

ASSISTIVE TECHNOLOGY FUNDING SOURCES

State Council on Developmental Disabilities
Area Board XI

(714) 558-4404
www.scdd.ca.gov

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Who We Are?

The State Council on Developmental Disabilities is established by state and federal law as an independent state agency to ensure that people with developmental disabilities and their families receive the services and supports they need to live independently and productively, in the least restrictive environment possible.

The Council collaboratively advocates, promotes, and implements policies and practices that achieve self-determination, independence, productivity, and inclusion in all aspects of community life for Californians with developmental disabilities and their families.

What We Do?

- Community outreach
- Training
- Information and referral
- Support and educate communities
- Facilitate interagency collaboration
- Eliminate barriers to community services
- Encourage self-advocacy and community participation
- Inform policymakers
- Demonstrate new approaches to services and supports
- Protect and advocate for consumer rights

Discussion Topics

Funding Sources of Assistive Technology

- School District / Special Education
- Regional Center
- Medi-Cal
- California Children's Services
- Department of Rehabilitation
- Employer
- Social Security Administration (via PASS or IRWE)

Accessing Community Resources

- Assistive Technology Exchange Center (ATEC)
- Team of Advocates for Special Kids (TASK) Tech Center
- Dayle McIntosh Center (Independent Living Center)
- California Assistive Technology Exchange (CATE)
- Harbor Regional Center's Assistive Technology Lab

SCHOOL DISTRICT / SPECIAL EDUCATION

Overview

- Specially designed instruction and related services to meet the unique needs of students with disabilities
 - Classroom instruction
 - Home instruction
 - Vocational education/instruction
 - Physical education
- No cost to families (FAPE)
- Provided in the least restrictive environment (LRE)
- Implementation of services/supports to assist a student with a disability in *progressing* toward IEP goals and objectives
 - “Necessary to benefit from special education”

Eligibility Criteria

Identified by the IEP team as a student with:

- Mental retardation
 - Hearing impairment
 - Speech and language impairment
 - Vision impairment
 - Emotional disturbance
 - Orthopedic impairment
 - Autism
 - Traumatic brain injury
 - Specific learning disability
 - Other health impairments (OHI)
- Educational criteria versus medical criteria

Educational Definition

Assistive technology device means

- Any item, piece of equipment, or product system
- Customized, non-customized, or modified

Used to increase, maintain, or improve functional capabilities of a student with a disability.

*Assistive technology in the school setting does not include any medical-type device, such as one that would be surgically implanted.

(20 USC §1401(1)) (34 CFR §300.5)

Assistive Technology Examples

- Alternative computer keyboards (IntelliKeys)
- Alternative mouse (pointing system)
- Page turner for books (GEWA/Infralink)
- Communication device (DynaVox)
- Children's talking dictionary (Franklin Product)
- Switch adapted toy
- Pencil grip
- Highlighting tape
- Special paper options (NCR paper, raised or bold lines)

Educational Definitions

Assistive technology service means any service that directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device.

This includes

- Evaluation of the student's needs
- Purchasing, leasing, or providing for the acquisition of the assistive technology device
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing such device
- Coordinating and using other therapies, interventions, or services with AT devices
- Training or technical assistance for the student, family, professionals

(20 USC §1401(2)) (34 CFR § 300.6)

Determining Need

If the student needs an assistive technology device to *benefit* from his/her educational program, it must be written in the IEP!

Benefit means making meaningful progress toward IEP goals and objectives (EC §60010)

- Develop goals and objectives that are assistive technology related
 - “Using an electronic communication device, John Doe will...”
- Will the use of an assistive technology device enable the student to be educated in the LRE?

“The IEP team shall consider whether the child needs assistive technology devices and services” to assure that the student will benefit from special education.

(20 USC §1414(d)(3)(B)(v)) (EC §56341.1)

Making the Request Known

Although the school shall consider the student's assistive technology needs, you can request an assessment if you feel that this is being overlooked.

Make your request in writing!

Inquire on the background, training, and experience of the person conducting the assessment.

- Assistive Technology Specialist
- Speech and Language Pathologist (SLP) for augmentative and alternative communication assessments
 - SLP needs experience with communication devices/technology

Assessment Timelines

Within 15 days of the date of the request, parent should receive a proposed assessment plan

Parents have 15 days from the date of receipt to consent to the proposed assessment plan

Following parent's consent, the school has 60 days to conduct the assessment

(EC §56043(a)(b)(c))

Funding

Following completion of the assessment and the recommendations for an assistive technology device is agreed upon by the IEP team...

- The **school district buys** the recommended assistive technology device for use
 - At school
 - At home, if it is necessary for educational benefit
- The device is the property of the school and belongs to the school!
 - The school must repair and maintain the device.

Relevant Questions / Tips

- Is there an option to buy the device after the student graduates school?
- Request to be a part of the AT training – the training for the student, school personnel, classroom staff, etc.
- What is the warranty, optional insurance on the AT device?

Safeguards

- Reconvene for another IEP meeting
- Compliance complaint
- Due process hearing
- Office of Civil Rights at the U.S. Department of Education (for Section 504 students)

REGIONAL CENTER FUNDING

Overview

Regional centers are private, non-profit corporations funded/contracted by the Department of Developmental Services (DDS) to provide and/or coordinate services and supports to persons with developmental disabilities.

- 21 regional centers within California
- Primary agencies responsible for serving persons with developmental disabilities
- Offers a comprehensive set of services and supports, including assessments and case management
- Available for all ages
 - Early Start: 0-3 years
 - Lanterman/On-Going Services: ages 3 +
- Established by law – Lanterman Act
 - WIC §4500 et seq.

Eligibility Criteria for On-Going Services

Qualifying developmental disability

- Mental retardation
- Epilepsy
- Cerebral Palsy
- Autism
- “Fifth Category” - other disabling conditions found to be *closely related to* or to *require treatment similar to* that required for individuals with mental retardation
- Onset prior to age 18
- Condition likely to continue indefinitely
- Condition presents a substantial disability in 3 or more life areas
 - Learning
 - Self-care
 - Receptive/expressive language
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency

Regional Center Definition

Consistent with the Lanterman Developmental Disabilities Services Act, regional centers classify assistive technology as “**adaptive equipment and supplies**” under the “**services and supports**” provision (WIC §4512(b)).

Regional Center of Orange County further defines equipment and supplies as “**adaptive devices or equipment** which will enable [persons with developmental disabilities] to maintain or maximize their independence” (per RCOC POS Guidelines).

Assistive Technology Examples

- Wheelchairs
- Hospital beds
- Communication devices
- And other necessary appliances and supplies

(WIC §4685(c)(1))

Determining Need

Under the Lanterman Act, adaptive equipment and supplies must be directed toward :

- The alleviation of a developmental disability; or toward
- The social, personal, or economic habilitation or rehabilitation; or toward
- The achievement and maintenance of independent, productive, normal lives

(WIC§4512(b))

You need to establish:

- The need for an assistive technology (AT) device is related to your qualifying developmental disability
- The AT device is necessary to maximize your developmental potential
 - It will help with employment, community integration, independence...
- The need is documented in your specific Individual Program Plan (IPP)
- You have sought out other funding sources first , e.g. school district, insurance, etc.
 - Regional centers are the payor of last resort

Making the Request Known

Make your request in writing!

Request an IPP meeting to discuss your request and why the AT device is needed.

- Request that an authorized decision maker be present for the IPP
- Ensure the regional center documents your request in the IPP or via an IPP addendum

If you do not have a specific AT device in mind, first ask the regional center to fund for an AT evaluation/assessment with

- ATEC (Goodwill)
- TASK

ATEC or TASK will provide device-specific recommendations that best suit your needs.

Timelines

- Regional center must hold an IPP meeting within 30 days of your request.
- Otherwise, the IPP will be held annually or quarterly.
- The IPP should take place no less often than once every three years.
(WIC §4646.5(6)(b))

Expect a decision to be made at the IPP meeting when an authorized decision maker present, OR

Within a *reasonable amount of time* for the service coordinator to present the request to team/resource group.

Funding

Once the need for an AT device is established, regional center will fund for such a device pending the IPP and any assessments, if needed.

When regional center funds:

- The assistive technology device **belongs to the person** with the developmental disability (consumer)
- The consumer is responsible for all maintenance and repairs
- As the device belongs to the consumer, it can be used anywhere at home, work, and in the community.

Relevant Questions / Tips

- Who will provide the training for the device? Parents may choose to be present during training.
- Even if regional center pays for the device, ask if you can private pay for the extended warranty (just in case)?

Safeguards

- If necessary, schedule another IPP meeting to work out any differences/concerns.
- Request a written denial
- Fair hearing
 - Informal meeting and mediation are both voluntary

MEDI-CAL

Overview

- Medi-Cal is a state and federally-funded program.
- CalOptima is the managed health care plan for Orange County
- Provides health insurance for Orange County children, low income families, and persons with disabilities.

Eligibility Criteria

Linked to SSI benefits, for those who are eligible by

- Disability status
- Income

(For children) Institutional Deeming via regional center

- Disregards parental income

Otherwise, you must qualify per income guidelines set by the State.

- Contact your local Social Services Agency

Share-of-cost or emergency Medi-Cal may be available as well.

- Emergency Medi-Cal is not likely to fund an assistive technology device

Medi-Cal Definition

Medi-Cal classifies assistive technology as “**durable medical equipment**” or “**medical supplies**” and the patient must first obtain **prior authorization** via a *Treatment Authorization Request (TAR)*.

CalOptima and California regulations defines durable medical equipment as equipment that is

- (1) Used repeatedly;
- (2) Used for a medically-related purpose;
- (3) Generally only useful to the person with the disability, illness, or injury; and
- (4) Appropriate for use in and out of the person’s home

(22 CCR §51160)

Durable Medical Equipment Examples

- Walkers
- Canes
- Wheelchairs
- Respirators
- Helmets
- Body or leg braces
- Special beds
- **Communication devices**

(22 CCR §51521)

Determining Need

CalOptima will fund for a communication device or similar equipment that is considered assistive technology if it is **medically necessary**.

The Department of Health Care Services (DHCS) defines medical necessity or medically necessary services to be

- **Those services reasonable and necessary to protect life,**
- **To prevent significant illness or significant disability, or**
- **To alleviate severe pain**

CalOptima/Medi-Cal will fund for a communication device or similar equipment provided the following criteria are met:

- The patient's clinical condition meets the definition of medical necessity;
- The proposed treatment meets objective medical criteria;
- The need is properly documented on the TAR (Treatment Authorization Request); and
- The service request is reasonable in cost and consistent with the patient's medical needs

(Per Manual of Criteria for Medi-Cal Authorization, last revised August 5, 2004, page 1)

Making the Request Known

It all starts with the Primary Care Physician!

Ask your Primary Care Physician to get approval (prior authorization) from your health care network (e.g. CHOC, UCI) for an assistive technology assessment.

- Must be done by a qualified person or rehabilitation center

If the assessment supports your need for the equipment,

- Primary Care Physician must request the equipment from your health care network.

The request should include a copy of the assessment.

Timelines

- The health care network must approve or deny a request for durable medical equipment, including communication devices or similar equipment, within **5 working days of receipt of the request.**
- The request may be **deferred for 30 days** to allow for completion of an assessment and submission of medical necessity documents.
- Once approved, it *should not* take longer than **3 months** for the provider to deliver the equipment, if
 - the item is common and does not require customization

Funding

Once the Primary Care Physician and the assessment establishes the medical need for the AT device, CalOptima will then fund for the requested equipment.

When CalOptima funds:

- The assistive technology device **belongs to the person** (Medi-Cal beneficiary).
- The Medi-Cal beneficiary is responsible for all maintenance and repairs
- As the device belongs to that individual, it can be used anywhere at home, work, and in the community.

Relevant Questions / Tips

- You will need to find and pay for training on how to use the AT device.
- Even if CalOptima pays for the device, ask if you can pay for the extended warranty.
- Ask about the timelines for replacement of outdated equipment.

Safeguards

- If your physician's request is denied, you must be notified in writing within **3 working days of the date of denial.**
- You may file a fair hearing to appeal the decision.

CALIFORNIA CHILDREN'S SERVICES (CCS)

Overview

- Statewide program of specialized medical care providing
 - Medical case management
 - Physical and occupational therapy
 - Financial assistance for children with certain health care needs
- Funded by State and county
- Services must be **medically necessary and related to the CCS-eligible condition**

Medi-Cal and CCS work jointly for children who have dual eligibility

- CCS authorizes the services, and Medi-Cal pays for it
- CCS provides the Medi-Cal case management
- CCS pays for services Medi-Cal does not fund

Eligibility Criteria

CCS is available for those who meet the following criteria:

- Are less than 21 years old;
- Are permanent California residents;
- Have an eligible medical condition (physically disabling or requiring medical, surgical, or rehabilitative services) and
- Are California residents with
 - Family adjusted gross income of less than \$40,000 per year or
 - Family adjusted gross income of more than \$40,000 per year with out-of-pocket eligible medical expenses for the CCS-eligible condition expected to exceed 20% of family income.

California Children's Services Definition

CCS, like Medi-Cal, classifies assistive technology as **equipment** or a **service** for which the child must first obtain **prior authorization** for via a *Treatment Authorization Request*.

CCS uses the following definitions for durable medical equipment (DME):

DME-Rehabilitation: "Those assistive devices/equipment that are designed to assist a child with mobility or self-care activities, including communication."

Criteria: "Those specific medical or physical conditions that are required to justify authorization of the requested DME-R."

Related Factors: "Issues and considerations that assist in determining the appropriateness of the DME-R item being recommended."

(CCS Numbered Letter 09-0703)

Durable Medical Equipment Examples

- Bath aids
- Communication systems
- Self-care accessories
- Feeding aids
- Toileting aids
- Transfer aids
- Gait trainers
- Walkers
- Crutches
- Wheelchairs
- Standers
- Head protection
- Sitters

(CCS Numbered Letter 09-0703)

Determining Need

CCS will fund for a communication device or similar assistive device/equipment if it is **medically necessary**.

CCS defines medical necessity or medically necessary services to be

- **Those services reasonable and necessary to protect life,**
- **To prevent significant illness or significant disability**
- **Or to alleviate severe pain**

(Statutes of 1985, Chapter 1411) (Manual of Criteria for Medi-Cal Authorization, last revised August 5, 2004, page 1)

Medical necessity for DME-R is further defined by CCS as part of their DME Guidelines

- **“That limitation of a mobility or self-care skill related to a CCS eligible medical condition which is verified by physical findings and which justifies the DME-R being authorized.”**

(CCS Numbered Letter 09-0703)

According to 22 CCR §41518, *“medically necessary benefits* are those **services, equipment, tests, and drugs** which are required to meet the **medical needs of the CCS-eligible medical condition** as prescribed, ordered, or **requested by a CCS physician** and which **are approved within the scope of benefits provided by the CCS program.**”

Determining Need

How does CCS determine whether a **portable communication system** is medically necessary?

The CCS-eligible child must meet the following criteria for a CCS physician to authorize such request and submit a treatment authorization request (TAR):

Medical necessity:

- The child requires the communication system to communicate self-care needs to others at *home, school, and in the community*
- The child is non-verbal

Criteria:

- The child demonstrates effective functional use with family and in school/community settings
- A physician has confirmed medical necessity and
- Available for daily use to facilitate personal needs at home, school, and in the community

Related factors:

- System allows for modifications and upgrades to accommodate increased communication and ability
- School or other appropriate agency has agreed to provide ongoing training
- Adequate rental or trial period required prior to purchasing the device
- Family has demonstrated compliance by utilizing the system at home daily and
- The device can meet the child's needs for at least 3 years

Making the Request Known

It all starts with the Primary Care Physician!

Ask your CCS-paneled Primary Care Physician (PCP) to get approval (prior authorization) from your health care network (e.g., CHOC, UCI) for an assistive technology device or assessment.

- An assessment may be required.

If an assessment is required and it supports the child's need for the equipment,

- Primary Care Physician must request the equipment from your health care network via a **treatment authorization request (TAR)**.

The request should include a copy of the assessment.

Timelines

CCS should provide benefits within a ***reasonable amount of time***; however, this is not specifically defined in the law.

After waiting a reasonable amount of time, go up the chain of command to inquire on the status of your request.

If more than two months pass without a response, consider filing an appeal. After a couple months, it may be better to simply file a written request for an appeal.

Funding

Once the Primary Care Physician and the assessment establishes the medical need for the AT device, and the TAR is approved by the health care network, CCS will then fund for the requested equipment.

When CCS funds:

- The assistive technology device **belongs to the person** (CCS recipient)
- The equipment must meet the child's needs for at least 3 years

Relevant Questions / Tips

- CCS provides repairs, maintenance, or upkeep of appliances and equipment
 - Get this in writing!
- CCS does not provide ongoing training for using a communication device
 - Ask the school or regional center

Safeguards

- You may file a fair hearing to appeal the decision
 - You must file for the appeal within 30 calendar days of the notice of action (NOA)

DEPARTMENT OF REHABILITATION

Overview

- State agency responsible for providing vocational rehabilitation services, which include
 - Career education and training
 - Job search and interview skills
 - Career assessment and counseling
 - Transportation
 - Independent living skills
 - Assistive technology, such as adaptive computers, listening devices, etc.
- Individually tailored services to help people meet their employment goals.
 - Individual Plan for Employment
- “DOR’s mission is to work in partnership with consumers and other stakeholders to **provide services and advocacy resulting in employment, independent living and equality** for individuals with disabilities.”

Eligibility Criteria

Eligibility for services from the Department of Rehabilitation (DOR) is based on

- Physical or mental impairment that makes it “**significantly difficult**” to obtain and retain employment
- Vocational rehabilitation services (e.g., job coaching) are needed to obtain or retain employment
- The person’s desire to work
(29 U.S.C. §705, 29 U.S.C. §722)

Once the above documentation/information is submitted, then the Department of Rehabilitation Counselor will set up an appointment to

- Fully evaluate eligibility criteria
- Determine significance of disability
- Assess vocational rehabilitation needs

Department of Rehabilitation - Definitions

The Department of Rehabilitation funds for assistive technology under the heading ***rehabilitative technology***, which is defined as:

- “The use of technology, engineering, or scientific principals to meet the needs of and address the barriers faced by people with disabilities in areas which include education, rehabilitation, employment, transportation, independent living, and recreation. Rehabilitation technology is divided into three categories:”
 - **Rehabilitative engineering**
 - Qualified person performing an evaluation and designing, fabricating, or modifying assistive devices
 - **Assistive technology devices**
 - Item, piece of equipment, or product system used to increase, maintain or improve your functional capabilities
 - **Assistive technology services**
 - Any service that directly helps you select, acquire, or use an assistive technology device

(29 U.S.C. §705(30))

Determining Need

Once the Department of Rehabilitation determines eligibility, the DOR Counselor will conduct a comprehensive vocational rehabilitation needs assessment, which can include:

- Assessment of your interests, skills, intelligence, and related functional capacities;
- Assessment of your educational achievements, work experience, vocational aptitudes;
- Assessment of the medical, psychiatric, psychological, vocational, educational, and environmental factors that affect your employment;
- Evaluation of your work behavior and the services you need to acquire occupational skills;
- Evaluation of social and behavioral patterns necessary for successful job performance;
- Evaluation of your work in real job situations to assess and develop your work skills;
- **Referral for rehabilitation technology services necessary to assess and develop your ability to perform in a work environment;**
- Exploration of your abilities, capabilities, and capacity to perform in work situations, including experiences in which you have appropriate supports and training.

The information from the assessment is then put into an **Individualized Plan for Employment (IPE)**, which includes:

- Description of your employment outcome / goals
- Timelines for achieving goals
- Description of the vocational rehabilitation services you require, including AT
- Description of the vocational rehabilitation services provider and how the provider will deliver services
- Description of how DOR will evaluate your progress toward your employment goals

Making the Request Known

Make your request in writing!

Request that the DOR Counselor refer you to a *rehabilitation technology services provider* to assess your need to be able to perform in a work environment.

Timelines

- DOR has 60 days to determine eligibility
- DOR should provide vocationally related services and supports, such as assistive technology, within a ***reasonable amount of time***; however this is not specifically defined in the law.
- DOR can terminate services once you successfully achieve your IPE goal **or** if you are deemed incapable of meeting a vocational goal.

Funding

Once the vocational rehabilitation services provider qualified to perform an AT assessment establishes the ***vocational need*** for the AT device, DOR will then fund for the requested device.

Safeguards

- You may request either
 - Internal administrative review
 - Reviewed within 15 days of your request or
 - Fair hearing
 - Takes place within 45 days of your request

EMPLOYER

ADA Small Business Tax Credit

www.ada.gov/taxpack.htm

- Applicable to small businesses
 - With revenues of less than \$1,000,000 or
 - Less than 30 full-time workers
- Maximum tax credit of \$5,000 per year
- Allows small businesses to cover ADA-related “eligible access expenditures,” including:
 - Provision of readers for customers or employees with vision impairments
 - Provision of sign language interpreters
 - Purchase of adaptive equipment
 - Production of accessible formats
 - Braille, large print, audio tape
 - Removal of architectural barriers
 - Fees for consulting services

Work Opportunity Tax Credit (WOTC)

www.doleta.gov/business/Incentives/opptax/

- All employers can receive a tax credit up to \$2,400 for each new adult hire so long as the person
 - Receives SSI benefits, or is a
 - Vocational Rehabilitation referral

SOCIAL SECURITY ADMINISTRATION

SSI Benefits

Needs-based benefit for children or adults with a qualifying disability

- Benefits for children are dependent on parental income
- Adult benefits are based on their income

Must be under:

- Substantial gainful activity
- Resource limit

SSDI / SSDAC Benefits (Title II Benefits)

SSDI is an earned benefit based on the individual's own work record.

- Available benefit after one has earned enough work credits

SSDAC is an eligible benefit for "Disabled Adult Children" whose parent is retired or deceased and earned enough work credits through SSA.

- Based on a parent's work record

Impairment Related Work Expense (IRWE)

An **Impairment Related Work Expense (IRWE)** is an expense for an item or service

- That is directly related to you working and
- That is related to a physical or mental impairment

An IRWE allows an individual to deduct the cost of certain items /services needed for employment from work earnings.

- Durable medical equipment
- Prostheses
- Work-Related Equipment
 - Keyboards
 - Page-turning devices
 - Vision/sensory aids
 - Etc.

Costs are deducted from your earnings after you pay for them.

Plan to Achieve Self-Sufficiency (PASS)

PASS plan allows an individual to set aside income and resources for a vocational or educational objective.

SSA does not count the income and resources set aside in a PASS plan.

PASS plan must be pre-approved by SSA

The PASS plan allows you to deduct AT costs from your income, including:

- Equipment and supplies needed for work
- Building and/or vehicle modifications
- Purchase and maintenance of a private vehicle

ACCESSING COMMUNITY RESOURCES

Assistive Technology Resources

Assistive Technology Exchange Center (ATEC)

www.atec-oc.org

1601 E. St. Andrew Place

Santa Ana, CA 92705

Phone: (714) 361.6200

TTY/TTD: (714) 543.1873

ATEC@ocgoodwill.org

Team of Advocates for Special Kids (TASK) Tech Center

www.taskca.org

100 West Cerritos Avenue

Anaheim, CA 92805

Toll-free: (866) 828-8275 (in California)

Phone: (714) 533-8275

taskca@yahoo.com

Assistive Technology Resources

Dayle McIntosh Center (Independent Living Center)

www.daylemc.org

13272 Garden Grove

Garden Grove, CA 92843

Phone: (714) 621-3300

TDD: (714) 663-2087

California Assistive Technology Exchange (CATE)

<http://cate.ca.gov>

www.csun.edu/cod/cate

Harbor Regional Center's Assistive Technology Lab

www.harborrc.org

21231 Hawthorne Boulevard

Torrance, CA 90503

Phone: (310) 792-4763

ATLab@harborrc.org

THANK YOU!