pages/default.aspx

Ohio Department of Job and Family Services. jfs.ohio.gov/

Ohio Rehabilitation Services Commission, Columbus, OH. www.rsc.ohio.gov/

Ohio Department of Health, Bureau for Children With Medical Handicaps. www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx